TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.—— hours after death, Page 6 may be retained by the hospital or attending physician.

TO THE FINNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF					MENTAL HYGIEN REG. NO				
į,	1. DECEDENT'S NAME (First, Middle, Last)	135						2. DATE OF DEATH		YEAR 3. 1	TIME OF DEAT	тн
13	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (I						JANUARY 2	27 19	95 0	215	AM
	212 7/ 172/	1 M 2 F 9	n yrs. lest birthday) () YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	Month, Day, Ybar) Sept 10,	1904	Country)	CE (State or Fo.	reign
- å	9a. FACILITY NAME (If not institution, give stre	AL		9b. CITY	, TOWN O	R LOCATIO	ON OF DE			Y OF DEATH		
OR	St. Agnes Hospital			В	alti	more						
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN C	OR LOCAT	ION				104	. INSIDE CITY	
	Md Balt	Hmore				ille	BAL	TIMORE CITY			LIMITS?	
3AL	100. STREET AND NÛMBER	4			10f.	ZIP CODE	4		10g. CITIZE		COUNTRY?	27
FUNERAL	5008 Frederick R					212		1229		USA		
B⊀	1 Never Merried 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 _ YES IF YES, GIVE WAR OR DA	2 2 100	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify:						A. RACE — A Black, Wh Specify: White	American India illa, atc.	en,
田	15. DECEDENT'S EDUCA (Specify only highest grade co	TION unpleted)	16e. DECEDENT'S (Give kind of the life. Do NOT us	USUAL Of	CCUPATIO	N st of workin	9	16b. KIND OF BUS	SINESS/INDUS	STRY		
PE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Home					0 1				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Home	marc		16. MOTH	ER'S NAM	Own H				
BE	Ernest Schmid							rie Halfte				
2	19a. INFORMANT'S NAME (Type/Print) George Joh. Sr							Oute Number, City or Town				
	20a. METHOD OF DISPOSITION	20b.	PLACE AND DATE				ive,	Chicago,	TTT D		Slate	
	1 XBurial 2 Cremation 3 Remove 4 Donation 6 Other (Specify)	el from State come	oudon Pa	ther place)				1/31 Bal				
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Mailes		St	terl		Ashto	on Funeral	Home			
	23. PART I. Enter the diseases, or con abock, or heart failure. Lis	inplications that caused	the death. Do r	not enter	the mod	de of dyle	ng, such	Avenue, B	ratory arres	Md .	Approxima	
	IMMEDIATE CAUSE (Fine)			11-	- 0						interval Ba Onset and	
1	resulting in death)	CONGES DUE TO (OR AS A	CONSEQUENCE OF	HE	AK	TF	A12	NKE			12 Mor	nths
Z	Assembly to the second	COMPLETO OR AS A	TE HE	AR-	7	R) (ck				12 ha	WS.
ATIC	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	QUE TO (OR AS A	CONSEQUENCE OF	7: ABD	. 1	18	15 00	2 1			, ,	
띮	CAUSE (Disease or injury that initiated events	ACUTE DUE TO (OR AS A	CONSEQUENCE OF	11/9/	(17.1	. 11	TAK	CHOM			16 105	182
CERTIFICATION	resulting in death) LAST	ACUTE	RENAL	- F	AIL	URF	2			1	12 har	RS
	PART ii. Other significent conditions	contributing to death by	it not resulting i	n the un	derlying	ceuse g	iven in F	Part i. 24s. WAS AN	AUTOPSY	24b. WER	E AUTOPSY FIN	IDINGS
SICAL		regure1						PERFOR	MED?	COM	LABLE PRIOR T	0
ME			•								YES 2 N	0
Ä	DID TOBACCO USE CONTRI					UNC	RTAIN					
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 KNO 1	10SPITAL:	6. PLACE OF OEAT	OTHER	1:							
Ä	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF	28c. INJU	RY AT		Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCUP	RED		
BY	1 Netural 5 Pending 2 Accident Investigation		INJ	М		ES 2 [NO					
	3 Suicide 6 Could not be determined	28s. PLACE OF INJURY - building, stc. (Specif	— At home, larm, a	treel, tacto	ory, affice			28f. LOCATION (Street a City or Town, State)	nd Number or	Rural Route I	Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA PH	N: To the best of my knowle On the basis of examination									manner sa str	rted.
296, SIGNATURE AND TITLE OF CERTIFIER AND TITLE OF CERTIFIER AND TITLE OF CERTIFIER												
2	20 MANS AND ADDRESS OF STREET	1114 4	KDIGLOC		1	MARY	LANT		JA	NUARY	127,19	195
	30. NAME AND ADDRESS OF PERSON WHO CONTROL SAF	Ren MD	344		NILK	ens	AV	e#301 Br	PLTIMO	RE, MA	ARYLAND	
	JAN 3 1 1995	32. REGISTRAR'S SIGNAT	TURE							,		

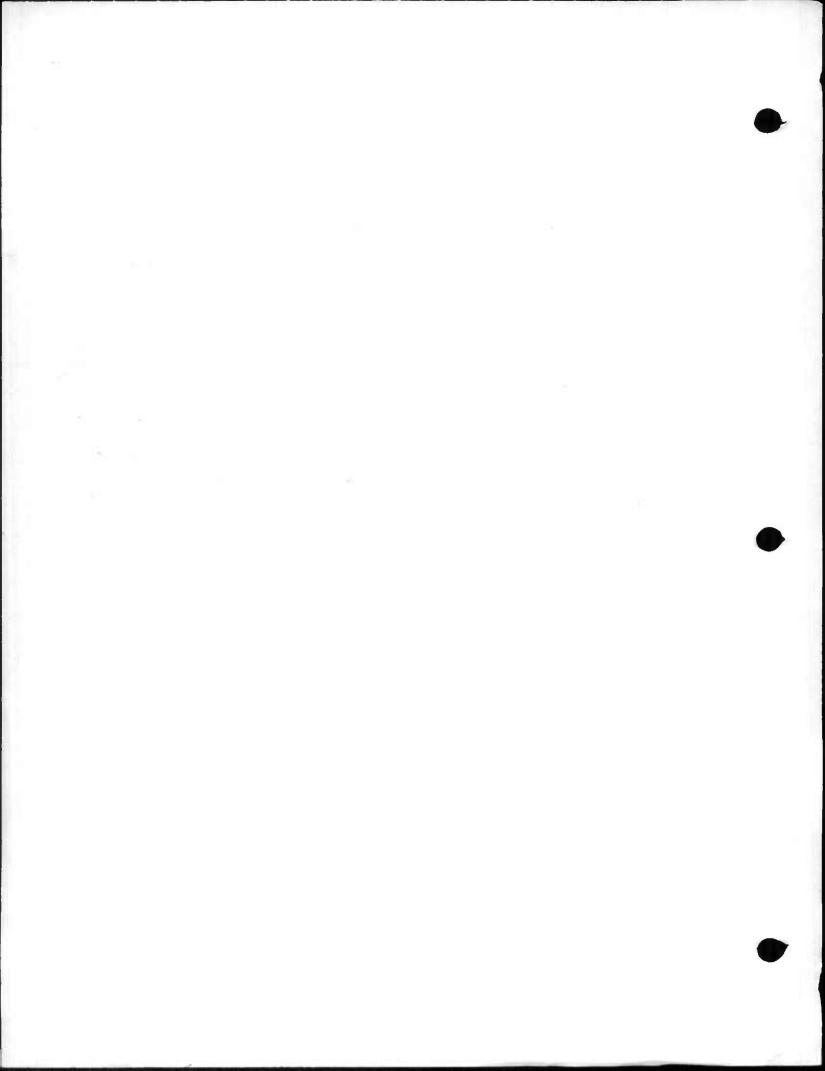
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TO INISION OF VITAL RECORDS, P.O. BOX 68760

YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	cal examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	
TO THE ROWS THENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE ROWS THE ROWS THE CONTRACTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF I	EALTH AND		GIENE				
	1. DECEDENT'S NAME (First, Middle, Last)	LORRET		JONES		2. DATE OF DEA		YEAR	3. TIME OF DEA		
	4. SOCIAL SECURITY NUMBER 219-16-4458 as. FACILITY NAME (# not institution, give sit	1□ M 2√√F 8	in yrs. lest birthdey) yrs yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTY (Month, Day, May 15,	H bar)	6. BIRTHE Country	LACE (State or I	Foreign	
TOR	410 West 29th			Balti	more	DEATH	9c. COU	NTY OF DE	ATH		
L DIRECTOR	Maryland -	_		y, town on Loca ltimore		10d. INSIDE CITY LIMITS? 1 图 YES 2 日					
FUNERAL	410 West 29	thtreet		10	21211			S.A	HAT COUNTRY?		
ВУ	11. MARITAL STATUS 1 ☐ Never Married 2 ☐ Married 3√√√√ Widowed 4 ☐ Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DO	NIC ORIGIN7 (Speci an, Puerto Rican, et iiy:		14. RACE Black, Specify	American Ind White, etc.					
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	F BUSINESS/INC	Memorial Hosp								
	17. FATHER'S NAME (First, Middle, Last) Stanley L. Sno	AME (First, Middle, M	faiden Surname)	emori	al Hos	P					
Stanley L. Snouffer Cora Reynolds 19a. INFORMANT'S NAME (Type/Print) William H. Jones 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 410 West 29th Street, Baltimore, Md. 2121									711		
	20a, METHOD OF DISPOSITION ***E3 Burlel 2	OATE 20									
	21. SIGNATURE OF FUNERAL SERVICE LICE		etery, crematory or or adowridg	A. A.	an Seit:		uneral	Home		11	
ATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):										
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST										
MEDICAL	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS. PERF 1 YES								WERE AUTOPSY F MAILABLE PRIOR COMPLETION OF DF DEATH?	CAUSE	
PHYSICIAN:	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		F DEATH YE		UNCERTAI	N 🗆	····				
HYSI		HOSPITAL: 1 Inpetient 2 ER/Outpe	Itlent 3 DOA			8 Other (Specify 28d. OESCRIBE H		MIDED			
Β¥	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	M 1 1	RK? (ES 2 NO						
3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route At City or Town, State)								ute Number,			
29a. CERTIFIER (Check only one) 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 3 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and								and menner as s	itated,		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIED	1/1	ND		29c. LICENSE NU	MBER 1 45	29d, DATE	E SIGNED (Month, pay, Year)	-	
	30. NAME AND ADDRESS OF PERSON WHO SCOTT Rifk	iN 21	Cr05:	Print) 5 roal	do Dr	Ow	NSSI	M./	Is, M	0 2/	
	JAN 3 1 1995	32. REGISTRAR'S SIGNA	TURE								



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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BY

COMPLETED

BE

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					~ ,						90	U	2503
	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND /		RTMENT				MENTA	AL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	E OF DEATH	AY	YEAR	3. TIME OF DEATH
	Ellsworth	Leroy		cksc							28	9 5	4.35 PM
	4. SOCIAL SECURITY NUMBER 215-12-1750	5. SEX	6. AGE (In yrs. last	t birthday) YRS.	IF UNDER MONTHS	DAYS	EAR IF UNDER 24 HRS. 7. D			7. DATE OF BIRTH (Morth, Dec. Veer) 1923			RYLAND
R	90. FACILITY NAME (If not institution, give s Union Memorial		al					ON OF DE	EATH		v	n/a	
5	RESIDENCE OF DECEDENT												
DIRECTOR	10e. STATE 10b. COUNT		10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY LIMITS?		
		/ z			BAL	TIMO	JRE						XX YES 2 NO
A	10e. STREET AND NUMBER			101. ZIP CODE				2	4220		TIZEN OF WI	HAT COUNTRY?	
ER	5300 LEITH RO	OAD APT C)				4	21229	} 4	1239	UNI	TED	STATES
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 XXWIdowed 4 Divorced		WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2√ X NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANI If yes, specify, Cuben, Mexicon t ☐ YES 2√ X NO Specify:								- American Indian, White, atc.		
	t5. DECEDENT'S EDU (Specify only highest grade		S USUAL OC	CCUPATIC	ON Model	l-a	16	b. KIND OF BUS	SINESS/IN	DUSTRY			
COMPLETED	Elementary/Secondary (0-12) 12 TH	College (1-4 or 5	+)	(Give kind of work done during most of working life. De NOT use retired.) LABORER B&O RAILROAD C.S						.S.X.			
Ö	17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	ME (First,	Middle, Malden	Sumame)		
BE C	CHARLES E.JA	ACK SON				-	E.S	STELL	_A	BILLU	PS		
TO B	190. INFORMANT'S NAME (Type/Print) EYE EYVETTE	HOPEWOO		516			and Number			T, BAL			D 21205
	20e. METHOD OF DISPOSITION 1 Xeuriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	20b. PLACEA cametery, cren RBUT	IND DATE	of Dispos)RIAI	ma of P	ARK 2	DA	TE 20c. LO	CATION —	- City or Tow		
	21. SIGNATURE ON FUNERAL SERVICE LIC	do	the _	98	22. I	MAME AN	nd addre	ARCH	FH.	-1101	E. 1	NORTH	
	23. PART I. Enter the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	8. DUE TO	OF AS A CONSEO	DUENCE O	A J			ing, such	h as car	diac or respi	retory ar	rrest,	Approximata Interval Batween Onset and Death
CERTIFICATION	Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST Due to (or as a consequence of): Co (or Ca) Due to (or as a consequence of): d. Prophaged Ca								6 days				
MEDICAL C	PART ii. Other significent condition) ceuse (givan in	Part i.	24a. WAS AN PERFOR 1 YES 2	RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 ANO
PHYSICIAN:	DID TOBACCO USE CONT	RIBUTE TO CA	USE OF DEAT	IH YI	ES 🛂	NO [JUNC	CERTAIN	1 🗆				
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE	E OF DEA	ATH (Check of								
YSi	1 YES 2 NO		ER/Outpatient 3	□ DOA	4 Num		10 5 🗆 Ri	esidence	8 🗆 Oth	er (Specify)			
H	27. MANNER OF DEATH	28e. DATE OF (Month, D		28b. TIM INJ	WE OF	28c. INJU	URY AT		28d. DE	SCRIBE HOW II	NJURY OC	CURED	

1 Natural 5 Pending Investigation t YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, term, atreet, fectory, office building, atc. (Specify) 3 Sulcide 8 Could not be 4 Homicide

29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) end menner as attack.

2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end placa, and due to the ceuse(s) and menner es stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) AT 2438946 -ande 28/95

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

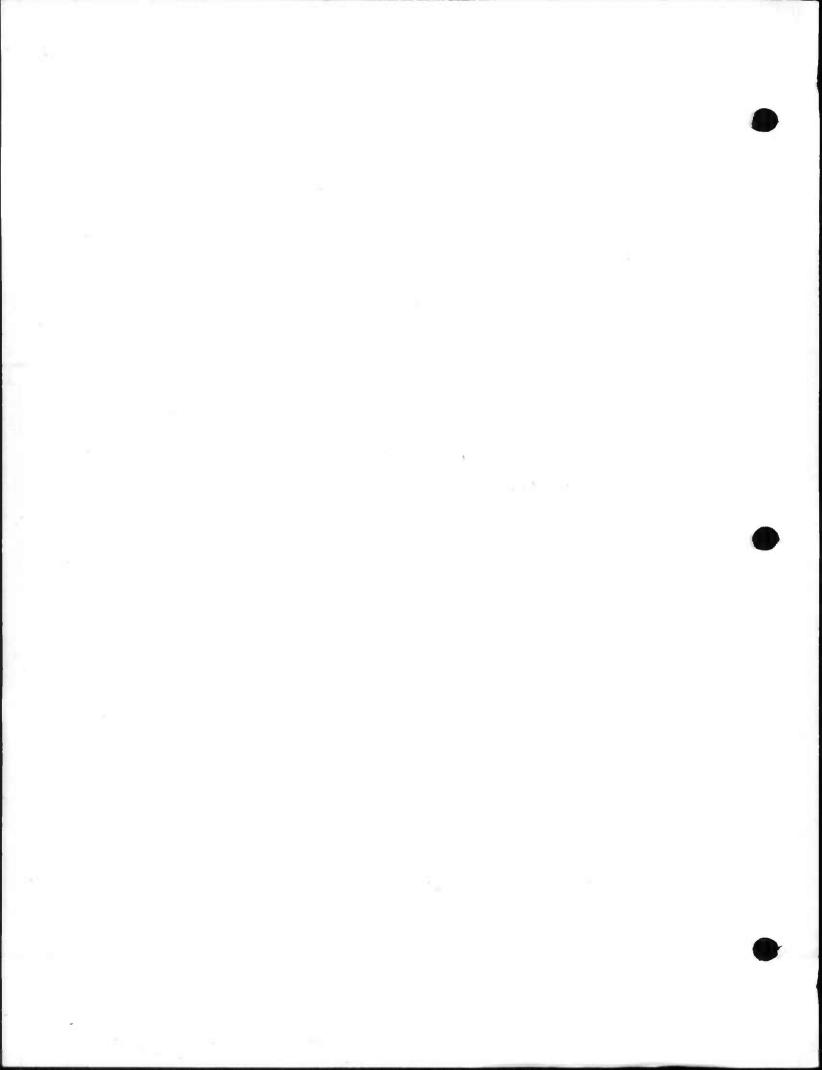
Waiel Hospital Memorial

32. REGISTRAR'S SIGNATURE Ali Studior Ro 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)

and the state of the same

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

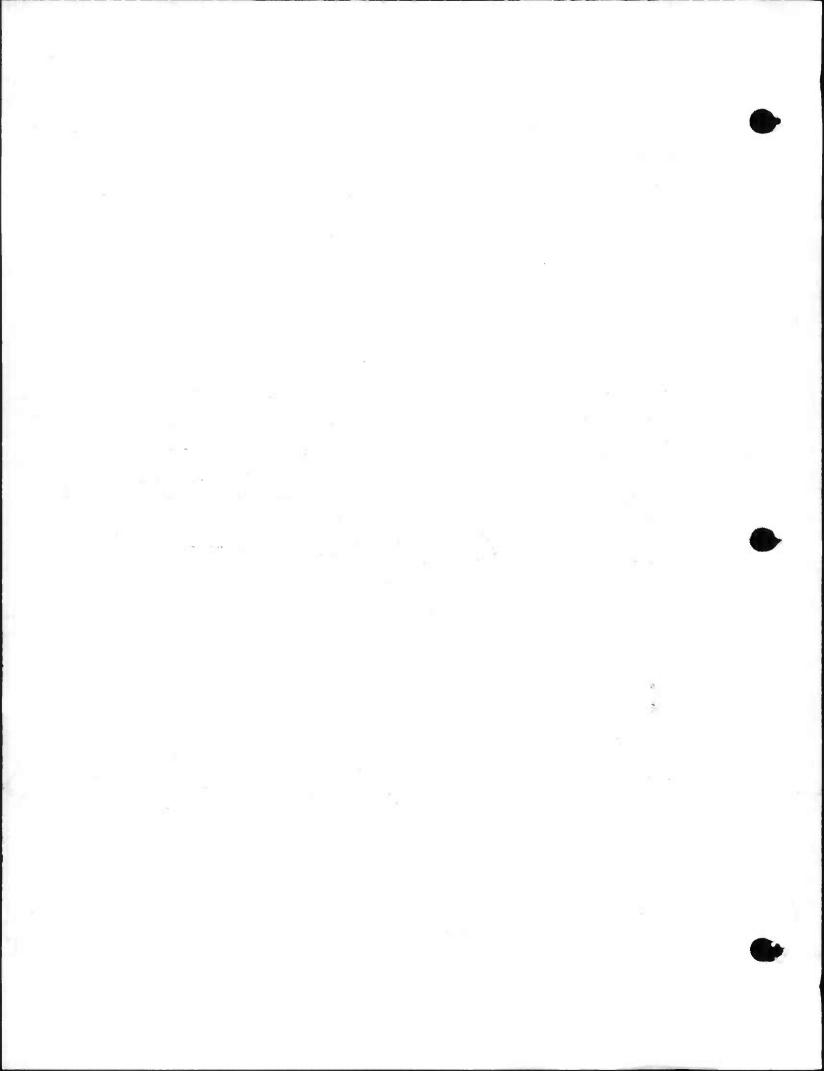
	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA				YGIENE EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF C	DEATH		3. TIME OF DEATH
	MARGARET	KING				MONTH O1	29	1999	53C A M
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	BIRTH	8. BIRTH	IPLACE (Stata or Foreign
-	220-46-6563 9a. FACILITY NAME (If not institution, give str	1 M 2 F 9	2 YRS.	NTHS DAYS	HOURS MIN.		23,1902		ryland
œ		,	9		R LOCATION OF DE	EATH	9c. C	OUNTY OF D	EATH
DIRECTOR	Good Samaritan Ho	spitai		ва	ltimore				
E I	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION				10d. INSIDE CITY
ā	Maryland Ha	rford		Bel Ai	r				LIMITS? 1 XYES 2 NO
A	10e. STREET AND NUMBER			101	ZIP CODE		10g. C	CITIZEN OF V	VHAT COUNTRY?
FUNERAL	1512 Balmoral D	rive			21014			U.S.A	•
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	N U.S. ARMED		ENDENT OF HISPAN			- 14. RACE	— American Indian,
BY	1 Never Married 2 Married 3 N Widowed 4 Divorced	IF YES, GIVE WAR OR D			clfy Cuban, Maxica 2 X NO Specify		1, atc.)	Speci	fy:
_	15. DECEDENT'S EDUCA	2701							White
COMPLETED	(Specify only highest grade of	ompleted)	(Give kind of work life, Do NOT use re	done during mo:	N it of working	16b. KIN	O OF BUSINESS/	INDUSTRY	
2	Elementary/Secondary (0-12) 10th grade	College (1-4 or 5 +)	Homema			1	Own Ho	me	
O	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First Middle			
	(Not Known)			ĺ		Known		-/	
BE	19a. INFORMANT'S NAME (Type/Print)		196. MAILING AC	ORESS (Street a	nd Number or Rural I	Route Number, C	alty or Town, State.	Zip Code)	
임	Donald King	(son)			1 Drive,			2101	4
	20a, METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Remov	206	PLACE AND DATE OF E	DISPOSITION (Ne	me of	OATE	20c. LOCATION	— City or To	wn, Steta
	4 Donation 5 Other (Specify)	Mil from State	netery, crematory or other	edeeme	r Cem.	1/31	Baltim	ore, l	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22. NAME AN	DAODRESS OF FA nunek Fu	CILITY	Uamas	Tno	
	11-11				Belair				21236
	23. PART I. Enter the diseeses, or co	emplicatione that cause	the deeth. Do not						Approximata
	ehock, or heert feilure. L	ist only one cause on e	ach line.						Interval Between Onset and Death
	disease or condition reaulting in death)	ASPIRAT	IDAL PAIE	LIAMOATA	1				
	readiting in death)	DUE TO (OR AS	CONSEQUENCE OF):	WIVIOIVI)					
Z	Sequentielly list conditions, b.	PNEUMO	N/A						
Ĕ	If any, leeding to immediate cause. Enter UNDERLYING	OUE TO (OR AS A	CONSEQUENCE OF):						
5	CAUSE (Disease or Injury 6.	OUE TO (OR AS	CONSEQUENCE OF):						
Ē	that initieted events resulting in death) LAST	00E 10 (0N N3 N	CONSECUENCE OF).						
CERTIFICATION	d.								
AL	PART II. Other eignificent conditions	contributing to deeth b	ut not resulting in t	he underlying	ceuse given in	Pert I. 24a	. WAS AN AUTOPS	SY 24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC						1	YES 2 NO		COMPLETION DF CAUSE OF DEATH?
ME						_			1 YES 2 100
PHYSICIAN:	DID TOBACCO USE CONTR	BUTE TO CAUSE C			UNCERTAIN	١ 🗆			
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH (Check only one)					
YSI		1 Theatient 2 ER/Out	entient 3 DOA 4	☐ Nursing Home	5 Rasidenca	6 Other (Spi	ecify)		
- 1	27. MANNER OF DEATH 1 Netural 5 Pending	(Month, Day, Year)	28b. TIME O	Y WO	RK?	28d. OEŞCRIE	BE HOW INJURY	OCCURED	
ВУ	2 Accident Investigation	200 BI ACE OF IN HIP	— At home, farm, stre		ES 2 NO				
	3 Suicide a Could not be 4 Homicide detarmined	building, atc. (Spec	— At nome, farm, stre- city)	et, factory, office			N (Street and Num wn, State)	ber or Rural F	loute Number,
COMPLETED	29a, CERTIFIER							Come of	
₹ I		IAN: To the best of my know: On the basis of examination							er een mentend
	290. SIGNATURE NO TITLE OF CERTIFIER			- T					
B	VM		N	1. D.	29c. LICENSE NUM	077		ATE SIGNED	(Month, Day, Year)
임	36. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE				0 / /	00	NVN	29,1995
	MARIE JEAN		Lußbo		SAMA	10 174	l N 11-	- 0	BAITAMA
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE	6000	JA IN	CIIA	N HU	311	-7-10,100
	JAN 3 1 1995 Juli	Diwelson Kard	JK.						



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		HEGISTHAR			CERTI	FICALE	: 01	- DEAI	Н	R	EG. NO.			
		1. DECEDENT'S NAME (First, Middle, Las	,	***						2. DATE OF D	DAY	YEAR		ATH
		4. SOCIAL SECURITY NUMBER	UANE JAY		NCAID				-	Januar		, 1995	11:15	Ам
			5. SEX		In yrs. lest birthda	MONTHS	1 YEAR	IF UNDER	MIN	7. DATE OF B (Month, Day	(Year)	Cou	THPLACE (State or intry)	Foreign
pinous	1 3	213-68-5322 9a. FACILITY NAME (If not institution, give		38	The		2011	OR LOCATIO		ept. 1			nsas	
S	Œ	3026 Pebble Beac								AIH	- 1	9c. COUNTY OF HOWAY		
1. 2.	СТОВ	RESIDENCE OF DECEDENT	II DL •			EI	110	ott C	Try			_ nowar	a	
Pages	DIREC	10a. STATE 10b. COUN	TY		10c. (TY, TOWN O	R LOCA	ATION					10d. INSIDE CI	TY
- E			ward			Ellic	ott	City	7				1 YES 2 [□ NO
permit.	3AL	10e. STREET AND NUMBER					10	of. ZIP CODE				10g. CITIZEN O	WHAT COUNTRY	}
020 physician. burial-transit	FUNER	3026 Pebble Beac							.042			USA	i.	
20 hysici urial-i	5	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT FORCES? 1	YES	2 NO	13. 1	MAS DE	CENDENT O	F HISPAN n, Maxicar	C ORIGIN? (Sp., Puerto Ricen	ecify Yea or	Bi	CE — American In ack, White, etc.	dlen,
5-0020 nding physic is the burial	BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DA	ATES	1	☐ YE	S 2 X NO	Specify			Sp	white	
1215-0020 r attending physician use as the bunal-trai	0	15. DECEDENT'S ED (Specify only highest gra			18e. DECEDEN	'S USUAL OC	CUPAT	ION		16b, KIN	D OF BUSIN	NESS/INDUSTRY		
21 al or for u	<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NO	of work done of use retired.)	unng m	nost of workin	g					
hospital tached for	MP		2		Mort	ician				F	unera	al Home	<u> </u>	
the hor detach		17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NAM	ME (First, Middle	, Maiden Su	irname)		
MARYLA retained by the 5 should be def	111	Alden C. Kincai	. <u>d</u>							. Hode				
MAK retained 5 should	2	19a. INFORMANT'S NAME (Type/Print)										State, Zip Code)	MD 03	0.40
61 41		David Kincaid			PLACE AND DA				n Dr			t City,		042
		20a METHOD OF DISPOSITION 1 (Z Burial 2 Cremation 3 Ra 4 Donation 5 Ofther (Specify)	moval from Stata		est La				dns	1/30		iottsv	ille, MD)
ALTIMOF leath. Page 6 m funeral director, xaminer mus		21. SIGNATURE OF FUNERAL SERVICE	JCENSEE			22.	NAME A	AND ADDRES	SS OF FAC	HLTY				
ALTIN death. Pag e funeral di al. examiner		N Hann	PARA							RAL HO				
		23. PART I. Enter the diseases D	. Cllub	1	I the death D	[60	09	Harfo	rd R	d., Ba	ltimo	ore, MI		
5 5 0		ehock, or heart failure	List Dniy one cau	se on ee	och line.	not anter	tna m	oda br dyi	ng, sucn	aa cardiac	or reapiral	(Dry erraat,		Between
i ≥ 0 a		iMMEDIATE CAUSE (Finel disease or condition		10//	201	1	n/	10	= 1	-77	7/		Onset a	nd Death
ted within completely fille ial, cremation, event, the		reaulting in death)	a OUE-TO	OR AS A	CONSEQUENCE	OFI:	4			116	110			
B 0 5	2	_	. (148	DNI	1	51	NU	51	77 (İ	
9 " 9 E	CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	DUE TO	OR AS A	CONSEQUENCE	BFI: /	<u></u>	-	1	1		(
ate be hysiciar prior	S	cause. Enter UNDERLYING CAUSE (Disease or injury	a HO	90	wed	10	un	mu	ods	ficie	10,	yes	dean	0
death certificate attending physient priental Hygiene printy, or other tr	발	that initiated events resulting in death) LAST	due TO	(OM AS A	CONSEQUENCE	OF):			0	/	7	9/10		
eath certi	15													
2 4 5 E		PART ii. Other significent condition	ons contributing to	deeth bu	ut not resultin	g In the un	derlylr	ng ceuse g	iven in i	Part i. 24a.	WAS AN AU		4b. WERE AUTOPSY	
Y = 55 -										1.5	YES 2	NO	COMPLETION OF OF DEATH	CAUSE
quires the signed if Health a													I yes by	do
The law require has been a ste Dept. of Hem 23 show	z	DID TOBACCO USE CON	TRIBUTE TO CA						ERTAIN		1	Çe:	//	H
AN: The law ifficate has state Depr		25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL	- 1	28. PLACE OF D	OTHER		1	/			1		
ATTENDING PHYSICIAN: The ECTOR: After this certificate is after death with the State 128 is marked, or item	YSI	1 □ YES 2 □ NO	1 🗆 Inpatient 2 🗆		-	4 🖸 Nurs	ing Hor	-	sidence f	Other (Spe	-			
NG PHYSI frer this ceath with	PHY	27, MANNER OF DEATH 1 Nestural 5 Pending	28s. DATE OF (Month, Da			NJURY	W	DINK?	t	28d. DESCRIB	A HOW INJU	URY OCCURED	1	
After the death		2 Accident Investigation	28s. PLACE OF	F IN HARRY	-At home too	/_[]	11	YES 2	MO		4	11		
TTEND TOPE: /		3 Suicide 6 Could not be 4 Homicide determined	building.			, stryfet, tacte	7	1		City of Tox	vn, State)	denon dura	Hopis Milmon.	
E E E	ių į	29a. CERTIFIER		-		//	-	_			v	6		
RAL C	COMPLET	(Check only one) 2 MEDICAL EXAMIN	SICIAN: To the best of a											Surg
HOSP FUNE within	8	29b. SIGNATURE AND TITLE OF-CERTIFI					p	,					1	
TO THE HOSPITAL D TO THE FUNERAL D Be filed within 72 h IMPORTANT: If IN	出	SUCCESSIONAL AND TITLE OF CATIF	Hor	1	7/			29c. LICE	NSE NUM	S // a	9 2	P9d, DATE SIGNI	Month, Oby, Yea	2
₽ ₽ 2 3 3	유	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUS	E OF DEA	TH (ITEM 27) (7)	pe, Print)	0	1	, ,	7		-/-)
		Janet Hopen a	(D)	07		7113	Ra		LUT	how	1/18	Md.		
_		31. DATE FILED (Month, Day, Year)	LA PROPERTY	SHOW.	URE									
		JAN 3 1 1995 Ju	V4. 1	OTHER DESIGNATION										





BALTIMORE, MARYLAND 21215-0020

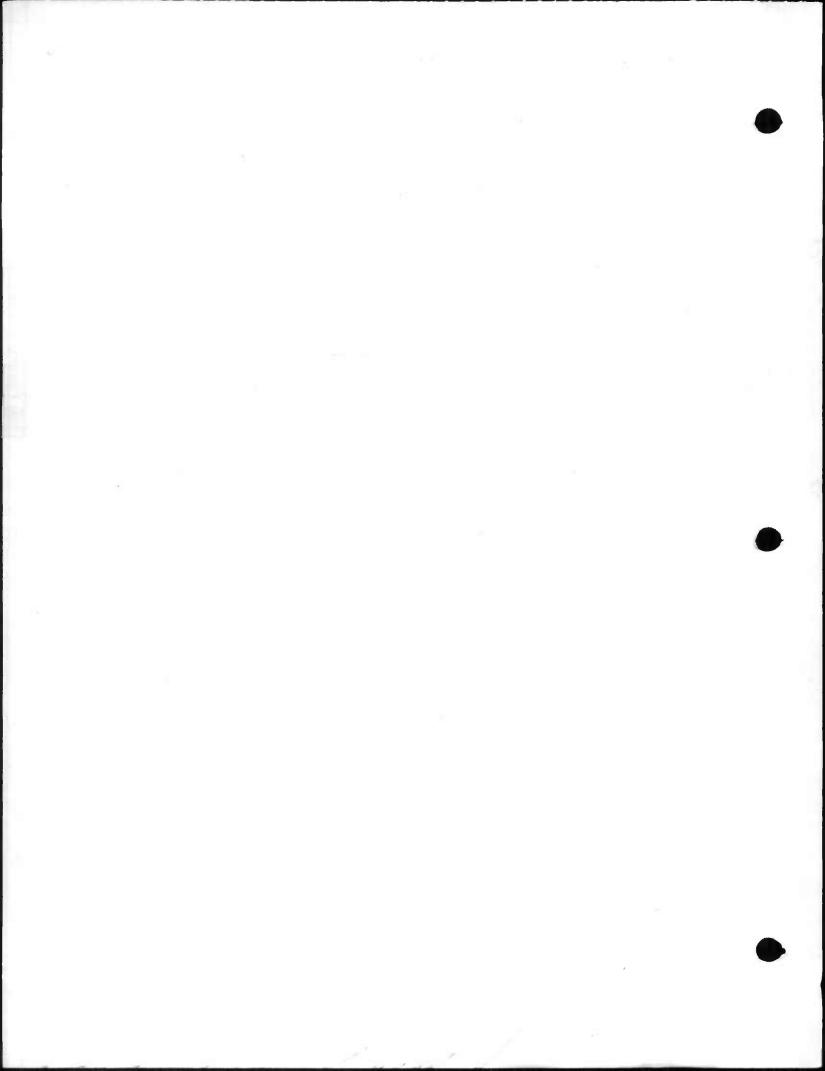
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

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ted within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ermit. P		
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ENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the host	n signe	f Health	Dawe 2
B aw re	has bee	Dept. c	23 8
AN: Th	tificate	e State	r item
HYSICI	this cer	with th	ked. o
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TAL DE	AL DIF	72 hours	H Her
IE HOSPIT	THE FUNER	filed within 72	PORTANT IF
日出	TO THE	be filed	MPOF

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN 95 YEAR 8:50 KRATZ D JOHN M 27 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, 9 12 219.50. 45 1 M 2 🗌 F 0176 USA 9a. FACILITY NAME (If not institution, give stre Bullo 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH University DIRECTOR d lamoro VAMO RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWH OR LOCATION 10d. INSIDE CITY ARBUTUS MARYLAND BALTIMORE 1 TES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1227 GREYSTONE ROAD 21227 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE - American Indian, Black, White, etc. II yea, specify Cuban, Maxican, Puarto Rican, atc.)

1 YES 24 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: WHITE BY 3 Wildowed 4 Norced COMPLETED 15. OECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b, KIND OF BUSINESS/INDUSTRY DECEDENT'S BASINGS (Give kind of work done during most of working (life. Do NOT use refired.) Unemployed (Spi Elementary/Secondary (0-12) College (1-4 or 5+) 12TH GRADE UNEMPLOUYED 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) FRANK A. KRATZ MARGARET DRIESLEIN BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS. MARGARET KRATZ 1227 GREYSTONE ROAD - ARBUTUS, MD. 21227 20a. METHOO OF DISPOSITION
1 X Burlal 2 □ Cremation 3 □ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State 5 Other (Specify) LOUDON PARK CEMETERY BALTIMORE 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVENUE-BALTIMORE, MD 21229 23. PART i. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, auch as cardiec or respiratory arrest, ehock, or heert fellure. List only one ceuee on eech line Interval Batwe IMMEDIATE CAUSE (Finel Onset and Daath disease or condition MOXIC Encepha lysathy
DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) E 1×- Ky 6 CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other eignificent conditione contributing to death but not resulting in the underlying ceuse given in Pert I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? 1 - YES 2 1 OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) HOSPITAL: 1 | YES 2 | 10 OTHER: Nant 2 ER/Outpatient 3 DOA 4 Nursing Nome 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT 26d. DESCRIBE NOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO В 2 Accident Investigation 3 Suicida 28a. PLACE OF INJURY — Al home, farm, streat, lactory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be ETED 4 Nomicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(a) and manner as stated. COMPL MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 06. SIGNATURE AND TITLE OF CERTIFIER 294, DATE FIGHED (Mg/m, Day, 29c. LICENSE NUMBER 8 229 PLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Mils En Univ. 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)

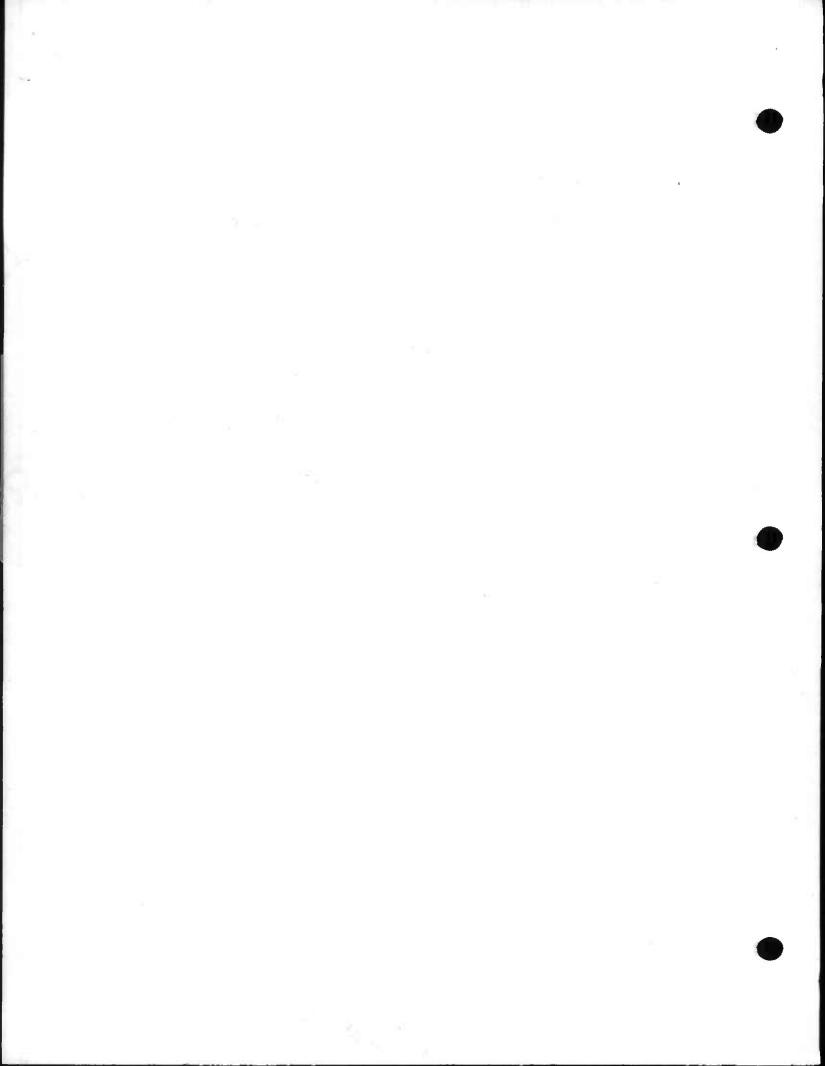


		1 - STATE REGISTRAR	STATE OF MARYLAI		RTMENT OF H		MENTAL HYGIE				
		1. DECEDENT'S NAME (First, Middle, Last) Hariit			cohli	3 3	2. DATE OF DEATH MONTH January	sa'	YEAR 3. TIME OF DEATH	м	
P			1 M 2 XF	yrs. lest birthdey) 44 YRS.	IF UNDER 1 YEAR MONTHS DAYS	JF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV. 13,	8.	BIRTHPLACE (State or Foreign Country) Singapore		
2, 3 should	OR	90. FACILITY NAME (If not institution, give structure) Shady Grove Advent	The state of the s	,		OR LOCATION OF DE		9c. COUNT	y of DEATH gomery		
Pages 1,	RECTO	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY		10c. Cl	TY, TOWN OR LOCAT	TION			10d. INSIDE CITY	=	
permit. Pag		Maryland M 100. STREET AND NUMBER	Montgomery			hersburg		10q, CITIZE	LIMITS? YES 2 NO EN OF WHAT COUNTRY?	_	
as as	VERAL	11602 Letterman Wa	ay			20878		-	laysian		
ND 21215-0020 hospital or attending physician. ached for use as the burlat-transit ce.	BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 V NO	If yes, sp	CENDENT OF HISPAN pecify Cuben, Mexicer S 2 NO Specify		Yee or No- 14	4. RACE — American Indian, Black, White, etc. Specify: Asian Indian		
r attend use as	TED	15. DECEDENT'S EDUC/ (Specify only highest grade of		(Give kind of	S USUAL OCCUPATION Work done during mo	ON ost of working	18b. KIND OF	BUSINESS/INDUS		_	
spital or cod for	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	^{iso rotirod.)} Ianagemen	-		Banki	ing		
5 6 5 A	SOM	17. FATHER'S NAME (First, Middle, Last)			diagemen		ME (First, Middle, Meld		LIIG		
# EE	l w	Mahinder Singh Ra	ındhawa RANDHA				ant Kaur				
		Harsh Kohli					Gaithers				
boar IIMORE, hours after death. Page 6 may be sed in by the funeral director, page or removal. medical examiner must be a		20s. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remov	oval from State camete	PLACE AND DATE	OF DISPOSITION (Na	ame of	DATE 20c.	LOCATION — Cit	ty or Town, State		
Page al direct		21. BIGNATURE OF FUNERAL SERVICE LIGHT	ba.	Itimore	-Washing 22. NAME AP	NO ADDRESS OF FAC	1/26 I	aurel,	Maryland al Home, Inc.	-	
DALLIMOR for death. Page 6 m the funeral director, oval.	Ц	· (dala)	telballoy	1	7601	Sandy S	pring Roa	id, Laur	rel, MD 20707		
filled in by th on, or remove			displications that caused to list only one cause on and	the death. Do i	not enter the mo	de of dying, such	as cerdlec or red	piratory arres	Interval Between		
shy filt.		IMMEDIATE CAUSE (Final disease or condition resulting in death)	Metasta	utic ()varian	n Car	ncer		Onset and Dear		
D 0 7 6			DUE TO (OR AS A C	ONSEQUENCE O	F):					-	
and and	CATION	Sequentially list conditions, if any, leading to immediate Course Force (IMPERTYNO)									
e beat of		CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):									
1 4 5 5	ERTIFI	reaulting in death) LAST									
E Me S	CAL CI	PART II. Other algnificant conditions	contributing to death but	t not resulting	In the underlying	g cause given in i		AN AUTOPSY	24b. WERE AUTOPSY FINDING	s	
es that the gned by talth and samy In	MEDICA							PORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
	ME	DID TOBACCO USE CONTRI	PIDLITE TO CALISE OF	DEATH V		T LINICEDTAIN			1 TYES 2 NO		
The taw te has b te Dept.	SICIAN	25. WAS CASE REFERRED TO MEDICAL	26.		TH (Check only one)		1 🗆				
CIAN: The ertificate h the State C	YSIC	1 TYES 2 NO	HOSPITAL:			ne 5 🗆 Rasidence (8 Other (Specify)				
F H	у РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	JURY WO	PURY AT DRK? YES 2 NO	28d. DESCRIBE HOY	V INJURY OCCUP	RED		
OR ATTENDING PHYSICIAN: DIRECTOR: After this certification: The Street of the Street o	TED B	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, atc. (Specify)	- At home, ferm,			281. LOCATION (Stree City or Town, Sta	nt and Number or ite)	Rural Route Number,		
AL OR AL DIR 2 hour	COMP		CIAN: To the best of my knowleds: On the basis of examination as								
TO THE HOSPIT TO THE FUNERA De filed within 7) BE	29b. SIGNATURE AND TITLE OF CERTIFIER	m mo			29c. LICENSE NUM			SIGNED (Month, Day, Year)		
	10		SO W Edmu			in Roc	birllo	MOL	UARY 25, 1995 20852	_	
			A AUGUST HAR SOGNATI		00 /1 1	70,00	100 ccc	1.00	20132	-	

BALTIMORE, MARYLAND 21215-0020	thanding physician
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Tricate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760 JAN: The law requires that the death certificate be executed with TO THE FUNERAL OR ATTACK TO THE FUNERAL DIRECTED be filed within 72 hours IMPORTANT: If item 2

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND) / DEPARTM			MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Ida Elizabeth	Hess-Kemp				Jan. 28	199	4:10 P.M
	4. SOCIAL SECURITY NUMBER		MO	UNDER 1 YEAR	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
	215-05-4365 9a. FACILITY NAME (If not institution, give:		8 YRS.		R LOCATION OF DI	May 4, 19	9c. COUNTY	New Jersey
OB	Golden Age Guest			Sykesy		Sain .		rroll
[다	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	ν	10c CITY TO	OWN OR LOCAT	ION			10d. INSIDE CITY
DIN I	Maryland	Carroll		J	Sykesv	ille		LIMITS?
BY FUNERAL DIRECTOR	1442 Buckhorn Ro	ad		101	2178	34	22	of what country?
2	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.				HIC ORIGIN? (Specify Ya		BACE — American Indian
<u>Υ</u>	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES 2	₹]NO	1 Tyes, spe	2 NO Specif	n, Puarto Rican, etc.)		Black, Whita, atc. Specify: White
	15. DECEDENT'S EDL	ICATION 160	DECEDENT'S US	IAL OCCUPATIO	M.	TASK WIND OF BUI	SINESS (MP)	
ETE	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo: tired.)	st of working	16b. KIND OF BU	SINESS/INDUS	IHY
COMPLETED	12th grade H.S.	Re	t: Secre	tary t	o Colone	l Dept. o	of the	Army
lo O	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	Surname)	
BE	Edward Roy Applet	on				Pierson		
2	19a. INFORMANT'S NAME (Type/Print) Mrs. Barbara J. N	formo 1	609 Fer			Boute Number, City or Tow		^{de)} 21784
	MIS. DAIDALA J. P					TYDATE 20c. LC		
	1√ Burial 2 ☐ Cremation 3 ☐ Ram 4 ☐ Donation 6 ☐ Other (Specify)	noval from Stata cometery Jeru	crematory or other Salem Ev	angelica	1 luth.C	H 1/31 B	altimor	ce, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LI					CLITY Funeral		
	+ Hamas	B Cove	it					ield, MD 21784
	23. PART . Enter the diseases, or	complications that caused the	deeth. Do not					, Approximate
	IMMEDIATE CAUSE (Fine)	List only one cause on sech	2					intervel Between Onset and Death
	disease or condition resulting in death)	Asserte		ialla				5
		DUE TO (OR AS A COM	SEOUENCE OF):	Accil.	t			
NO	Sequentially list conditions,	DUE TO (OR AS A CON	ISEOUENCE OF):	Mecia	1071			
CAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	· Cerobeau	resulter	Des	ROLAP			
Ē	that initiated events resulting in deeth) LAST	DUE TO (OR AS A COM	, on the same of the	0.				
CERTIFICATION	resulting in deeth) EAST	d. Slegell	2 disa	dely				
	PART II. Other algnificent condition	na contributing to deeth but n	ot resulting in t	he underlying	ceuse given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL						1 YES :		COMPLETION OF CAUSE OF DEATH?
ME					_/			1 - YES 2 - NO
Ä	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL				UNCERTAI	N 🗆		
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:				
НУ	27. MANNER OF DEATH	1 Inputiant 2 ER/Outputian 26a. DATE OF INJURY	26b. TIME O	F 26c, INJ		6 Other (Specify) 26d. DE\$CRIBE HOW	INJURY OCCUR	ED
ВУ Р	1 Natural 5 Pending	(Month, Day, Year)	INJURY		RK? 'ES 2 NO	250-31 200-32-3		
	3 Suicide 6 Could not be	25a. PLACE OF INJURY — A building, atc. (Specify)	t home, tarm, atree	t, factory, office		26f. LOCATION (Street City or Town, State,	and Number or i	Rural Route Number,
ETE	4 Homicide detarmined	, and (opposity)				City or lown, state,		
COMPLETED		SICIAN: To the best of my knowledge						
00	2 MEDICAL EXAMIN	ER: On the basis of axamination and	l/or investigation, is	n my opinion, d	eath occured at the	time, data and place, se	nd dua to the co	ause(a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	weeter			29c. LICENSE NUI	26	D 1/3	GNED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Prin	1/25	1,200	A) - E	1100	0,000 10
	March 1	Lovers, mil		1100	wing.	,,,	-nox >	UKU WI
	31. DATE FILED (Month, Day Your	33 MEGISTRAP SERVICE	•					



DIVISION OF VITAL RECORDS, P.O. BOX 68760

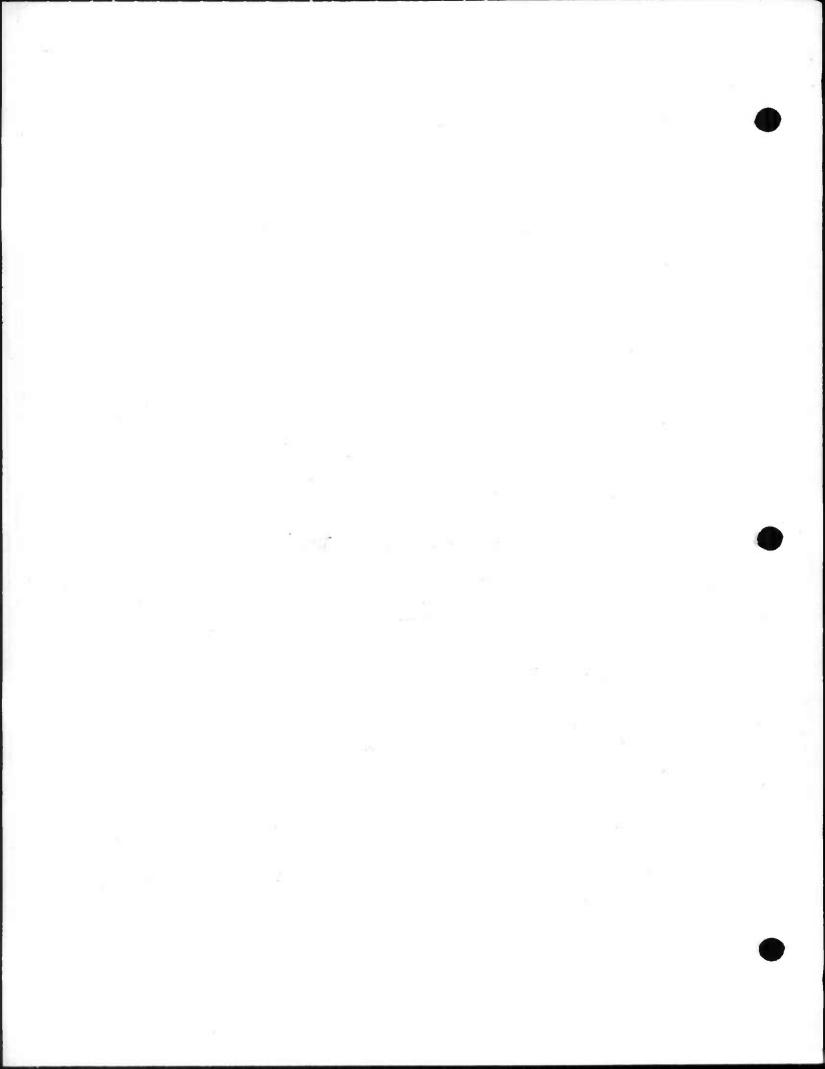
of aTTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The choice has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

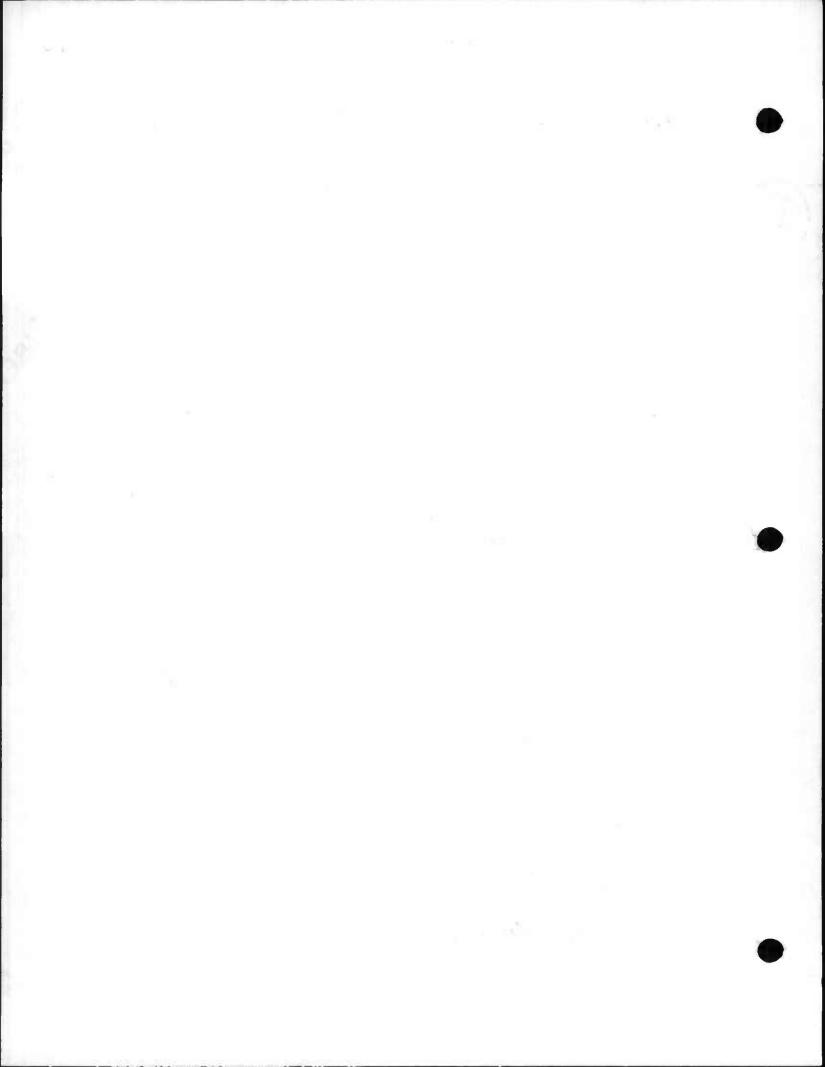
1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR			OFILL III	IVALI		DEATH		RE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2.	DATE OF DE				3. TIME OF CEATN
	ANNE MARY	7 10	BIANC)				Η-	nuary	DAY	100	YEAR	11.07 T.M
	4. SOCIAL SECURITY NUMBER	5. SEX		s. last birthday)	IF UNDER	D 1 VEAD	IF UNDER 24 H	$\overline{}$	DATE OF BIF				11:27 A M PLACE (State or Foreign
	210 60 1200	1 🗌 M 2 🛣 F		YRS.	MONTHS	DAYS	-	FINE.	(Month, Day,		_ [Country	Y)
	218-68-1300	77.7	85	Tho.		<u> </u>			c. 10	, 190)9		Va.
~	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY	r, TOWN (OR LOCATION	OF DEATH	4	94	c. COUN	TY OF O	EATN
DIRECTOR	Manor Care Ruxton					Tows	on				Ba	ltin	nore
5	RESIDENCE OF DECEDENT												IOLU
2	10a, STATE 10b. COUNTY			10c. CIT	Y, TOWN (OR LOCAT	TION						10d. INSIDE CITY LIMITS?
	Md. Ba	altimore			3	Luth	ervill	e					1 YES 2 X NO
AL	10e. STREET AND NUMBER	_85-5004					. ZIP CODE			10	0g. CITIZ	EN OF W	HAT COUNTRY?
EB	911 Hillstead Dr.						210	93				U.S.	Α.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S	ARMED	13.	WAS DEC	ENDENT OF N	ISPANIC (ORIGIN? (Soe	city Yea or I			
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W				If yes, sp	ecify Cuban, M	lexican, P	uerto Rican,	etc.)			— American Indian, , Whita, atc.
ВУ	3 ₩ Widowed 4 Divorced	IF TES, GIVE W	MH OH DATES			1 U YES	2 ∑∑ \$NO S	Specify:				Specif	
0	15. DECEDENT'S EDUC		16a	. DECEDENT'S	USUAL O	CCUPATIO	ON		16h KINO	OF BUSINE	ee/IMPH	ICTOV	White
F	(Specify only highest grade			(Give kind of a	work done				Too. Killo	OF BOSINE	.33/11400	MINI	
7	Elementary/Secondary (0-12)	College (1-4 or 5 -											
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)			louse V	vite					n Hom			
	17. PATRICK S NAME (FIRST, MIGGIN, LIBST)						18. MOTNER	'S NAME	(First, Middle,	Maiden Sum	name)		
8	Louis	Di	_Giro]	amo			Cec	ilia			Di	Mar	co
0	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADORESS	S (Street a	ind Number or F	Rural Rout	Number, City	or Town, St	tate, Zip (Code)	
-	Mr. C.J. Lo Bianco)		911	Hi.11	lste	ad Dr.	Tart	hervi	11e.	МА	210	193
	209. METNOD OF DISPOSITION 1 A Buriel 2 Cremation 3 Remo			CE AND DATE	FDISPOS	SITION (Na				Oc. LOCATI			
	4 Donation 5 Other (Specify)	Will from State	- Park	cremetory or o	ther place)	erv		2/1					
	21. SIGNATURE OF FUNERAL SERVICE LIC	-110001	Cemetery 2/1/95 Baltimore, Md.							Pid.			
	MA	10			Ru	ick !	Towson	Fun	eral I	Home	Inc		
	(the sold		7	-	110	050	York R	д. т	owson	- Md	21	204	
	23. PART I. Enter the diseases, or c	omplications the	ceused the	desth. Do r	not entar	the mo	de of dying,	such as	cerdiac or	respirato	ory arre	st,	Approximate
	snock, or heart failure. List only one ceuse on each lina.										Interval Between		
	diseese or condition	144	PFlas	MOI.	10	1	ATE						Onset and Death
		DUE TO	PELOV	SMOL SEQUENCE OF	HR.	57	ATE						Onset and Dawth
	diseese or condition	DUE TO	OR AS A CON	SEQUENCE O	HR.	57	ATE						Onset and Dauth
NO	disease or condition resulting in death) Sequentially list conditions,	DUÈ TÔ	PSIS	SEQUENCE OF	F):	ST	ATE						Onset and Dasth
ATION	disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate	DUÈ TÔ	PSIS	SEQUENCE O	F):	ST	ATE						Onset and Dastn
FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO	OR AS A COM	NSEQUENCE OF	F): F):	ST	ATE						Onset and Dasth
TIFICATION	disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Entar UNDERLYING	DUE TO	OR AS A COM	SEQUENCE OF	F): F):	ST	ATE						Onset and Dasth
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L CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	DUE TO	OR AS A COM	ISEQUENCE OF	F): F):			n in Par	21 240 V	MC AN AITH	maey	1245	
S	Sequentielly list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initieted events	DUE TO DUE TO	(OR AS A COM	ISEQUENCE OF	F): F):			n in Par	t I. 24a. Y	WAS AN AUT		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
S	Sequentielly list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	DUE TO DUE TO	OR AS A COM	ISEQUENCE OF	F): F):			n in Par	Р		07	24b.	WERE AUTOPSY FINDINGS
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EDICAL CE	Sequentielly list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	DUE TO DUE TO CONTributing to	OR AS A COM	ISEQUENCE OF	r): r): in the un	nderlyIng	g cause giva		1 [ERFORMED	07	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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OMPLETED BY PHYSICIAN: MEDICAL CE	Sequentielly list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO DUE TO DUE TO Contributing to	OR AS A COM OR AS A COM OR AS A COM OR AS A COM USE OF D 26. P ER/Outpatien INJURY By, Year) Trining Year Tri	SEOUENCE OF DEATH YE PLACE OF DEATH YE PLACE OF DEATH INJ	in the un S	NO Conly one) R: sing Hom 26c. INJ	UNCER B S Reside URY AT RK? CES 2 NC	TAIN [286	Other (Special Describe City or Town	(Street and h. State)	RY OCCL	JRED V Rural Re	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO DUE TO DUE TO Contributing to	OR AS A COM OR AS A COM OR AS A COM OR AS A COM USE OF D 26. P ER/Outpatien INJURY By, Year) Trining Year Tri	SEOUENCE OF DEATH YE PLACE OF DEATH YE PLACE OF DEATH INJ	in the un S	NO Conly one) R: sing Hom 26c. INJ	UNCER To S Raside URY AT RK7 FES 2 NC	TAIN [286 D	Other (Special de DesCRIBE 1. LOCATION (City or Town) the cause(a) a b, data and plants	(Street and N. State)	RY OCCL	JRED V Rural Re d. cause(a)	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO oute Number,
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BE COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentielly list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Sulcide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	DUE TO DUE TO DUE TO CONTributing to CONTRIBUTE TO CA HOSPITAL: I inpetient 2 28a. PLACE Of (Month, Distributing, Date of an analysis) CAN: To the best of an analysis of an analy	OR AS A CON OR AS	ISEOUENCE OF INVESTIGATION OF INVESTI	The unit of the un	NO Conly one) R: sing Hom 26c. INJ	UNCER To S Raside URY AT RK7 FES 2 NC	TAIN [286 D	Other (Special de DesCRIBE 1. LOCATION (City or Town) the cause(a) a b, data and plants	(Street and N. State)	RY OCCL	JRED V Rural Re d. cause(a)	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO oute Number,
BE COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suleide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	DUE TO DUE TO DUE TO CANDETE TO CA HOSPITAL: Inpatient 2 28e. DATE OF (Month, Did Wilding, Date of a) CAN: To the best of a) COMPLETED CASS	OR AS A CON PSI SI (OR AS A CON	ISEOUENCE OF ISEOU	The unit of at the time. It is a second of the second of t	NO	UNCER 5 Raside UNY AT RK? (ES 2 NO and place, and eath occurred at	TAIN [28:00	Other (Special Describe City or Town the cause(a) a a, data and plants.	(Street and N. State)	RY OCCL	JRED V Rural Re d. cause(a)	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO oute Number,
COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only onle) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CREDITION ON ON OTHER OF CREDITION	DUE TO DUE TO DUE TO CONTRIBUTE TO CA RIBUTE TO CA CAN: To the best of a completed caps COMPLETED CASS M. D. 74	OR AS A CON OR AS	SEOUENCE OF SEOUEN	The unit of at the time. It is a second of the second of t	NO	UNCER To S Raside URY AT RK7 FES 2 NC	TAIN [28:00	Other (Special Describe City or Town the cause(a) a a, data and plants.	(Street and N. State)	RY OCCL	JRED V Rural Re d. cause(a)	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO oute Number,
BE COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO DUE TO DUE TO CANDETE TO CA HOSPITAL: Inpatient 2 28e. DATE OF (Month, Did Wilding, Date of a) CAN: To the best of a) COMPLETED CASS	OR AS A CON OR AS	SEOUENCE OF SEOUEN	The unit of at the time. It is a second of the second of t	NO	UNCER 5 Raside UNY AT RK? (ES 2 NO and place, and eath occurred at	TAIN [28:00	Other (Special Describe City or Town the cause(a) a a, data and plants.	(Street and N. State)	RY OCCL	JRED V Rural Re d. cause(a)	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO oute Number,



BALTIMORE, MARYLAND 21215-0020	14 hours after death. Page 6 may be retained by the hospital or attending physician	y filled in by the funeral director, page 5 should be detached for use as the burial-transition, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68/60	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 14 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

		FOR STATE REGISTRAR	STATE OF MAR					EALTH AND DEATH	MEI	NTAL HYGIEN			
		1. DECEDENT'S NAME (First, Middle, Last)	Hele	n Cyn					1	DATE OF DEATH	AV	79 CAR	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 216-03-5404	5. SEX 8. AC	GE (In yrs. les	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN,	7.	DATE OF SIRTH	, ,	8. BIRTH	PLACE (State or Foreign
TOR		98. FACILITY NAME (If not institution, give str Sinai Hospital RESIDENCE OF DECEDENT	reet and number)			96. CITY, Balt		R LOCATION OF I	DEATH		9c. COU	NTY OF D	EATH
DIRECTOR		10a. STATE 10b. COUNTY Maryland			10c. cm	y, TOWN O	R LOCAT	ION					10d. INSIDE CITY LIMITS? 1/2 YES 2 NO
FUNERAL		1340 Berry Street					250	2IP CODE 1211					THAT COUNTRY? States
BY FU	- 13	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 [YI IF YES, GIVE WAR OF	ES 2XI	RMED NO	1 1	yes, spe	ENDENT OF HISPA celfy Cuban, Maxie 2 NO Spec	an, Pu	RIGIN? (Specify Yes serto Rican, etc.)	or No—	14. RACE Black Speci	- American Indian, White, etc.
once. COMPLETED		15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		(G	CEDENT'S live kind of w Do NOT us	vork done d	CUPATIO	N at of working		16b. KIND OF BU			
S P		6 Vears 17. FATHER'S NAME (First, Middle, Last)		Mar	nager	-				Conveni		Sto	re
5 S		Rufus Weaver								First, Middle, Maiden Iot. Known			
TO BE	H	19a. INFORMANT'S NAME (Type/Print) Mrs. Betty Betz		191	Midt	ADDRESS	(Street a			Number, City of Row Pre, Md.		2 Code)	
must be		20a. METHOD OF DISPOSITION 1 Serial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	veil from State	206. PLACE / cometery, cre WOOd I	AND DATE O	of Disposi ther place)	TION (Na	me of	1		cation -		wn, Stata Maryland
examiner must be notified at once		22. NAME AND ADDRESS OF FACILITY Duda—Ruck Funeral Home of Dundalk, Inc. 7922 Wise Avenue Dundalk, Md. 21222 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate											
event, the medical		23. PART I. Enter the diseases, or conshock, or heert failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	ornplications that cause of cause of the cau	eech line		ot enter	the mod	de of dying, su	ch as	cardiac or respi			Approximate interval Between Onset and Death
injury, or other traumatic eve AL CERTIFICATION		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR A	onia S A CONSEC	SURENCE OF	re							
MEDIC		PART II. Other significant conditions						cause given in	Part	I. 24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
8 8		DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL	IBUTE TO CAUSE		TH YE			UNCERTA	N E	2			
YSICI,		TV A SHALE THE	FIDEPITAL:			OTHER	:	6 🗆 Residence	6 [7]	Other (Paretta)			
H H		27. MANNER OF DEATH	28a. DATE OF JNJUR (Month, Day, Yea	IY .	26b. TIME	E OF	28c. INJU	JRY AT	_	. DESCRIBE HOW II	NJURY OC	CURED	
marked, BY PH	į	1 Natural 5 Pending Investigation	NIA		11430	M	1 Y	ES 2 NO					
		3 Suicide 8 Could not be determined	28e. PLACE OF INJU building, etc. (S	RY — At hopecify)	me, farm, s	treet, facto	ry, office		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
IMPORTANT: If Item 28 is O BE COMPLETED		29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	IAN: To the best of my kn										and manner as stated.
PORTA BE C		296. SIGNATURE AND TITLE OF CERTIFIER						29c. LJCENSE NU	MBER	0100	29d. DAT	E SIGNED	(Month, Day, Year)
₹ Q		Dany Hu	BML)				24023.	21-	B19834	1	inums	28,1995
1		30. NAME AND ADDRESS OF PERSON WHO Barry Louis 31. Date the D. (14)	s Sinai	409	lia.	Print)	, B	aHimor	e	hol			
		JAN 31 1995	PEGISTRAR'S SI	OF LOVE	64								

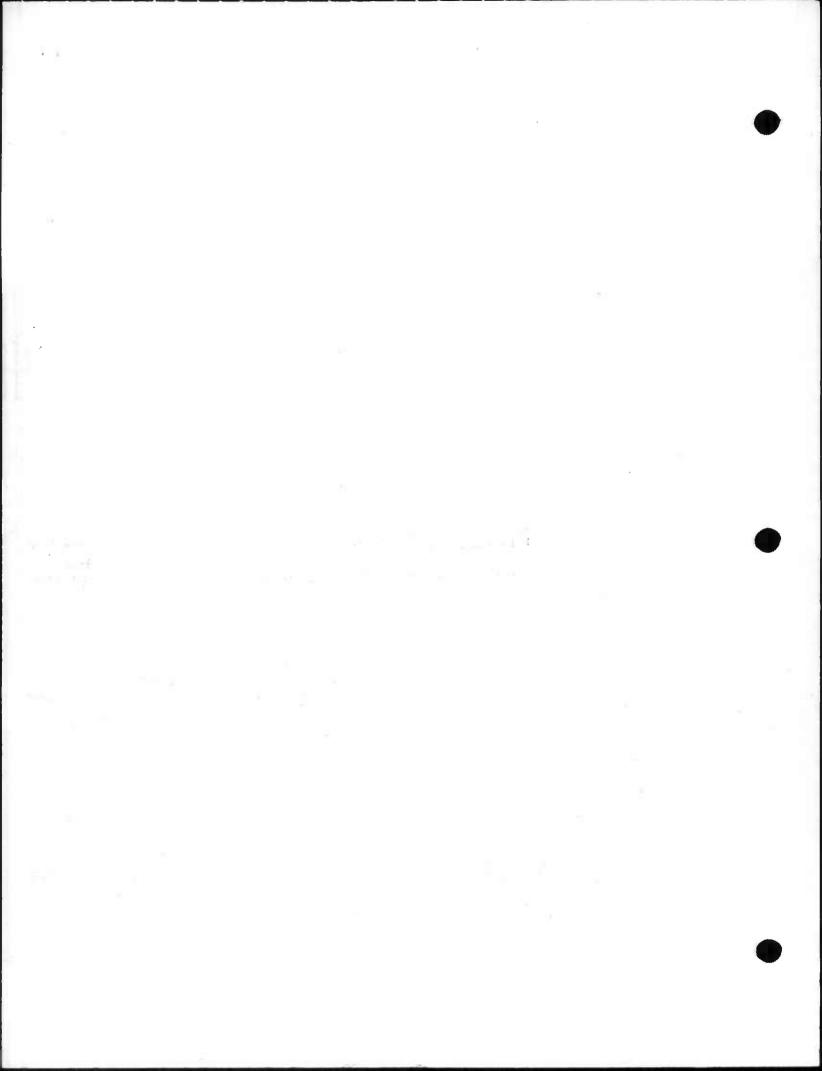


DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DECEMBER'S MARKE First, Modes, Last) Arthur Allen LeBicun 4. Social, Security Number 213-03-2914 5. Sex 213-03-2914 5. Se							
A SOCIAL SECUNITY NUMBER 213-03-2914 IN A 1							
TABLE THE SHAPE THE SHAPE (FIG. Latt) The Mary Land To Mary Land The Mary Land							
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10. STREET AND NUMBER 11.113 Hillside Road 11. WAS DECEDENT SEPTION U.S. A. 11. MATCH STATUS 11. M							
10 STREET AND NUMBER 11.1 11.							
10. ZIP CODE 109. CITIZEN OF WHAT COUNT 1. MAS DECEDENT SERVICE LICENSES 12. WAS DECEDENT SERVICE LICENSES 12. WAS DECEDENT OF WHAT COUNT 13. WAS DECEDENT SERVICE LICENSES 13. WAS DECEDENT OF HISPANC ORIGIN? (Specify Ves or No - 1) 146. RACE - Americal Have, specify Culsen, Western, Push of No. 1) 178. P. 2 M NO Specify 14. RACE - Americal Have, specify Culsen, Western, Push of No. 1) 146. RACE - Americal Have, specify Culsen, Western, Push of No. 1) 146. RACE - Americal Have, specify Culsen, Western, Push of No. 1) 146. RACE - Americal Have, specify Culsen, Western, Push of No. 1) 146. RACE - Americal Have, specify Culsen, Western, Push of No. 1) 146. RACE - Americal Have, specify Culsen, Western, Push of No. 1) 146. RACE - Americal Have, specify Culsen, Western, Push of No. 1) 146. RACE - Americal Have, specify Culsen, Western, Push of No. 1) 146. RACE - Americal Have, specify Culsen, Western, Push of No. 1) 146. RACE - Americal Have, specify Culsen, Western, Push of No. 1) 146. RACE - Americal Have, specify Culsen, Western, Push of No. 1) 146. RACE - Americal Have, specify Culsen, Western, Push of No. 1) 146. RACE - Americal Have, specify Culsen, Western, Push of No. 1) 146. RACE - Americal Have, specify Culsen, Western, Push of No. 1) 146. RACE - Americal Have, specify Culsen, Western, Push of No. 1) 146. RACE - Americal Have, specify Culsen, Western, Push of No. 1) 146. RACE - Americal Have, specify Culsen, Western, Push of No. 1) 146. RACE - Americal Have, specify Culsen, Western, Push of No. 1) 146. RACE - Americal Have, specify Culsen, Western, Push of No. 1) 146. RACE - Americal Have, specify Culsen, Western, Push of No. 1) 146. RACE - Americal Have, specify Culsen, Western, Push of No. 1) 146. RACE - Americal Have, specify Culsen, Western, Push of No. 1) 146. RACE - Americal Have, specify Culsen, Western, Push of No. 1) 146. RACE - Americal Have, specify Culsen, Western, Push of No. 1) 146. RACE - Americal Have, specify Culsen, Wester							
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1 VES 2 No Specify: Specify: White Specify: Specify: White Specify: Specify: Specify: White Specify: Specify: Specify: Specify: White Specify: Spec							
15. DECEDENT'S EQUEATION (Specify (specify playles) grade correlated) Elementary/Secondary (0-12) 2 years 16. DECEDENT'S USUAL OCCUPATION (Specify only highest grade correlated) Elementary/Secondary (0-12) 2 years 16. MOTHER'S NAME (First, Middle, Last) Arthur Albert LeBrun 16. MOTHER'S NAME (First, Middle, Maids Summans) Johanna Carolline Weiss 16. MOTHER'S NAME (First, Middle, Maids Summans) Johanna Carolline Weiss 16. MOTHER'S NAME (First, Middle, Maids Summans) Johanna Carolline Weiss 16. MOTHER'S NAME (First, Middle, Maids Summans) Johanna Carolline Weiss 16. MOTHER'S NAME (First, Middle, Maids Summans) Johanna Carolline Weiss 16. MOTHER'S NAME (First, Middle, Maids Summans) Johanna Carolline Weiss 16. MOTHER'S NAME (First, Middle, Maids Summans) Johanna Carolline Weiss 16. MOTHER'S NAME (First, Middle, Maids Summans) Johanna Carolline Weiss 16. MOTHER'S NAME (First, Middle, Maids Summans) Johanna Carolline Weiss 16. MOTHER'S NAME (First, Middle, Maids Summans) Johanna Carolline Weiss 16. MOTHER'S NAME (First, Middle, Maids Summans) Johanna Carolline Weiss 16. MOTHER'S NAME (First, Middle, Maids Summans) Johanna Carolline Weiss 18. MAID Name (Type-Pirst) Revenue Number of Rural Route Number, City or Row, Stelle Name of Rural Route Number, City or Row, Stelle Name of Rural Route Number, City or Row, Stelle Name of Rural Route Number, City or Row, Stelle Name of Rural Route Number, City or Row, Stelle Name of Rural Route Number, City or Row, Stelle Name of Rural Route Number, City or Row, Stelle Name of Rural Route Number, City or Row, Stelle Name of Rural Route Number, City or Row, Stelle Number, City or Row, Stelle Name of Rural Route Number, City or Row, Stelle Number, City							
AFTITUE Albert Lebrun Sea. INFORMANTS NAME (TyperPrint) 1986. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stella, Zio Code) 11713 Hillside Road, Kingsville, Md. 21087 206. MATHOD GE DISPOSITION Md. 21087 206. LOCATION - City or Town, Stella Bultimore, Mary 22. NAME AND ADDRESS OF FACILITY May Mary Mar							
AFERTURY ALDERT LEBTUR 198. INFORMANT'S NAME (Type/Print)							
AFERTURY ALDERT LEBTUR 198. INFORMANT'S NAME (Type/Print)							
The Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 11713 Hillsiside Road, Kingsville, Md. 21087 20b. METHOD QC DISPOSITION 1							
20a. METHOD GE DISPOSITION 1 Buriat 2 A Cremation 3 Removal from State 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Home 9705 Belair Road, Baltimore, Md. 21 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interesting in death) 24. Due to (or as a consequence of): 25. NAME AND ADDRESS OF FACILITY Schimunek Funeral Home 9705 Belair Road, Baltimore, Md. 21 26. LOCATION — City or Town, State Part Interest The Section of The Consequence of Section 1 Date 1							
Comparison Com							
Schimunek Funeral Home 9705 Belair Road, Baltimore, Md. 21 23. PART I. Enter the diseases, or complications that coursed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interconstitution on each line. Pulmonary Embolism Due to (or as a consequence of):							
23. PART I. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Pul monary Embol: Sm DUE TO (OR AS A CONSEQUENCE OF): Metasta ic Prostate Cancer DUE TO (OR AS A CONSEQUENCE OF): 1 DUE TO (OR AS A CONSEQUENCE OF): 246. WAS AN AUTOPSY PERFORMED? AMALABLE: COMPLETIO OR DEATH 1 YES 2 DATE 1 YES 1 YES 1 YES 246. WAS AN AUTOPSY PERFORMED? 1 YES							
IMMEDIATE CAUSE (Final disease or condition resulting in death) Pulmonary Embolism Due to (or as a consequence of): Metasta he Prostate Cancer Due to (or as a consequence of):							
If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): 246. WAS AN AUTOPSY PERFORMED? 1 YES 2 DATE: 1 YES 2 DATE							
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 DATE: 1 YES 2 DATE							
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 DATE: 1 YES 2 DATE							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 DATE 24b. WERE AUTO AMALABLE: COMPLETION OF DEATH? 1 YES							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 DWO 24b. WERE AUTO OF DEATH? 1 YES 2							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 DWO 24b. WERE AUTO OF DEATH? 1 YES 2							
PERFORMED? 1 YES 2 DAG COMPLETIVE COMPLETIV							
∑ 1 □ YES							
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO OTHER: 1 Inpetient 2 ER/Outpetient 3 DOA OTHER: 27. MANNER OF DEATH 28. DATE OF INJURY (Abort), Day, Year) 29. MANNER OF DEATH 20. DATE OF INJURY (Abort), Day, Year) 20. THER: 20. THER: 21. Noture OF DEATH 22. INJURY AT WORK?							
1 YES 2 10 1 Inpetient 2 ER/Outpetient 3 DOA 4 Titraing Home 5 Residence 6 Other (Specify)							
27. MANNER OF DEATH 28c. DATE OF INJURY (Month, Day, Year) 28c. MAJURY AT WORK? 1 Netural 5 Pending M 1 YES 2 NO							
2 Accident minestration							
3 Suicide 4 Homicide 5 Could not be datarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(a) and manner as stated.							
29a. CERTIFIER (Check only (Ch							
one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and re-							
MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner							
5. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, DA Nuary 30,							



DIVISION OF VITAL RECORDS, P.O. BOX 68760

DIVISION OF VITAL RECORDS, P.O. BOX 68760

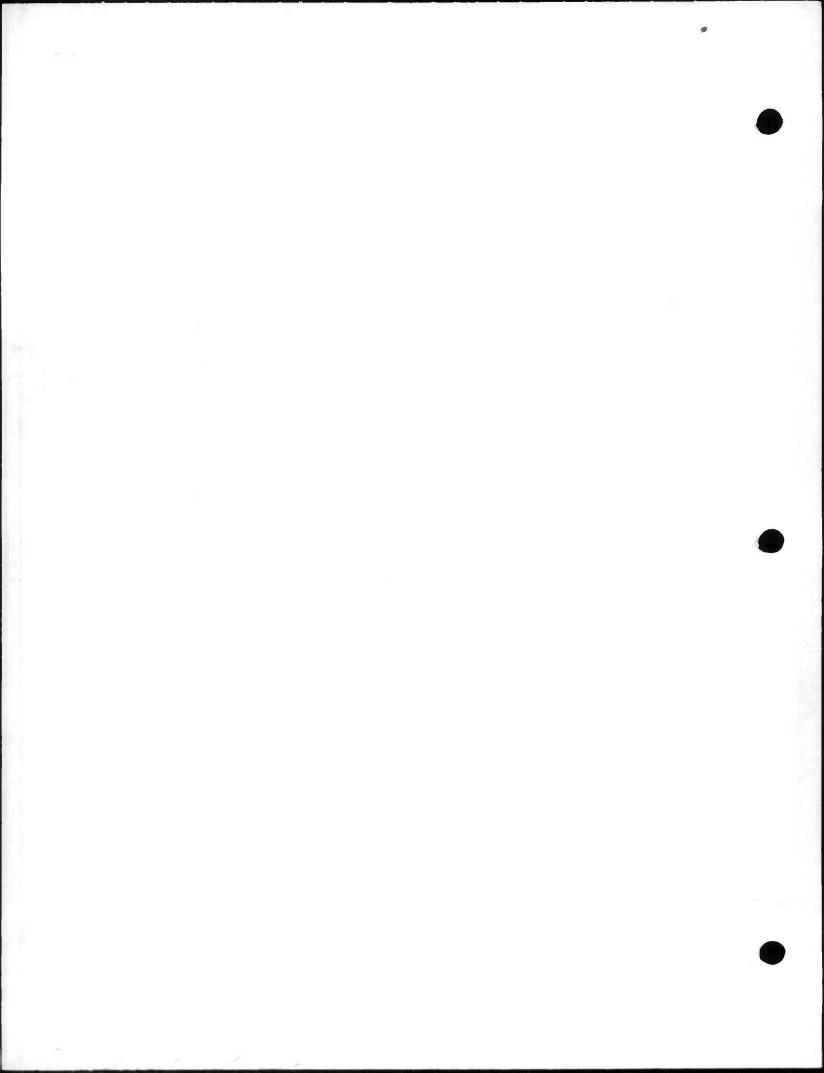
TO THE PUBLICAN STITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The PUBLICAN State this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO).			
	1. OECEDENT'S NAME (First, Middle, Last) THOMAS	DAILE	Υ	LYELL		2. DATE OF OEATN		SEAR 9:20 A M		
	4. SOCIAL SECURITY NUMBER 213-01-6814	5. SEX 6. AGE	(In yrs. last birthday) 84 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) AUG. 25,	1.6	BIRTHPLACE (State or Foreign Country) IRGINIA		
HC H	9a. FACILITY NAME (If not institution, give MED BRIDGE NURSI					9c. COUNTY				
5	RESIDENCE OF DECEDENT			D/ 12	TITIONE			IL I I I I I I I I I I I I I I I I I I		
DIRE	MARYLAND 106. COUNT	MARYLAND						10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL DIRECTOR	1700 MERIDENE DRI	VE		1	21239		10g. CITIZEN OF WHAT COUNTRY? USA			
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Never Married 4 Divorced 12. WAS DECEOENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR OATES!			ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify If yes, specify Cuben, Mexican, Puerto Rican, etc. 1 YES 2 NO Specify:			y Yee or No — 14. RACE — American Indian, Black, White, etc. Specify:			
	15. DECEOENT'S EOL (Specify only highest grade	CATION completed)	16a. OECEOENT'S	vork done during a	ION lost of working	16b. KINO OF BU	SINESS/INOUS			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	LICEMAN	ost or working		STEEL			
BE CO	17. FATHER'S NAME (First, Middle, Last) WARREN			LYELL	18. MOTHER'S NA	ME (First, Middle, Meiden	Surname)	GROOME		
TO B	190. INFORMANT'S NAME (Type/Print) MRS. JOAN STOFFEL					Route Number, City or Tow				
	MRS. JOAN STOFFEL 4217 NECKER AVENUE BALTIMORE, MD. 21236 20a, METHOD OF OISPOSITION 1 Surial 2 Cremation 3 Removal from State 4 Donellon 5 Other (Specify) DATE 20c. LOCATION - City or Town, State PARKWOOD CEMETERY 1/31/95 BALTIMORE, MD.									
	21. SIGNATURE OF FUNERAL SERVICE LI	CHITY	. I IMUKE	., , , , , ,						
	Jan CV	la JOHN E.		5305		ROAD BALTI				
	INMEDIATE CAUSE (FIRST	List only one cause on a	ech ilne.					interval Between		
NOIL	disease or condition resulting in death) a. Dreumonia (Chronic Obstructive Rulmonary OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate Oue TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. OUE TO (OR AS A	CONSEQUENCE OF	NSEQUENCE OF):						
CERT	resulting in death) LAST	d								
EDICAL	PART it. Other aignificent condition	na contributing to deeth b	ut not reaulting I	n the underlyin	g ceuse given in	PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MED						1 YES 2	NO	OF DEATH?		
	DID TOBACCO USE CONT	RIBUTE TO CAUSE C			UNCERTAI	N 🗆		tond tond		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	26. PLACE OF OEAT	OTHER:		Water and the same				
HX	27. MANNER OF DEATN	1 ☐ Inpetient 2 ☐ ER/Outp	28b. TIME	OF 28c. IN	ne 5 🗆 Residence	8 Other (Specify) 28d. OESCRIBE HOW I	NJURY OCCUR	EO		
B⊀	1 Natural 5 Pending Investigation	(Month, Day, Year) 26e. PLACE OF INJURY	INJ	M 1 🗆	YES 2 NO					
ETED	3 Suicide 6 Could not be determined	building, etc. (Spec	effy)			281. LOCATION (Street City or Town, Stete)	and Number or F	Rural Route Number,		
COMPLET		CIAN: To the best of my know R: On the best of examination						suse(e) and manner se stated.		
BEC	29b. SIGNATURE AND TITLE OF CERTIFIE	* Ca .			29c. LICENSE NUM	MBER	29d. DATE SI	GNEO (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WH	Christit	MO ATN (ITEM 27) (FC)	Orine)	D4556	8	1/	30/95		
	Bradford L. Et	oright M.D.		elair R	d. 21236	5				
	31. DATE FILEO (Month, Day, Year) JAN 3 1 1995	32. REGISTRAR'S SIGN	ATURE de la							
100	1 m 1 v 2 v 1 (7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	THE RESIDENCE OF THE PARTY OF T	WWW.							



TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transft permit	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE Studior Radal

ISABEL C. BORRAS

Pages 1, 2, 3

ITEMS: 1. & 7. PER F.H. FILM G-719 1/31/95 t.t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH 1. OECEOENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF GEATH JACK -LEVIN - JACK B. LEVIN TANUARY 28 9:50 PM 1995 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birtnday) 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign 05-4956 78 DAYS. 1XXM 2 | F JULY 12 A MARYLAND 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR RESIDENCE OF DECEDENT BALTIMORE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE BALTIMORE 1 TES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2 CANDLEMAKER COURT, APT. 306 21208 USA 12. WAS DECEDENT EVER IN U.S. ARMED
FORCES? 1 X YES 2 NO
IF YES, GIVE WAS OR DATES
WWII—ARMY 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—it yes, specify Cuban, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY Specify: 3 Widowed 4 Divorced WHITE 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEOENT'S EOUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only hi (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 5+ PHARMACIST **PHARMACY** 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) LEVIN FANNIE LIPSITZ BE ABRAHAM 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 BERNICE LEVIN 2 CANDLEMAKER CT, APT. 306 BALTIMORE, MD 21208 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 4 Donation 5 D BETH EL MEMORIAL PARK 1-30-95 RANDALLSTOWN, MD ERAL SERVICESCENSES 21. SIGNATURE OF 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN ROAD BALTIMORE, MD 21215 ses, or periplications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ehock, or heart failure. List only one ceuse on each line. interval Between IMMEDIATE CAUSE (Fine) Onset and Death disease or condition SYSTEMIC INFLAMMATORY RESPONSE SYNDROME resulting in death) RENAL FAILURE CERTIFICATION Sequentielly list conditions, if any, leeding to immediate e. Enter UNDERLYING GASTROTNTESTINAL BLEEDING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST CORONARY ARTERY DISEASE PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 🗵 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 - YES 2 1 NO 1 M Inpatient 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c, INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCUREO 1 30 Natural 5 Pending М 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, term, atreet, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER

1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 4. BRUGO, MD DANUARY 28 1995 2402321

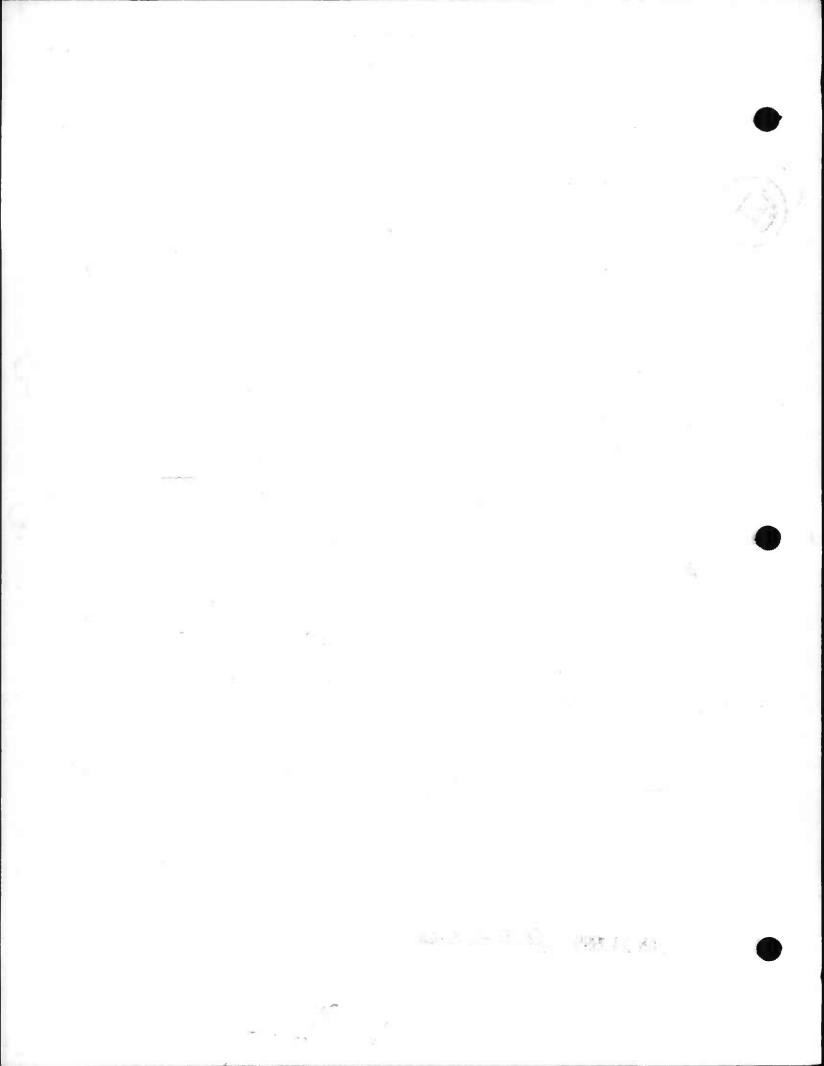
SINAI HOSPITAL W. BEIVEDERE AVE, BALTIMORE 29209

DHMH-18 Rev 1/89

	ITEMS: 1. & 2 FOR STATE REGISTRAR	STATE OF I	MARYLAND	/ DEPAR	RTMENT	OF F	HEALTH AND	MEN	ITAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)							N.	DATE OF DEATH	AY	YEAR	3. TIME OF DEATH
	THOMAS JO 4. SOCIAL SECURITY NUMBER	SEPH		LINT	Y	JR.		_	AN 2	4	95	1120A M
		5. SEX	6. AGE (In yrs.	last birthday) YRS.	IF UNDER 1	DAYS	IF UNDER 24 HRS HOURS MIN.	-	Month, Day, Year)		Country	
	222-16-9374	4.6	64	Tho.					EP. 27,1	.930	Mary	yland
OR		2200 MARYLAND AVENUE					CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY 90. COUNTY OF DEATH					EATH
5	RESIDENCE OF DECEDENT 100, STATE 10b, COUNTY	,		10.00	CITY, TOWN OR LOCATION							
DIRECTOR	-11.70											10d. INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBER			Bal	timor	_						1 X YES 2 NO
FUNERAL	2200 Manual and Assa	110 1			101. ZIP CODE 109. CITIZEN OF WH							
N	2200 Maryland Ave	12. WAS DECEOEN		ADMED	12 14	LE DEC	21218	*****	RIGIN? (Specify Yes		U.S	
	1 Never Married 2 Merried	FORCES? 1	TYPES 2	NO	H.	yes, sp	ecify Cuben, Mex	ican, Pu	erto Rican, etc.)	or No-	14. RACE Black	- American Indian, White, etc.
B∀	3 Wildowed 4 Divorced	Korea	MH OR DATES		1 (YES	2 NO Spe	cify:			Specif	
ETED	15. DECEDENT'S EDUC (Specify only highest grade	ATION	18e.	DECEDENT'S	USUAL OCC	UPATIO	ON		16b. KIND OF BUS	SINESS/IND	DUSTRY	White
	Elementary/Secondary (0-12)	College (1-4 or 5	,)	(Give kind of life. Do NOT u	work done du se retired.)	ring mo	est of working	- 1				
AP.		5+]]	Realto	r				Real 1	Estat	:e	
COMPL	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S	NAME (F	irst, Middle, Meiden	Surname)		
ш	Thomas Joseph Li	nton. Sr					Marie	E.	Connell			
TO B	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street e	and Number or Run	el Route	Number, City or Tow	n, State, Zip	Code)	
-	Marlene E. Barone			6 Up1	and R	oac	l, Balti	mor	e, Mary	land	2121	0
	20e. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remo	nel from State	20b.PLAC	E AND DATE	OFDISPOSIT					***	City or Ton	
	4 Donation 5 Other (Specify)		Green	1 Mour	it Cre	mat	tory JA	M.	27 Balt	timor	e. M	aryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE)	_	22, N/	ME AN	ND AODRESS OF	FACILITY	1			
	Mitchell-Wiedefeld Hopme HOME 6500 York Rd. Baltimore, Maryland 21212 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate											
	23. PART I. Enter the diseases, or c ahock, or heert failure. I	omplications the	t caused the	deeth. Do i	not enter ti	ne mo	de of dying, su	ich as	cardiac or reapi	ratory an	rest,	Approximate interval Between
	IMMEDIATE CAUSE (Final Onset and Dec									Onset and Death		
	resulting in death) a. Life of quantities of the New York											
	OUÉ TO/OR AS À CONSEQUENCE OF):											
8	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):											
AT	if any, leading to immediate cause. Enter UNDERLYING		(on no n cont	DEGOLINGE OF	· j.							
RTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONS	EOUENCE O	F):							
F	resulting in deeth) LAST				•							j
8	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY FINDINGS											
Ä	PART II. Other significant conditions	contributing to	death but no	t resulting	in the unde	eriying	g ceuse given i	n Part	i. 24s. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
DICA									YES 2	□ NO		COMPLETION OF CAUSE QF DEATH?
ME									1			1 YES 2 NO
ÿ	DID TOBACCO USE CONTR	IBUTE TO CA			S N		UNCERTA	IN []		/	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PL	ACE OF OEAT	OTHER:	y one)						
1×S	XTYES 2 NO	1 Inpatient 2			4 - Nursin	g Hom	e 5 KRasidence	6 🗆	Other (Specify)			
PHY	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF (Month, D	INJURY ny, Your)	28b. TIM	E OF 2	Ic. INJI WO	URY AT	28d.	OESCRIBE HOW II	NJURY OC	CUREO	
₽	2 Accident Investigation	Found	424175	1100	011	1 🗆 1		51	rbjeet	She	15	et-
	3 G Sericide 8 Could not be 4 Homicide determined	28s. PLACE O building,	etc. (Specify)	home, ferm, s	street, factor	, office		281.	LOCATION (Street a City or Town, State)	ind Number	or Rural Ro	oute Number,
<u>.</u>	29a. CERTIFIER			me				0	200 Mg	112	of Ft	me
MPL	(Check only 1 CERTIFYING PHYSIC											-// ///
COMPL	2XXMEDICAL EXAMINER	t: On the besis of e	camination and/c	or investigation	n, in my opi	nion, de	eath occured at the	ne fime,	data end place, en	d due to th	e cause(e)	end manner as steted.
BE (296 BIGNATURE AND TITLE OF CERTIFIER	11.	/				29c. LICENSE N	UMBER		29d. DAT	E SIGNED	(Month, Day, Year)
0	1 pertan M.	Trug/	ny	2			O.C.	M.E		J	AN	25/95
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED SAUS										
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BALTIMORE, MARYLAND 21215-0020

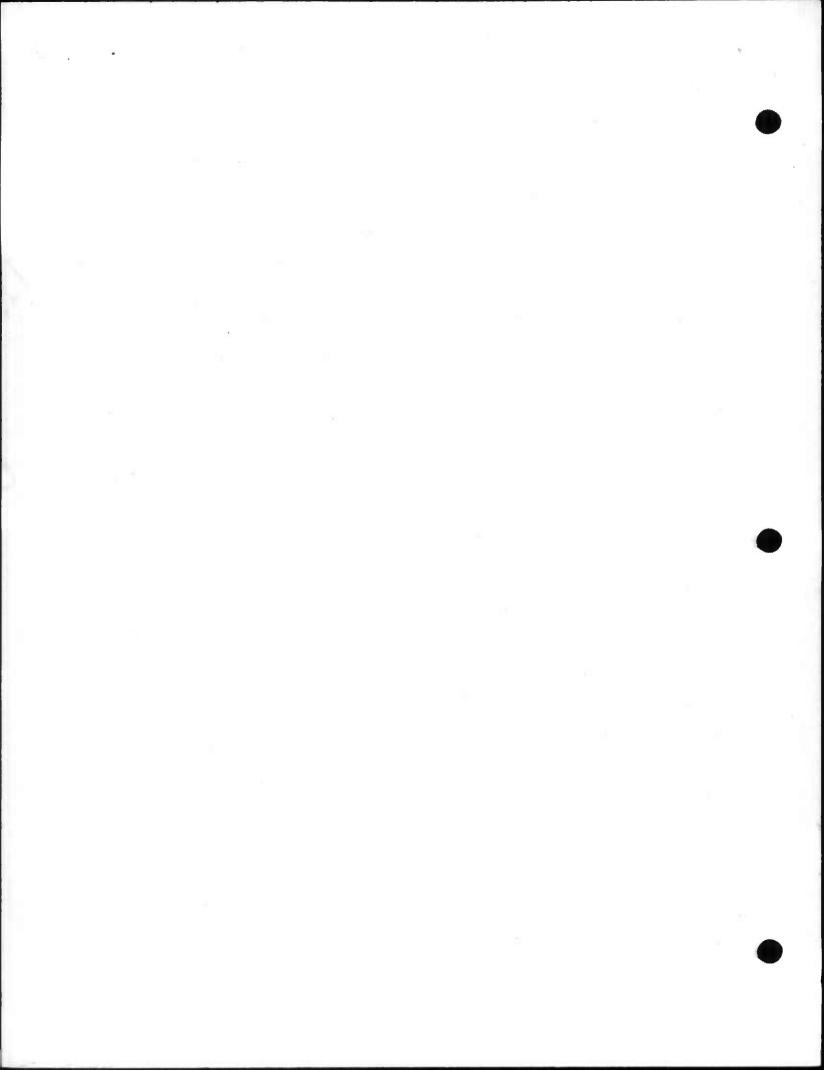
DIVISION OF VITAL RECORDS, P.O. BOX 68760



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		1 - STATE REGISTRAR		CERTI		F DEATH		EG. NO.	
		1. DECEDENT'S NAME (First, Middle, Last) Edward Thomas L	evering				2. DATE OF C		3. TIME OF DEATH 5 3:30 A M
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthde			7 DATE OF B	IRTH 0	BIRTNPLACE (State or Foreign
pino		217-05-2798 9a. FACILITY NAME (If not institution, give stree	1 M 2 F	75 YRS		N OR LOCATION OF	Nov.		Maryland Y OF DEATH
2, 3 should	OR	2110 Northland H				llawn	ZAIN		imore
ages 1,	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. (CITY, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?
physician. burial-transit permit. Pages 1,		Maryland Balt: 100. STREET AND NUMBER	imore		Woodlawr I	101. ZIP CODE		10a, CITIZE	1 YES 2 KNO
an. transit p	FUNERAL	2110 Northland Roa				21207		Unite	ed States
	B⊀	11. MARITAL STATUS 1 Never Married 2 X Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR	2 NO	If yes,	Specify Cubert, Maxic (ES 2 NO Specify Cubert)	en, Puerto Rican	ecify Yes or No— 14 , etc.)	RACE — American Indian, Black, White, atc. Specify: White
or atten	ETED	16. DECEDENT'S EDUCAT (Specify only highest grade co	mpleted)	(Give kind	I'S USUAL OCCUP of work done during use retired.)		16b. KINI	O OF BUSINESS/INDUS	TRY
hospital iched fo	COMPL	12th grade H.S.	College (1-4 or 5+)		r Carrie	r	U.:	S. Postal	Service
retained by the hospital or attending 5 should be detached for use as the notified at once.	ш	17. FATHER'S NAME (First, Middle, Lest) Thomas Alexander 1	Levering			18. MOTHER'S N Mamie		, Maiden Surname) Valtz	
5 should	TO B	19e. INFORMANT'S NAME (Type/Print) Mrs. Pearl M. Leven	ring			et and Number or Rural		ity or Town, State, Zip Co	
r, page		20a. METHOD OF DISPOSITION 1 💢 Buriel 2 🗆 Cremetion 3 🗆 Ramovi	20	b. PLACE AND DAT	E OF DISPOSITION	(Name of	DATE	nore, MD	21207 y or Town, State
ge 6 ma irector, i r must		4 Donation 6 Other (Specify)		orraine	Park Ce	metery	2/1	Woodlawr	, Maryland
rs after death. Page 6 may be n by the funeral director, page removal.		21. SIGNATURE OF FUNERAL SERVICE LICEN	S Corr	ecka				l Director	es, Inc.
2 = 5 Z		23. PART / Enjer the diseases, or con abock, or haert fallura. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	candle	d the death. Do aach line.	hise	mode of dying, sur	ch es cardiac	or reapiretory arres	t, Approximate interval Between Onset and Daath
he death certificate be executed within the attending physician and completely Mental Hygiene prior to burial, cremati njury, or other traumatic event, t	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Right DUE TO (OR AS	A CONSEQUENCE	OF):	I eff	eroec	n 2º	
	1 12 1	that initieted events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE	American	cour	Jen C	a sculo	w. dise
the death / the atten d Mental H injury, or	S	that initieted events reauting in death) LAST PART II. Other aignificent conditions of	Altrec	but not resultin	g in the underly	ring cause given in		WAS AN AUTOPSY	W dife
that the side by he and	CAL CE	that initieted events reauting in death) LAST PART II. Other aignificent conditions of the conditions	Altrec	but not resultin	g in the underly	ring cause given in	Part I. 24a.		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATN?
law requires that the as been signed by Dept. of Health and 23 shows any it	MEDICAL CE	PART II. Other algnificent conditions of the property of the p	Allier contributing to deeth curban	but not resultin	g in the underly Colu	UNCERTA	1 Part I. 24a.	WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
e law requires that that that been signed by Dept, of Health and 1.23 shows any it	SICIAN: MEDICAL CE	PART II. Other aignificent conditions of the con	Allier contributing to deeth curban	but not resultin	g in the underly YES NO EATN (Check only o	UNCERTAL	1 Part I. 24a.	WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATN?
law requires that that that bas been signed by Dept. of Health and 23 shows any it	PHYSICIAN: MEDICAL CE	PART II. Other algnificent conditions of DID TOBACCO USE CONTRIE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending	contributing to deeth comban Lement BUTE TO CAUSE (but not resultin	g in the underly YES NO EATH (Check only o OTHER: 4 Nursing H IME OF NJURY 28c. NJURY	UNCERTAL Ome 5 Residence INJURY AT	1 Part I. 24a. 1 .	WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO
e law requires that that that been signed by Dept, of Health and 1.23 shows any it	ED BY PHYSICIAN: MEDICAL CE	PART II. Other aignificent conditions of the con	contributing to deeth cub-cu BUTE TO CAUSE (10SPITAL: Inpetient 2 ER/Out 280, DATE OF INJURY	but not resultin	g in the underly YES NO EATH (Check only o OTHER: 4 Nursing H IME OF NJURY M 1	UNCERTAL Ome 5 Residence INJURY AT WORK?	Part I. 24e. 1 1 1 1 1 1 1 1 1 1	WAS AN AUTOPSY PERFORMED? YES 2 NO Colly) E NOW INJURY OCCUR	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO
DH ATTENDIOS PRESENTATE has been signed by CORENT TO STATE DESCRIPTION OF THE STATE DESCRIPTION	MPLETED BY PHYSICIAN: MEDICAL CE	that Initieted events resulting in death) LAST PART II. Other algnificent conditions of the condition	contributing to deeth CONTRIBUTE TO CAUSE (BUTE TO CAUSE (HOSPITAL: Inpetient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spe	but not resultin	g in the underly YES NO EATN (Check only o OTHER: 4 Nursing H NE OF NJURY M 1 In, street, factory, o	UNCERTAL TOTAL TOT	8 Other (Spe 28d. DESCRIB	WAS AN AUTOPSY PERFORMED? YES 2 NO colly) E NOW INJURY OCCUP (Street and Number or In, State)	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
OHERTHONIS SHE DIAN; The law requires that to DIRECTION And A DIRECTION STATE DEST, OF Health and LIBERT 23 shows any it	PLETED BY PHYSICIAN: MEDICAL CE	that Initieted events resulting in death) LAST PART II. Other algnificent conditions of the condition	Contributing to deeth Combon BUTE TO CAUSE (GOSPITAL: Inpatient 2 ER/Out 28a. PLACE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spe	but not resultin	g in the underly YES NO EATN (Check only o OTHER: 4 Nursing h IME 28c. NJURY M 1 I n, street, factory, o urred at the time, d	UNCERTAL TOTAL TOT	8 Other (Special Describer City or Towns at the cause(e) at time, data and	WAS AN AUTOPSY PERFORMED? YES 2 NO I (Street and Number or In, State) and manner as attated.	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO



DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 18c. CITY, TOWN OR LOCATION Baltimore M FUNERAL 10e. STREET AND NUMBER WELLS AVE funeral director, page 5 should be detached for use as the burial-transit 7810 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES MARYLAND 21215-0020 2 NO 1 Never Married 2 Married BY 3 Wildowed 4 Divorced 6 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION (Specify only highest g Page 6 may be retained by the hospital or COMPLET Elementery/Secondery (0-12) College (1-4 or 5+) 5 years Foreman once. 17. FATHER'S NAME (First, Middle, Last) notified at James Mouzon BE 19a. INFORMANT'S NAME (Type/Print) 2 Mrs. Margaret E. Tingler 9 20b. PLACE AND DATE OF DISPOSITION (Name of must Buriel 2 Cremation 3 Removal from State Donation 5 - Other (Specify) medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE hours after death. Down the and completely filled in by the burial, cremation, or removal. ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final the disease or condition RATIO resulting in death) other traumatic event, executed with DIVISION OF VITAL RECORDS, P.O. BOX 68760 CERTIFICATION and Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF) the attending physician are Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF that initiated events resulting in death) LAST 0 has been signed by the atter Dept. of Health and Mental injury, PHYSICIAN: MEDICAL shows any 23 OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) r this certificate h tem HOSPITAL: OTHER: 1 YES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA ö 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 26c. INJURY AT is marked, 1 Natural DIRECTOR: After the hours after death v 8 Investigation 2 Accident 28a. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 3 Suicide COMPLETED 8 Could not be 28 4 Homicide 29a, CERTIFIER TO THE HOSPITAL OF THE FUNERAL D DE filed within 72 ho 2 MEDICAL EXAMINER: On the been of BE 2 RESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Lein cers

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Scott Mouze Mouzon Walter 4:30 A M Jan 2 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 12/24/08 17 M 2 | F -3928 South Carolina 216-9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HOSPITAL MERCY BALTIMORE 10d. INSIDE CITY Edgemere THURFE YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 21219 U.S. A. 2 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— It yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indien, Black, White, stc. 1 TES 2 XNO Specify Specify: White 16b. KIND OF BUSINESS/INDUSTRY Steel Industry 18. MOTHER'S NAME (First, Middle, Maiden Surname) Margaret 19b. MAILING ADORESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 7826 Charlesmont Road Baltimore, Maryland 21222 20c. LOCATION - City or Town, State OATE Bel Air Memorial Gdns. 1-31 Bel Air, Maryland 22. NAME AND A OORESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Avenue Dundalk, Maryland 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Interval Betw **Onset and Death** DUE TO (OR AS A CONSEQUENCE OF): HEMORRIAGIC PEPTIC ULCER PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE ENCEPHALOPATH 1 TES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO INCERTAIN IN 4 Nursing Home 5 Residence 8 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1 SERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end place, and due to the cause(e) and manner ea stated. stion and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated, 29d. DATE SIGNED (Mginth, Day, Year) 29c. LICENSE NUMBER 28 milltorach

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within whours after death. Page 6 may be retained by the hospital or attending physicial	TO THE FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-ria		
y the hospita	be detached i		at once.
be retained b	ge 5 should		e notified
Раде 6 тау	al director, pa		ner must b
s after death.	by the funer	removal.	dicai exami
within , hou	pletely filled in	be filled within 72 hours after death with the state bept, of health and mental hygiene prior to buriar, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
be executed	ician and com	IOL TO DUNAII, I	raumatic ev
ath certificate	ttending phys	al Hygiene pr	, or other t
s that the de	ned by the a	arm and mem	any injury
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PHYSICIAN: T	this certificate	with the state	rked, or ite
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OSPITAL OR	JNERAL DIRE	ININ /2 HOUR	INT: If item
TO THE H	TO THE FL	De men w	IMPORT/

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

	1 - STATE STATE OF MARYL		ICATE OF		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	Edward Pe			2. DATE OF CEATH DAY	, ,	3. TIME OF DEATH		
	COUTED 171161CK	In yrs. last birthday)			01/29	9/95	6 PM "		
	In the case of the	23 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)			
	9e. FACILITY NAME (If not institution, give street and number)	70	9b. CITY, TOWN	OR LOCATION OF DEA		Connecticut			
OR	LORIEN FRANKCORD N	Hi	Balt	imore					
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		Y, TOWN OR LOCA	ION			10d. INSIDE CITY		
	Maryland Baltimore	Dı	ındalk			1 YES 2 X NO			
FUNERAL	100. STREET AND NUMBER 8420 Kavanagh Road			ZIP CODE 21222			n of what country? ced States		
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced 12. WAS DECEDENT EVER IF FORCES? 1 X YES IF YES, GIVE WAR OR D.	2 NO ATES					Black, White, etc. Specify: White		
TED	15. DECEOENT'S EDUCATION (Specify only highest grade completed)	(Give kind of a	USUAL OCCUPATION Work done during me	ON st of working	18b. KIND OF BUSI	NESS/INOUS	TRY		
COMPLETED	Elementary/Secondary (0-12) 11 Years College (1-4 or 5+)	Superir	ntendent		CSX				
BE CO	17. Father's name (First, Middle, Last) Frank Marler			18. MOTHER'S NAME Margare	E (First, Middle, Meiden S t Lyons	iumame)			
TO B	190. INFORMANT'S NAME (Type/Print) Mr. Edward P. Marler, Jr.	19b. MAILING 8420	Kavanag	nd Number or Rurei Ro n Road Dui	ndalk, Mar	State, Zip Co	21222		
	206. METHOD OF DISPOSITION 1 Grant 2 (X cremation 3 Grant Removal from State 4 Grant Donatton 5 Grant Of Disposition (Name of 1-31 Towson, Mary)								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		²²Düða	RUCK FUN			ndalk, Inc.		
	Joseph Load	~ ·					ryland 21222		
	23. PART I. Enter the diseases, or complications that caused ahock, or haart fallure. Liet only one cause on a	the deeth. Do r	not enter the mo	de of dying, auch	aa cardiac or respir	atory arrea	t, Approximata		
	IMMEDIATE CAUSE (Final disease or condition						Onset and Death		
	resulting in death) a. Preumon!! Oue to (or as a consequence of):								
N	Sequentially list conditions, DUE TO (OR AS A CONSCOUENCE OF):								
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CALIEE, Enter UNDERLYING CALIER TO COMPANY T								
F	that initiated events OUE TO (OR AS A	CONSEQUENCE OF	F):				years		
HH	resulting in deeth) LAST								
CAL	PART II. Other eignificent conditions contributing to deeth b	ut not resulting	in the underlyin	ceuse given in P	ert I. 24a. WAS AN A		24b. WERE AUTOPSY FINDINGS		
EDIC,	chronic obstructive pull	monary	Diseasi	2	1 YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?		
Σ	DID TODACCO HEE CONTRIBUTE TO CALLES	E DEATH NO			_		1 - YES 2 10-40		
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE O 25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEAT		UNCERTAIN					
SIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outp	atient 3 DOA	OTHER:	e 5 🗆 Residence 8	Other (Specify)				
ву Рн	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28b. TIM	JURY WO	URY AT RK? 'ES 2 NO	28d. OEŞCRIBE HOW IN	JURY OCCU	RED		
	3 Sulcide 8 Could not be determined 28e. PLACE OF INJURY building, etc. (Spec	— At home, term, s	street, tectory, affic		28t. LOCATION (Street er City or Town, State)	nd Number or	Rural Route Number,		
PLE	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowl	ledge, death occum	ed at the time, date	end place, end due to	the cause(s) and mann	er as atated.			
COMPLETED	one) 2 MEOICAL EXAMINER: On the beele of examination								
BE	296. SIGNATURE AND TITLE OF CERTIFIER TEXTIFICATION M	'D		29c. LICENSE NUMB	763	29d. DATE S	IGNEO (Month, Day, Year)		
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE.			Sor	Suite #3	30	owings mills, m D		
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGN.	ATURE		<u> </u>	20116 2	<i>J</i> 0	0111 /		
	JAN 31 1995 Juli other	when Renda	Ц						

2. DATE OF DEATN

MARYLAND 21215-0020 BALTIMORE. STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

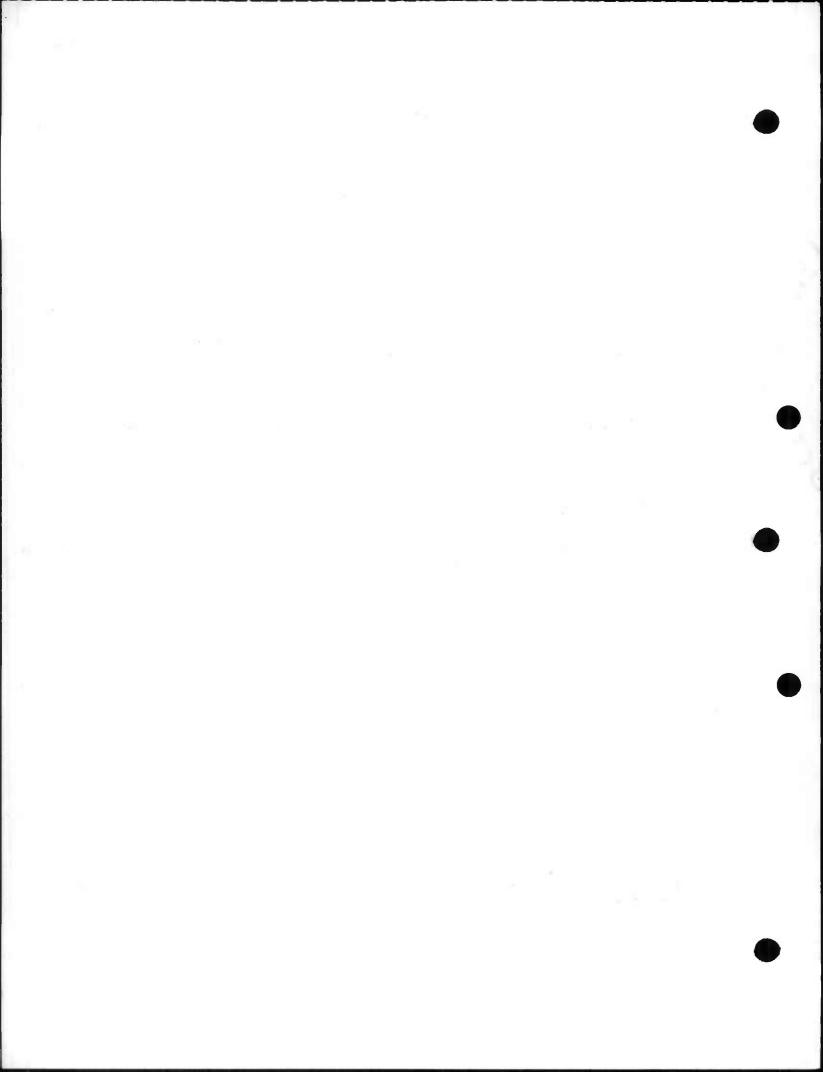
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MURRAT 51-1 01 31 1995 7.054 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 214-92-5912 8/3/1964 1 M 2 | F 30 YRS. New York permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR Northwest Hospital Center Randallstown Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? Page 6 may be retained by the hospital or attending physician. If director, page 5 should be detached for use as the burial-transit 4708 Springdale Avenue 21207 USA 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuben, Maxican, Puerto Rican, etc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY Specify: 3 Widowed 4 Divorced **Black** 18e. DECEDENT'S USUAL OCCUPATION ED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work done life. Do NOT use retired.) Щ Elementery/Secondary (0-12) College (1-4 or 5+) Chicago Public Library 5 Curator COMPL 12th + 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First Middle Maiden Surname) James Murray notified at Adele Morrison BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 2 Springdale Avenue Md.21207 Adele Murrav Balto. 3 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 1 | Burlel 2 | Cremation 3 | Removel from State
4 | Donation 5 | Other (Specify) Must 2/1/95 Metro Baltimore, Maryland Crematory examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY the funeral within 24 hours after death. LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE medical 23. PART I. Enter the disasses, or complications that caused the death. Do not anter tha mode of dying, such as cardisc or reapiratory arrest, ra. List only one cause on each line. filled in by Approximate ahock, or heart failu Intarval Between 50 IMMEDIATE CAUSE (Final Onset end Death JCEPH ALOPATHY cremation, the disesse or condition_ 16dac completely resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF executed burial, other traumatic and CERTIFICATION Sequantielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): 9 If any, leading to immediata ceuse. Entar UNDERLYING physician Hygiene prior certificate CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events attending resulting in death) LAST 6 requires that the death Mental injury, the PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24s. WAS AN AUTOPSY certificate has been signed by in the State Dept. of Health and PERFORMED? shows any 1 YES 2 NO OF DEATN? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) Item **EXAMINER?** HOSPITAL: OTHER: 1 | YES 2 - NO ATTENDING PHYSICIAN: 1 ☐ Impetiant 2 ☐ ER/Outpetient 3 ☐ DOA ng Home 5 Residence 6 Other (Specify) o the 27. MANNER OF DEATH 28a. DATE OF INJURY with to 26b. TIME OF 26c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED is marked, INJURY 1 Netural 5 Pending 1 YES 2 NO DIRECTOR: After the hours after death BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 2st. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 500 4 Nomicide item 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) and manner ea stated. TO THE HOSPITAL O
TO THE FUNERAL D
De filed within 72 ho 2 MEDICAL EXAMINER: On the beele of exemination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(e) end manner ea stated. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER ID BE D4049 wrig D 01 NAME AND ADDRESS OF PERSON WING COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NWHC)yed 11 R1AZ 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Davolson Rardall 1995

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

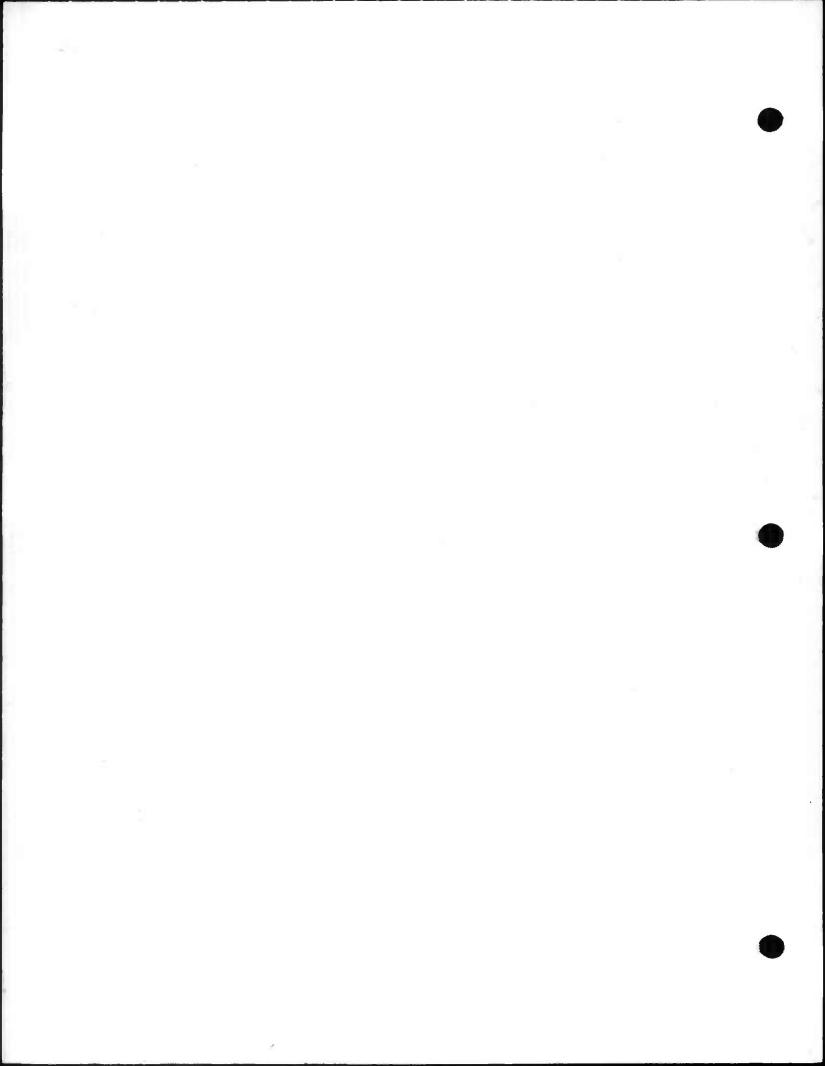
CERTIFICATE OF DEATH



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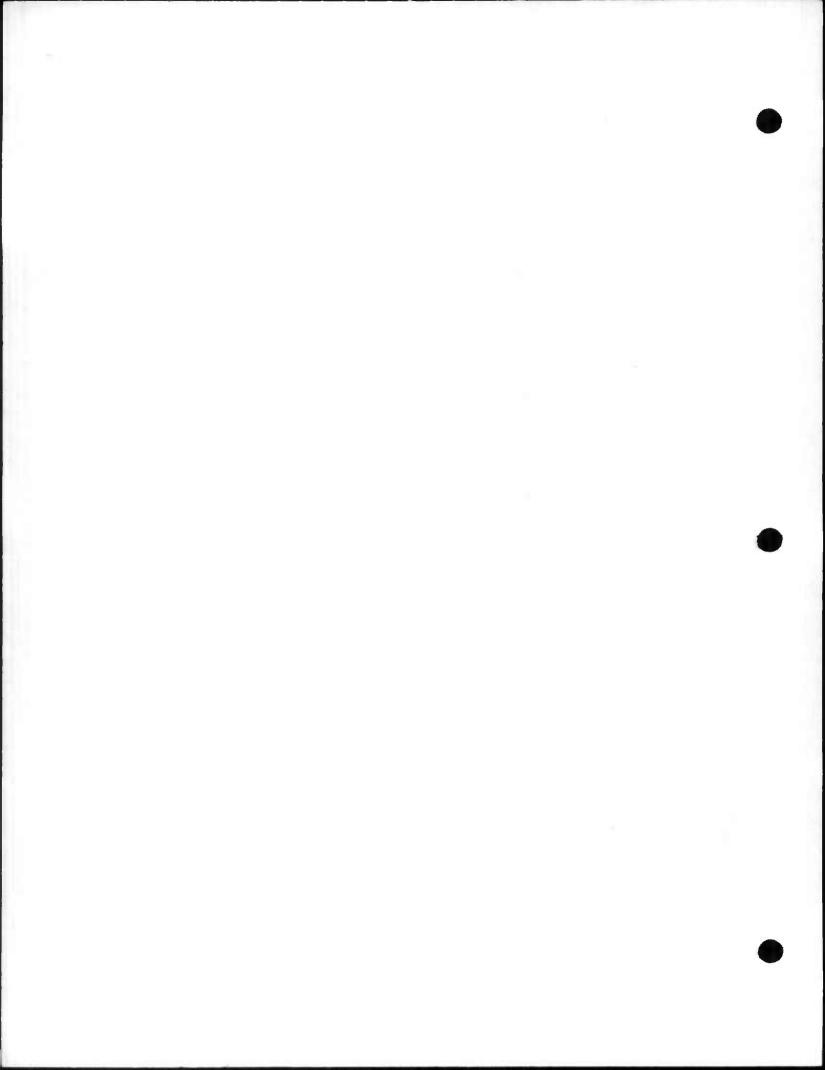
FOR 1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		1. DECEDENT'S NAME (First,	Middle, Last)									2. DATE MONTH	OF DEATH		YEAR	3. TIME OF DEATH
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		4. SOCIAL SECURITY NUMBER	R	5. SEX	6. AGE	(In yrs. lest b		IF UNDER	1 YEAR	IF UNDER	24 HRS.		OF BIRTH	1 1 9		PLACE (State or Foreign
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3 should	05	The second second second second								OR LOCATIO		EATH		9c. COU	NTY OF DE	ATH
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2 E B		1 Never Married 2 N h		IF YES, GIVE W						pecify Cubs S 2 NO			lican, etc.)		Specify	White, etc.
as the	84	3 Widowed 4 Divorc	ped													B1.ack
	G	15. DECE (Specify only	DENT'S EDUC			16e. DECE						16b.	KIND OF BUS	SINESS/IND	USTRY	23,001
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The hospital detached for	COMP	17. FATHER'S NAME (First, Mid	idle, Last)				Presser Sparkle Cleaners G 18. MOTHER'S NAME (First, Middle, Meiden Surneme)							Gren purnie		
Y E	E U	Benjamin McC	uro				Winnie Farr									
tained should	60	19e. INFORMANT'S NAME (Typ.				405.0	448 1440	1000000	10.							
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MOR age 6 ms director,		4 Donation 8 Other (S		cemetery, crematory or other place) King Memorial Park 26 Baltimore Company 22. NAME AND ADDRESS OF FACILITY Nutter Funeral I 2501 Gwynns Falls Parkway Baltimore, Maryland 21216								e Co	untv, MD			
r. Pa		21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE				22. N	IAME A	ND ADDRES	S OF FAC	CILITY NU	itter	Funer	a1 H	omes. Inc
BALTIMORE, or death. Page 6 may be the funeral director, page val.		Level 8	K KA	8/ms				25	01.	Gwynr	ns Fa	alls	Parkw	ay	0.2.	011100/ 1110
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3 - 9		23. PART i. Entay the dis	ert fellure.	List only one ceu	se on e	ech line.	n. Do no	ot entar t	tns mo	oas or ayı	ng, auci	h ss cerd	lac or reepl	ratory arn	eat,	Approximate Interval Between
on, on		IMMEDIATE CAUSE (Fina		47			/	<u> </u>								Onset and Death
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AL Property of the law has be bept.	₹	25. WAS CASE REFERRED TO	-			28. PLACE C				3 0110		1				
ATTENDING PHYSICIAN: The COOK After this certificate h sufficiency with the State E	PHYSICIAN:	EXAMINER?		HOSPITAL:	A			OTHER:	:	- 6 -						
The serting	ĭ ¥	27. MANNER OF DEATH		28e. DATE OF					_	ne 5 🗌 Res	eldence					
2 光相景	10.00	1 Natural 5 P	ending	(Month, De	xy, Ybar)	1	8b. TIME INJU	IRY	WC	JURY AT DRK?		286. DES	CRIBE HOW II	IJURY OCC	URED	
Marin Marin	B	2 Accident Im	vestigation							YES 2	NO					
DE CHE	8		ould not be	28e. PLACE Of building,	etc. (Spec	— At home,	, farm, st	reet, factor	ry, offic	0	- 1	26f. LOCA City o	TION (Street e r Town, State)	nd Number	or Rural Ro	ute Number,
OR ATTEN DIRECTOR: Dust after tem 28 i	MPLETED															
8 8 9	7	29e. CERTIFIER 1 CERTIF	YING PHYSIC	CIAN: To the best of	my know	ledge, death	occurred	at the tin	ne, date	end place,	end due t	to the caus	e(e) end men	Der en state	id.	
E ELE																end manner ee stated.
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王 3 6	H H	The Congra	T CENTIFIEN	Lina						29c. LICE	NSE NUM	BER		29d. DATE	SIGNED (Month, Day, Year)
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		31. DATE FILED (Month, Day, Ye.	er)	32. REGISTRAI	R'S SIGN.	ATURE								,		
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OF VITAL RECORDS, P.O. BOX 68760	PHYSICIAN:
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		FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF	HEALTH AND	MENTAL HYGIE							
		1. DECEDENT'S NAME (First, Middle, Las Geraldine A.	Marchlinus				2. DATE OF DEATH MONTH 1/29/95	DAY	year 3. TIME OF DEATH 6:00 a.	м				
pino		4. SOCIAL SECURITY NUMBER 216-34-1656 98. FACILITY NAME (If not institution, give	1 🗆 M 2 🔀 F	(In yrs. leat birthday) 58 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Oct 30,	1936.	BIRTHPLACE (State or Foreign Country) Md					
, 2, 3 should	TOR	608 Arlewood Roa				OR LOCATION OF DI	EATH	100	y of DEATH altimore					
if. Pages 1,	DIRECTOR	Md 10b. COUR	Baltimore		y, town on Loca Catonsvi				10d. INSIDE CITY LIMITS? 1 X YES 2 NO					
n. ansit permit.	VERAL	608 Arlewood Ro	ad		10	21 2 2 8			ON OF WHAT COUNTRY?					
215-0020 attending physician. se as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 1 YES IF YES, GIVE WAR OR DO	2 ZNO	If yes, s		NIC ORIGIN? (Specify Y in, Puarto Rican, atc.) y:	4. RACE — American Indian, Black, White, etc. Specify: White						
2121 al or atte for use a	COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elemantary/Secondary (0-12)	DUCATION ide completed) College (1-4 or 5+)	18a. DECEDENT'S (Give kind of a life. Do NOT us Teache		ION ost of working	Baltime	ore Cou	STRY					
ALA be de la	BE COM	17. FATHER'S NAME (First, Middle, Last) Anthony J. Marcl	hlinus			Mae A	A. Bite							
E, MA y be retain age 5 sho be notifi	0	190. INFORMANT'S NAME (Type/Print) Mrs. Janik 20a. METHOD OF DISPOSITION	200		Outing A	venue, P	asadena, l	Md. 211						
	Ì	1 G Buriel 2 Cremation 3 Re 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	moval from State	oLy Redee	emer Cem	etery	2/1 Ba	altimor						
Sal al al		23. PART I. Enter the diseases, o	r complications that coused s. List only one couse on e	MOON the deeth. Do r	736	Edmondson	n Avenue.	Baltim						
d within 24 hours a ompletely filled in by il, cremation, or ren		IMMEDIATE CAUSE (Final disease or condition reaulting in death) Due to (or as a consequence or):												
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th certificate anding physical	CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST	DUE TO (OR AS A	CONSEQUENCE OF	F):									
uires that the death signed by the attent Health and Mental West any injury, o	MEDICAL C	PART II. Other algnificent conditions of the second	ona contributing to deeth b	ut not resulting l	in the underlyin	g Ceuse given in		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?					
law requests been ept. of 23 sho		DID TOBACCO USE CON					N D		1 🗆 YES 2 🗖 NO					
PHYSICIAN: The Ithis certificate ha with the State Di with the Sta	IYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Outp		OTHER: 4 D Nursing Hon	ne 5 Basidence								
F F F F	ВУ РНУ	1 Netural 5 Pending Investigation	28a PLACE OF INJURY	CHA	M 1	JURY AT DRK? YES 2 NO	28d. OESCRIBE HOW							
OR ATTENDING DIRECTOR: After After death orm 28 is ma	LETED	3 Suicide 8 Could not b 4 Homicide attrimined	bunding, etc. (Spec	:ny)			28f. LOCATION (Street City or Town, State	9)						
	COMPL	(Check only one) 2 MEDICAL EXAMI	SICIAN: To the best of my knowl											
THE THE SE SEND OF SEN	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIC	29c. LICENSE NUMBER 29d. DATE SIGNED (M 29d. D											
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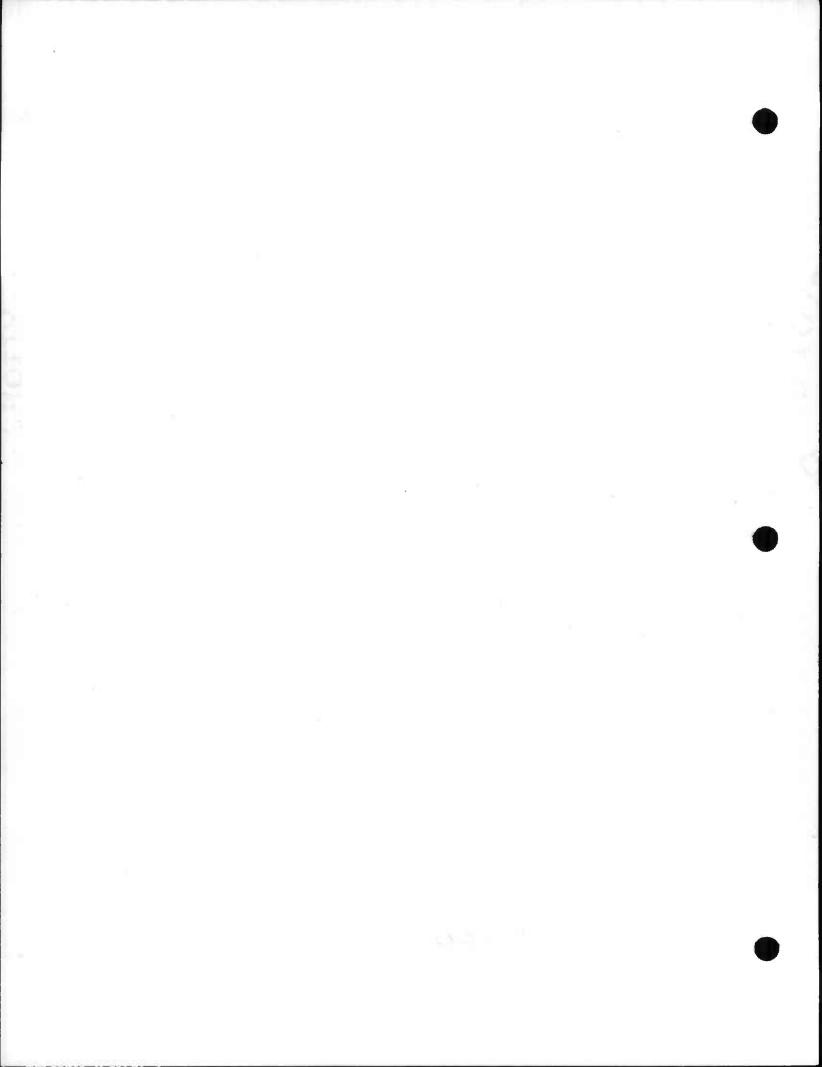
permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) DIRECTOR 2006 Rockrose Avenue RESIDENCE OF DECEDENT Maryland FUNERAL 10e. STREET AND NUMBER use as the burial-transit 2006 Rockrose Avenue retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? XX YES 2 NO IF YES, GIVE WAR OR DATES BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married BY 3 Widowed 4 Divorced WWII COMPLETED 15. DECEDENT'S EDUCATION (Specify only high þ College (1-4 or 5 +) be detached 8 Driver 17. FATHER'S NAME (First, Middle, Leet)
William Mentzell 76 BE funeral director, page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 2 Charlotte Mentzell death. Page 6 may be pe 20a. METHOD OF DISPOSITION
1 ☑ Burlet 2 ☐ Cremation 3 ☐ Removal from State 20a. METHOD 2 Cremation 3 1 1 4 Donation 6 Other (Specify) must examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Sinso roin n and completely filled in by the to burial, cremation, or removal. hours after the medical **IMMEDIATE CAUSE (Finei** disease or condition reaulting in death) le 5 DACE event, DIVISION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEQUENCE OF): the death certificate be executed traumatic CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate the attending physician Mental Hygiene prior to prior cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in desth) LAST 9 MEDICAL been signed by the pt. of Health and IV 3 shows any Infi law requires that ICIAN: has by Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hef certificate the State HOSPITAL: OTHER: PHYSI OR ATTENDING PHYSICIAN: 1 YES 2 NO 1 - Inpetiant 2 - ER/Outpetiant 3 - DOA 6 27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Day, Year) 26b. TIME OF marked, this c 1 Natural 2 Accident 5 Pending М BY After 3 Suicide 60 DIRECTOR: / COMPLETED 6 Could not be 4 Homicide 50 HOSPITAL C FUNERAL D within 72 ho TO THE HOSPITAL TO THE FUNERAL (De filed within 72 h 2 MEDICAL EXAMINER: On the basis 29b. SIGNATURE AND TITLE OF CERTIFIER lland i De BE 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

Studior Redall

1995

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY YEAR Herbert T. Mentzell, Sr. 1- 25 1995 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 219-18-5875 1X M 2 - F 69 YRS. July 9,1925 Maryland 95 CITY TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH Baltimore 10c CITY TOWN OR LOCATION 10d. INSIDE CITY Baltimore 1 X YES 2 | NO 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21211 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: Specify: White 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Trucking 18. MOTHER'S NAME (First, Middle, Malden Surname) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2006 Rockrose Avenue Balto., MD 21211 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE Lake View Memorial 1/28 Eldersburg, MD 22. NAME AND ADORESS OF FACILITY
Burgee-Henss Funeral Home 3631 Falls Road Balto., MD 21211 23. PART i. Enter the diseases, or complications that clused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. interval Between Onset and Death PART ii. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 24s. WAS AN AUTOPSY PERFORMED? 1 TYES 2 T NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 4 Nursing Home 5 Residence 6 Other (Specify) 26c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO 28a. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. on and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 20c. LICENSE NUMBER 29d. DAT SIGNED (Month, Day, Year) 271 95 33072 1 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within S. hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral direction, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTHAR			U	KIIF	CALE	: 01	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Midd	He, Last)							2. DATE	OF DEATH	Α.	YEAR	3. TIME OF DEATH	
	Janet		Evans	5		MURI	RAY		January 27 1995 12:15				12:15 a™	
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTH	IPLACE (State or Foreign	
	218-18-1338		1 🗌 M 2 💢 F	84	YRS.	MONTHS	DAYS	HOURS MIN.	(Month	. Day, Year) . 10,1	911	Country	ginia	
	9a. FACILITY NAME (If not institution	on, give stre	eet and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNT								
œ	Franklin Sq			1				Ltimore	LATT					
DIRECTOR	RESIDENCE OF DECEDI		nospita	т		Baltimore Baltimo							ore	
8		COUNTY			10c. CITY	, TOWN C	OR LOCAT	TION				T	10d. INSIDE CITY	
5	Maryland	Balt	imore			Baltimore						LIMITS?		
	10e, STREET AND NUMBER				101. ZIP CODE						VHAT COUNTRY?			
M.	9219 Bowlin	o Por					1 100							
FUNERAL	11. MARITAL STATUS							21236				U.S.		
교	1 Never Married 2 Marri			YES 2 X		13. 1	WAS DEC	ENDENT OF HISPAN ecify Cuben, Mexica	NIC ORIGIN In, Puarto F	? (Specify Yea licen, atc.;	or No-	14. RACE Black	— American Indian, c, White, alc.	
B	3 Widowed 4 Divorced		IF YES, GIVE W	AR OR DATES		1	YES	YES 2 NO Specify:				SpecMy: White		
	15, DECEDEN	T'S EDUC	ATION	Tee DE	CEDENTIO	UNIAL OF	DOMESTIC .		1				WILLE	
COMPLETED	(Specify only high	(G	ive kind of w Do NOT us	rock done o	during mo	st of working		KIND OF BUS		DUSTRY				
ا ٿ	Elementary/Secondary (0-12)		College (1-4 or 5 -	+)	erk-T		_			Maryland Broadcasting Com				
Ž	12th grade	4 0		CTE	ELK-I	Abra	L					ig Co	mpany	
8	17. FATHER'S NAME (First, Middle, Jesse Curti		3 m G						AME (First, Middle, Maiden Surname)					
BE										Moore				
<u>و</u>	19a. INFORMANT'S NAME (Type/Pr		(Pe	rsonal)"	b. MAILINO	ADDRESS	(Street a	nd Number or Rural I	Route Numb	er, City or Town	n, State, Zij	p Code)		
-	Michael F. De	lea,	Jr. R	ep.	400 .	Alle	gher	y Ave.,	Tows	on, MD	21	204		
	20e, METHOD OF DISPOSITION 1 2 Burial 2 Cremation 3	□ Remov	mil from State	20b. PLACE			ITION (Na	me of	DATI	20c. LOC	CATION —	City or To	wn, Stata	
	4 Donallon 5 Other (Spec	://y)	June	Meado	matory or oth wrids	te Me	em'1	Park	1/3	30 Bal	timo	re,	Maryland	
	21. SIGNATURE OF FUNERAL SO	IVICE LICE	NSEE			22.1	22. NAME AND ADDRESS OF FACILITY						-	
	1/	-	4//	/ ,		Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD								
	4	15	on										21236	
	23. PART i. Entar the disease shock, or heart	failura. Li	implications the ist only one cau	t caused tha da ise on aach iina	ath. Do n	ot antar	tha mo	da of dying, auc	h aa card	lac or reapir	retory ar	reat,	Approximate interval Batween	
1	IMMEDIATE CAUSE (Finel											Onset and Death		
- 1	disease or condition reaulting in death)											156		
	DUE TO (OR AS A CONSEQUENCE OF):													
z I	A CONTRACTOR NOT TO AN OFFI	b.		4										
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate		DUE TO	(OR AS A CONSEC	DUENCE OF	CE OF):								
<u>ა</u> ∥	cause. Entar UNDERLYING CAUSE (Disease or injury	2 .												
	that initiated eventa	1	DUE TO	(OR AS A CONSEC	DUENCE OF):								
	reaulting in death) LAST	d.												
	PART II Other significant or	anditions.	andelbudan to	de ath to a - a -	141				- 1					
EDICAL	PART II. Other aignificant co	JII GIRIOIII	Contributing to	usath but not r	esuiting in	n the un	aeriying	g cause given in	Part i.	24a. WAS AN A PERFOR		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
ĕ∥	- 1/10	200	If one	- the	let	2				1 TYES 2	□ NO		OF DEATH?	
₩.													1 YES 2 NO	
z I	DID TOBACCO USE (CONTRI	BUTE TO CA	USE OF DEA	TH YE	1 🗆 2	10 €	UNCERTAIN	N D					
PHYSICIAN: M	25. WAS CASE REFERRED TO MED EXAMINER?	_		26. PLAC	E OF DEAT	H (Check o	only one)							
<u> </u>	1 YES 2 NO		FIOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		e 5 🗆 Rasidenca	8 Other	(Specify)				
<u> </u>	27. MANNER OF DEATH		28s. DATE OF	INJURY	26b. TIME	OF	28c. INJ	URY AT		CRIBE HOW IN	JURY OC	CURED		
	1 Natural 5 Pendi		(Month, D	ay, Year)	INJU	JRY M		RK? (ES 2 NO						
BÁ	a Contract	igation	28a. PLACE O	F INJURY — Al ho	me, farm, si	treet, facto			281. LOC/	TION (Street as	nd Numbe	r or Rural B	custo Number	
8	4 Homicide 6 Could		building,	etc. (Specify)						or Town, State)			Turnou,	
<u> </u>	29e. CERTIFIER													
	(Check only 1 CERTIFYIN							and place, and due						
COMPLETED	2 MEDICAL	EXAMINER:	On the basis of a	camination and/or i	nveatigation	n, In my o	pinion, d	eath occured at the	Jime, data	and place, and	dua to th	ne cause(s)) and manner as stated,	
и Ш	296. SIGNATURE AND TITLE SEC	ERTHIER	1	1				29c. LICENSE NUN	ABER .		29d. DAT	E SIGNED	(Month, Day, Year)	
<u> </u>	1//	4	1		>			1050	925		•	-/3	7/0,-	
2 ▮	30. NAME AND ADDRESS OF PER	SON WHO	COMPLETED CAM	E OF DEATH (ITE	1 27) (Type,	Print)			, 25			1	7797	
ï	-													
	31. DATE FILED (Month, Day, Year)	1	32 REGISTRA	R'S AIGNATURE			_				_			
	JAN 3 1 1995	Jul	devoles	R'S GONATURE										
	UNIT 0 1 1000	U	1											
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215-0020

DIVISION OF VITAL

STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 215 4. SOCIAL SECURITY NUMBER 95 TONY WEIL MANDEL 5 SEY 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. S. BIRTHPLACE (State or Foreign 217-18-5302 1 □ M 2 ☑
So. FACILITY NAME (If not institution, give street and number) (Month, Day, Your) DAYS 1 🗌 M 2 🗗 F GERMAN Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR EVINDALE BALTIMORE RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO MARYT.AND BALTIMORE OWINGS MILLS use as the burial-transit permit. FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2914 CAVES ROAD 21117 USA attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuben, Maxicen, Puerto Ricen, atc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried FORCES? 1 YES 2 NO BY Specify: 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple JQ. Elementery/Secondary (0-12) College (1-4 or 5+) detached BUILDER & DEVELOPER REAL ESTATE once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) THEO 2 notified at WEIL BE HILDE WACHENHEIMER Should 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MR. JULIUS MANDEL 2914 CAVES ROAD OWINGS MILLS, MD 21117 page 209, METHOD OF DISPOSITION 90 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must Buriel 2 Cremetion 3 D director, cemetery, crematory or other place)
BETH EL MEMORIAL PARK 1-26-95 RANDALLSTOWN, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY funeral SOL LEVINSON & BROS., INC. luan 6010 REISTERSTOWN ROAD BALTIMORE. the MD 21215 medical 23 PART . Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, in by Approximata ahock, or hapit fallura. List pnly one cause on each line. intarvai Between 6 filled IMMEDIATE CAUSE (Final completely filled rial, cremation, (Onset and Death the disease or condition A corte cardio - pulmonary event, t resulting in death) bunial. artenoscleropic traumatic cardina CERTIFICATION and Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 0 if any, leading to immediate cause. Enter UNDERLYING prior DUE TO (OR AS A CONSEQUENCE OF): other CAUSE (Disease or injury attending phy Ital Hygiene that initiated events resulting in death) LAST 50 the atten Mental h Injury, PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY MEDICAL 24h. WERE AUTOPSY FINDINGS signed by the Health and & AVAILABLE PRIDR TO COMPLETION DF CAUSE OF DEATH? PERFORMED? any fronto-paniete 6 lema region arade 1 YES 2 NO Shows H/0 prevmonte 1 - YES 2 - NO been t. of ICIAN: 1+70 Envert tract Lection has be Dept. WE! 23 In 25. WAS CASE REFERRED TO MEDICAL DR ATTENDING PHYSICIAN: The 26. PLACE OF DEATH (Check only one) tem this certificate h HOSPITAL OTHER: 1 YES 2 NO PHYSI Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) the 0 27. MANNER OF DEATH 28e. DATE OF INJURY marked, 28b. TIME OF INJURY 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED WORK 1 Natural 5 Pending 1 YES 2 NO After ti BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, streef, fectory, office building, etc. (Specify) 90 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) DIRECTOR: A hours after of them 28 is COMPLETED 8 Could not be 4 Homicide determined 29e. CERTIFIER

(Chack note)

CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(e) and manner se stated. (Check only one) TO THE HOSPITAL
TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If II HOSPITAL 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Zonguelo 44907 24 95 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Belvedere 2434 W. 21215 mp 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FUNERAL DIRECTOR
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

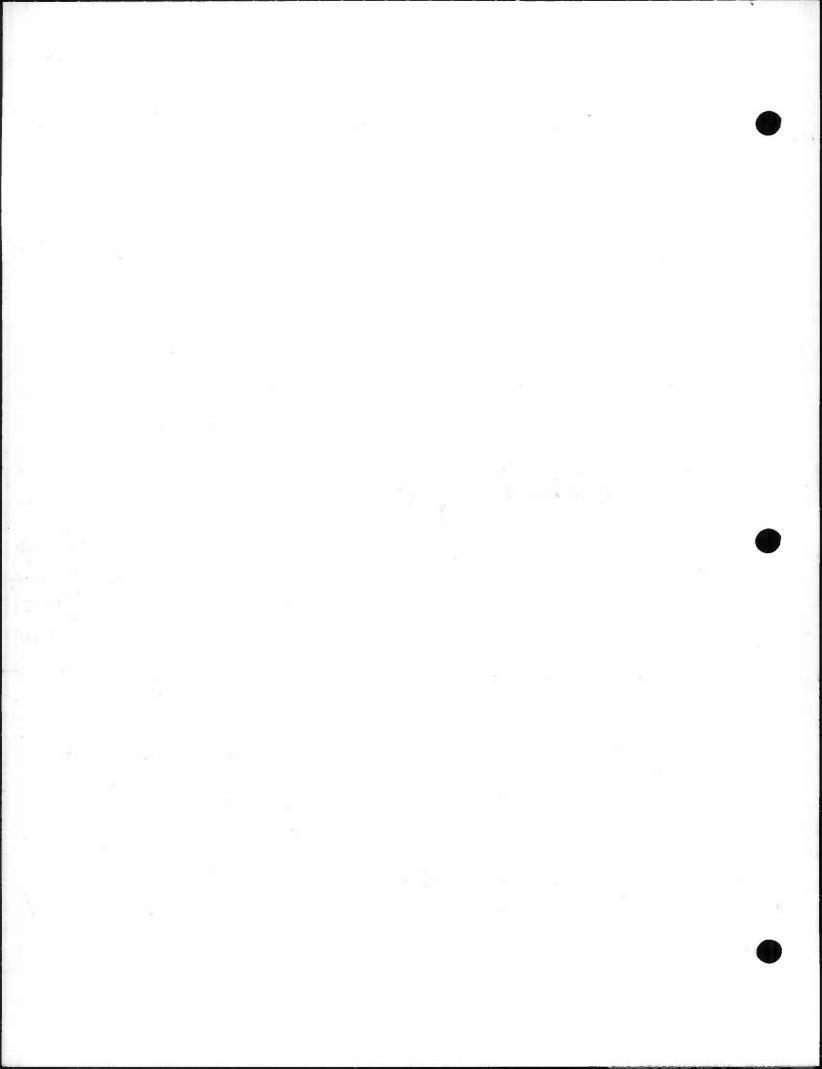
FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICUS

1 - STATE REGISTRAR		CIAIL OF I	MILL	CERT	IFIC	ATE OF	DEA	TH	MENIAL HYG REG.					
1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF DEAT		-	13	TIME OF DEATH	
CATHER	INE	COHE	S	MAR	TEI			-	MONTH	DAY	100	YEAR	10 39/2	
4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (In yrs. last birthde	ay) IF	UNDER 1 YEAR	IF UNDER	1 24 HRS.	7. DATE OF BIRTI	1	47	7.9 /	ACE (State or Foreign	
217-38-8329)	1 [] M 2 💢 F	86	5 YRS	S. MO	NTHS DAYS	HOURS	MIN.	(Month, Day, Ye.	ar)	- 1	Country)		
9a. FACILITY NAME (If not ins		treet and number)			98	CITY, TOWN	OR LOCATI	ON OF D	May 26,			Mary.		
Stella Mar	is Ho	spice				_	wson				Baltimore			
10a. STATE	10b. COUNTY	,		10c.	CITY, T	OWN OR LOCA	TION	_		10				
Maryland	Ba1	timore			٦	lowson							LIMITS?	
10e. STREET AND NUMBER	Bul	O LINO L C	_				f. ZIP COD	F		10.	e CITIZE		YES 2 1 NO	
2300 Dulane	v Val	lew Rd.					2	- 21204	' .	1				
11. MARITAL STATUS	y vai	12. WAS DECEDEN	EVER IN	U.S. ARMED		13. WAS DEC			T NIC ORIGIN? (Specif	v Yea or N		U.S.	American Indian,	
1 Never Married 2 1 S Widowed 4 Divorce		FORCES? 1 IF YES, GIVE W		YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.)								Black, W Specify:	/hita, atc.	
15. DECE	DENT'S EDU	CATION		16a. DECEDEN	T'S USI	IAL OCCUPATI	ON.		16b. KIND OI	FRUSINES	SS/INDIA	STRY	White	
(Specify only Elementary/Secondary (0-	highest grade	College (1-4 or 5 +		(Give kind life, Do NO	of work	done dudna m	ost of working	ng	TOU. KIND OF	BUSINES	33/INDU	SIRT		
8 years				Rec	ent	ionist			Departu	ent c	of Ca	tholic	e Education	
17. FATHER'S NAME (First, Mid	Idle, Last)				CPC	TOTLES		HER'S NA	AME (First, Middle, Mi			CELL	Hiddatidi	
Joseph ELME	R COHE								Corbit		-/			
19a. INFORMANT'S NAME (7)	pe/Print)			19b. MAIL	ING AD	DRESS (Street a		_	Route Number, City o		ete. Zio C	Code)		
Thomas Mart	el								re, Maryl					
200: METHOD OF DISPOSITIO	ON			PLACE AND DA	TEOFD	ISPOSITION (N	ame of					ty or Town,	State	
1 Å Buriel 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (Specify)	OVAL From State	Ne.	W Cathed	ral	Cemeter	V		2-1 I	Balti	imore, Maryland			
21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE				22. NAME A			CILITY			<u> </u>		
190000	1 C.								edefeld F				1 01010	
23. PART I. Enter the dis	eses, or c	omplications that	caused	the death D	o not	O J O C	JOI (K KC	Dad Balt	LIMOI	ce,	Mary.	Land 21212	
immediate cause (Find disease or condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injurithat initiated events resulting in death) LAST	ons, liste	DUE TO	OR AS A	CONSEQUENCE	OF):	do-B	endi	1 1/2	seular I)15.	225	e	Interval Between Onset and Death	
PART II. Other significen	t condition	a contributing to		ut not resultin	ig in ti	na undarlyln	g cause g	given in	PEI	S AN AUTO	?	AM CO OF	ERE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO	
25. WAS CASE REPERRED TO EXAMINER?	MEOICAL	HOSPITAL:			-	26, PI	ACE OF O	EATH (Ch	eck only one)					
1 TVES 2 NO		1 Destrient 2 🗆			4 [Nursing Hom	e 5 🗆 Re	sidenca	a Other (Specify)					
27. MANNER OF DEATH 1 Whatural 5 P	ending	28a. DATE OF (Month, De			INJURY	WC	RK?		28d. DESCRIBE H	OW INJUR	Y OCCU	RED	20 1	
2 Accident In	rvestigation	12.	26-	94	17		YES 2	NO	re	ele	su	10%	Ded	
	ould not be starmined	building,	nc. (Speci	At home, farm	n, stree	t, factory, offic	•		261. LOCATION (St City or Yown, S	reet and N	lumber or	Rural Woods	Number,	
				DI7 /	40	me			2300i	10/	ani/	Val	ey Rd	
29a. CERTIFIER (Check only one) 1 CERTIF	AL EXAMINE	CIAN: To the best of a	my knowle	edge, death occi	urred at	the time, date my opinion, d	and place,	and dua	to the cause(a) and time, date and place	manner a	s stated	cause(s) en	d manner as stated.	
29b. SIGNATURE AND TITLE O					0		29e./L/CE						ngfi. Day. Year)	
Jeho	Post	9/200	2	nelle	use	2	1	109	383	>	11	30	95	
30 HAME AND ADDRESS OF	O1).	COMPLETED CAUS	m)	TH (ITEM 27) (7) - 440 8	pa Prin	rbes	the	יובי	-111 A	182	14	HI	2 M2121	
JAN 3 1 1995	fal	A DENGLER	Rard	all		/								

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH TIME OF DEATH b PH 4. SOCIAL SECURITY NUMBER 5. SEX 8. AOE (In yrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS 1 🗆 M 2 💢 F HOURS 578-07-7596 81 YRS. APR. 1913 NORTH CAROLINA permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR LAUREL REGIONAL HOSPITAL LAUREL PRINCE GEORGE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ANNE ARUNDEL LAUREL 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 3383 SUDLERSVILLE SOUTH 20724 USA n and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit to burial, cremation, or removal. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuben, Mexicon, Puerto Rican, etc.) RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried 1 TYES 2 X NO BY Specify: 3 😾 Widowed 4 🗌 Divorced Specify: WHITE COMPLETED 18. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 8+) 12 BOOKKEEPER TRUCKING once 17. FATHER'S NAME (First, Middle, Leat) 18. MOTHER'S NAME (First, Middle, Maiden Surneme Ħ WARREN EDWARD JONES LONA HORNSBY BE notified 19e. INFORMANT'S NAME (Type/Print) 19b, MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 VINCE J. SCALCO 3383 SUDLERSVILLE SOUTH, LAUREL, MARYLAND 20724 2 20s. METHOD OF DISPOSITION
1 ☐ Burlel 2 ☑ Cremation 3 ☐ Removal from State
4 ☐ Donation 5 ☐ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION / Name of 20c. LOCATION — City or Town, State must BALTIMORE-WASHINGTON CREM LAUREL, MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LA 22. NAME AND ADDRESS OF FACILITY FLECK FUNERAL HOME, INC. 7601 SANDY SPRING ROAD, LAUREL, MD 20707 medical 23. PART I. Enter the diseases, or complications the Do not entar the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on a Intarval Between IMMEDIATE CAUSE (Fine) Onset end Death the disease or condition 9 resulting in desth) ay event. the death certificate be executed within DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, AS A CONSEQUENCE OF): If any, leeding to immediate the attending physician I Mental Hygiene prior to Therosclero . Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST eumonia 6 PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO Health and N ашу COMPLETION OF CAUSE 1 TYES 2 TONO requires DE DEATH? t of H 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 🗆 UNCERTAIN PHYSICIAN: Dept. ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) certificate to the State OTHER: 1 YES 2 NO 1 Dimpetient 2 ER/Outpetient 3 DOA ng Home 5 🗆 Residence 6 🗀 Other (Specify) å 8 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED 26b. TIME OF 28c. INJURY AT WORK? marked. 調整 1 Natural 6 Pending Investigation м 1 YES 2 NO BY Affer 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify) 26t, LOCATION (Street and Number or Rural Route Number, City or Town, State) .00 3 Suicide COMPLETED 6 Could not be SCTOR S 82 4 Homicide determined then 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. (Check only one) 2 MEDICAL EXAMINER: On end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end manner ee stated. 29b. SIGNATURE AND TITLE OF CI 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 9 P P 3 E 2 DEATH (ITEM 27)



hours after death. Page 6 may be retained by the hospital or attending physician. **BALTIMORE, MARYLAND 21215-0020**

DIVISION OF VITAL RECORDS, P.O. BOX 68760

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL TO THE FUNERAL BE filed within 72 IMPORTANT: If IMPORTANT

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL	HYGIENE REG. NO.					
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE O			3. TIME OF DEATH			
	Thomas McGowa	n				Jar	1. 27.	95	2:30 PM			
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	F BIRTH Day, Year)	8. BIRT Coun	HPLACE (State or Foreign			
	10.7	10M2 = 91	YRS.			4	30 04	Mo				
OC.	9a. FACILITY NAME (If not institution, give str	Common Co			OR LOCATION OF DE	EATH	9c. C	OUNTY OF I	DEATH			
ŌT:	Irvington Kno	IIS Care Co	enter	Balti	more							
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCA	TION				10d. INSIDE CITY			
	Md.		Ba	ltimo	re				1 XYES 2 NO			
3AL	22 S. Athol	A		101	. ZIP CODE		10g. (WHAT COUNTRY?				
FUNERAL	11. MARITAL STATUS				21229			5.				
	1 Never Married 2 Married	12. WAS OCCEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DATE	2 NO	If yea, ap	ecify Cuban, Mexica	n, Puerto Ric						
ВУ	3 Widowed 4 Divorced	IF TES, GIVE WAR OR DA	IES	I I YES	2 NO Specif	y:		Spec	Black			
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade of	:ATION completed)	18a. DECEDENT'S USU (Give kind of work	done during mo		16b. H	IND OF BUSINESS	INDUSTRY				
Ä	(Give kind of work done during most of working life. Do NOT use retired.) College (1-4 or 5 +)											
₩.	17. FATHER'S NAME (First, Middle, Last)		Laborer									
	Wesley McGowa	n					ddle, Maiden Surnam	9)				
a to bronday where												
2	Ardella Grant											
	20g_METHOD OF DISPOSITION 20b_PLACE AND DATE OF DISPOSITION (Name of Date 20c_LOCATION — City of Town State											
	1 (A Burfel 2 Cremation 3 Removed from State Cametery, crematory or other place) Cametery (Specify) Came											
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	· ta	22. NAME AI	nwright	CILITY						
	lettony.	Walnut	ughto						Md. 21223			
	23. PART I. Enter the diseases, pr ci	omplicatione that caused	the death. Do not	enter the mo	de of dying, auc	h es cardis	c or respiratory	arreet,	Approximate			
	shock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finsi disease or condition resulting in death) s. Senive Dements											
	disease or condition resulting in death)	Sen	ive so	ms	entiq							
		DUE TO (OR AS A	CONSEQUENCE OF):			4 =						
ON	Sequentielly liet conditions, Due to (or as a consequence or): Due to (or as a consequence or):											
Y.	if any, isading to immediets cause. Enter UNDERLYING		COGNI	mt	2				j			
IFI	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):									
CERTIFICATION	reaulting in desth) LAST	CSIC	210-PM	mor	7924	arr	est.					
	PART II. Other algnificent conditions	contributing to deeth bu	t not reculting in the	ne underivin	ceuse given in	Pert I. 2	4a. WAS AN AUTOPS	RY 241	. WERE AUTOPSY FINDINGS			
ICAL				,			PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDIC						'	YES 2 NO		OF DEATH? 1 YES 2 NO			
ä	DID TOBACCO USE CONTR	IBUTE TO CAUSE OF	DEATH YES	□ NO □	UNCERTAIL	v 🗆						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	8. PLACE OF DEATH (C									
YSI	1 - YES 2 X NO	1 Inpetient 2 ER/Outpat		HER: Nursing Hom	e 5 🗆 Residence	8 🗆 Other (Specify)					
	27. MANNER OF OEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WO	RK?	28d. DESCI	RIBE HOW INJURY	OCCURED				
BY	2 Accident Investigation	One BY ACE OF BUILDING			ES 2 NO							
	3 Suicide 8 Could not be determined	28s. PLACE OF INJURY = building, etc. (Specif	y)	i, rectory, offic	'		ION (Street and Num Town, State)	ber or Rural	Route Number,			
COMPLET	29a. CERTIFIER	NAME To the best of a close to										
MP		EIAH: To the best of my knowle t: On the basis of exemination							a) and manner as stated			
	29b. SIGNATURE AND TITLE OF CERTIFIER											
H	A Way				D 3 C	115	296.0	I I	(Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, Prin	1)				1 .	00110			
	31. DATE FILED (Month, Day, Year)	12 BEGISTRAR'S AGAMA	2600 LIB	erty	HEITS A	he i	39111m	re m	10 21715			
	JAN 3 1 1995 July distribution (32, REGISTRAR'S (SNATURE)											

7 1 1 . **-**. e e

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should	own with it is a construction of the construct	MFUNIANI. I HEM ZS IS MARKED, OF HEM ZS SHOWS ANY INJURY, OF OTHER TRUMBAIC EVENT, THE MEDICAL EXAMINER MUST BE NOTHED AT ONCE.	
TO THE	TO THE	DO MILES	MFOH	

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTHAR			CERTIF	ICALE	OF	DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF OEATH			3. TIME OF DEATH	
	Erma Oleta Ow	vens						January 27, 1995 5:25				
	4. SOCIAL SECURITY NUMBER		8. AGE (In yo	s. lest birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	-1)	1 10	LACE (State or Foreign	
1	214-30-6154	1 M 2 X F	82	YRS.		DAYS	HOURS MIN.	Oct. 26, 1	010	Country	rginia	
			02	1110.					-			
~	9a. FACILITY NAME (If not institution, give st				9b. CITY, 1	TOWN	OR LOCATION OF DE	ATH	ATH			
0	Union Memorial	Hospital			Balt							
5	RESIDENCE OF DECEDENT											
DIRECTOR	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR	LOCA	TION				10d, INSIDE CITY LIMITS?	
	Maryland N/A			Ba	1timo	re					1 X YES 2 NO	
4	10e. STREET AND NUMBER					10	f. ZIP CODE		HAT COUNTRY?			
FUNERAL	2849 Brendan AVe	nue					21213			S.A.		
ΞI	11. MARITAL STATUS	12. WAS OECEDENT	EVED IN II C	ADMEO	T 40 W	10.05		IIC ORIGIN? (Specify Ye				
	1 Never Married 2 Married	FORCES? 1	YES 2	™ NO	13. 16	yes, sp	ecify Cuban, Mexica	n, Puerlo Rican, etc.)	e or No	14. RACE Black,	- American Indian, Whita, etc.	
B	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WA	AR OR DATES		1 (YES	2 X NO Specify			Specify	White	
	15. DECEDENT'S EDUC	TATION .	Too							l	WILLE	
삗	(Specify only highest grade	cumpleted)	168	Give kind of	work done du		ON ost of working	16b. KIND OF BU	SINESS/IN	DUSTRY		
ا ت	Elementary/Secondary (0-12)	College (1-4 or 5+)		life. Do NOT u								
물	8th			Homema	ker			Own I	lome			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)			
BE	George W. Lough						Minnie	Calhoun				
	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street a	and Number or Rural F	Toute Number, City or True	n, State. Zie	Code)		
Pina. INFORMANT'S NAME (Types/Print) Ronald R. Lough (Nephew) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) B16 PNN, Millsboro, DE. 19966												
			T 001 01 1		_	-						
	20e METHOD OF DISPOSITION 1 D Burlal 2 Cremation 3 Remo	oval from State	cornetery	CE AND DATE	ther place)	ION (N		1.		City or Tow		
1	4 Donation 5 Other (Specify)		Mo	reland					नेप् ।	Balti	more, Md.	
1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE					NO ADDRESS OF FAC					
	1/1	PM .						eral Home			21212	
	22 BADTA Enter the discourse				33	31	Brenms L	ane, Balti	more	, Md.	21213	
	23. PART . Enter the disesses, or c ahock, or heart failure. I	distinguished that list only one ceus	e on each	line.	not enter ti	he mo	de of dying, euch	es cardisc or resp	iratory an	reet,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final											
	disease or condition	Caral	tagen	12 8	way	2					2 d 245	
ı	reaulting in death) OUE TO (OR WS A CONSEQUENCE OF):											
-		Sciere	- Js	chem	16 C	AI	, 5/p 1	AM2			2 days	
CERTIFICATION	Sequentielly list conditions,			SEQUENCE O					1			
¥	If any, leading to immediate cause. Enter UNDERLYING	3/p Acute	G :	2 blo	odie						5 drus	
윤미	CAUSE (Disease or injury	DUE TO (OR AS A CON	ISEQUENCE O	FI.	V					1	
ĒΙ	that initieted eventa reaulting in desth) LAST	Rehma	Na	17	- 11	400	due +	Jehowan	WA	reso	i l	
岚		. Terms	- pw	aca w	anspu	WI .	7	Row	bron.			
	PART II. Other algnificent conditions	s contributing to c						· //		_	WERE AUTOPSY FINDINGS	
8								PERFOR			WAILABLE PRIOR TO	
EDICAL								1 YES 2	DE NO		COMPLETION OF CAUSE OF DEATH?	
										_ L,	YES 2 NO	
z I	DID TOBACCO USE CONTR	RIBUTE TO CAL	JSE OF D	EATH YE	S N	OR	UNCERTAIN	1 🗆 📗			-	
۸ ۲	25. WAS CASE REFERRED TO MEDICAL			LACE OF DEA								
PHYSICIAN: M	EXAMINER?	HOSPITAL:	ER/Outpatien	t 3 DOA	OTHER:		e 5 🗆 Residence	C C Other (C				
Ž	27. MANNER OF DEATH	28a. DATE OF I		28b. TIM			URY AT	28d. DESCRIBE HOW I	N III III OO	CHIRED		
	1 Netural 5 Pending	(Month, Day			URY	WC	RK?	280. DESCRIBE HOW I	NJURY OC	COMED		
à l	2 Accident Investigation						YES 2 NO					
	3 Suicide e Could not be	28e. PLACE OF building, e	INJURY — A tc. (Specify)	t home, term,	street, tector	y, offic	•	281. LOCATION (Street a City or Town, State)		or Rural Ro	ute Number,	
	4 Homicide determined											
ן ק	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the beat of n	ny knowledge	, death occum	ed at the time	e, date	and place, and due	to the cause(a) and mai	mar na etei	lad		
COMPLETED								time, date and place, an			and manner ac etitled	
ರ					,y opn				to ti	~ cause(B)		
ᇤ	29b. SIGNATURE AND TITLE OF CERTIFIER	. 1	1				29c. LICENSE NUM	20.1	29d. DAT	E SIGNED (Month, Day, Year)	
0	They Can	M.A.	Medic		siden	4	AT12438	1946-0046		ansian	4 27,1995	
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM 27) (Type	Print)						,	
ŀ												
	31. DATE FILED (Month, Day, Year)	62. REGISTRAR	S SIGNATUR	IE .								
	IAN 9 1 1995	22. REGISTRAR	yor Ra	dall								
- 17	OULL OF 1900											

LANGE 1895 De describina

		FOR STATE REGISTRAR		STATE OF MARY				EALTH AND DEATH	MENTA	L HYGIEN	E			
		Sister Mar	ie C							n. 28	, 199		TIME OF DEATH 6:10 P M	
Pin	9	4. SOCIAL SECURITY NUMBER 170-01-471	8	1 🗆 M 2 🚟	79 v	RS. MONTH		IF UNDER 24 HRS. HOURS MIN.	Mär	OF BIRTH	1915	Pen		
. 2. 3 should	TOR	Villa Assu	mpta	,6401 N.	Charle	St	ery, town o	Baltimo	ore		Balt	of DEAT	re	
permit. Pages 1.	DIRECTOR	10e. STATE	10b. COUNTY	imore	100	Balt	N OR LOCAT	TION C					d, INSIDE CITY LIMITS? YES 2	
***	ERAL	6401 N. Ch	arle	s St.				21212				SA	T COUNTRY?	
21215-0020 al or attending physician. for use as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 M 3 Widowed 4 Divorce		12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S XXVO		If yes, sp-		can, Puerto Rican, etc.)			Black, W	American Indien, thite, etc.	
24 P P P P P P P P P P P P P P P P P P P	LETED	(Specify only in Elementary/Secondary (0-1)			(Give kii life. Do l	ENT'S USUAL nd of work do NOT use retire	ne during mo d.)	st of working	16					
AND the hospital detached for once.	COMPL	12 17. FATHER'S NAME (First, Midd	rije (net)	4 Teacher/Bookkeepe							ation			
2 2 E	BE CC	Aloysius L	eonai	rd Ober				18. MOTHER'S NA		Sehr		1		
E, MARYLA be retained by the tige 5 should be det be notified at on	5	S. Bernice		linger,SS				nd Number or Aural rles St					21212	
ORE 6 may stor, p		20e, METHOD OF DISPOSITION Description 2 Cremation 4 Donation 5 Donation (S	3 Remo	vial from State	VIII 18			metery	2/1/		len A			
그 등 등		21. SIGNATURE OF FUNERAL	SERVICE LICE	ent m.	Krat.		22. NAME AN	DADDRESS OF FA	L-Wi	edefe	1d Ho	me		
		Robe 23. PART I. Enter the disc		Kratz	and the death	Do not en	ter the mo	6500) Yo	rk Rd	. 212	12	1 4	
y filled in trion, or re		shock, or hee iMMEDIATE CAUSE (Final disease or condition resulting in death)	ert fellure. L	Sub de	wal	her				diec or respir	actory acres		Approximate interval Between Onset and Death	
68760, executed within and completel o burial, crema	NO	OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):												
certificate be ding physician hygiene prior t other traus	RTIFICATION	tf erry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):												
D = 5 - 6	CERTI	resulting in death) LAST	d											
RECORD requires that the seen signed by the of Health and M shows eny inji	MEDICAL	PART II. Other significant	conditiona	contributing to death	but not resul	ting in the	underlying	g cause given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	AMI CO OF	ARE AUTOPSY FINDINGS ALABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 PNO	
12 6 8 g	SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:		OTI		ACE OF DEATH (Ch						
. 5 5 5 °	PHYSI	1 YES Z NO		1 Inpetient 2 ER/O		OA 4 1	Nursing Hom	e 5 Residence		or (Specify) SCRIBE HOW IN	HIDV OCCUE	NED.		
Marked,	BY PI	Per 2 Accident 5 Pe	nding restigation	(Month, Day, Year	7)	INJURY	WO 1 🗆 1	RK? /ES 2 NO	200.00	SCRIBE NOW IF	WORY OCCUP	ieu		
2 F R 2 Z	ETED		ould not be termined	26a. PLACE OF INJU building, etc. (S)	IRY — At home, f pecify)	arm, street, 1	lactory, office		281. LOI City	CATION (Street a or Town, State)	nd Number or	Rural Route	Number,	
SPUTAL OR VIERAL OF VIERAL	COMPLI			IAN: To the best of my known to the best of examination								ause(a) an	d manner as stated.	
TO THE HOSPITAL TO THE FUNERAL DE filed within 72 IMPORTANT: II	R	James L	TURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (1/3-1)									1 -		
FEQ	으	Dr. Barry	ино Јовет	COMPLETED CAUSE OF			Dri	ve, Tow		Mam	rland	212	204	
			395	/ U23: महावाक्यकार का	AArone !			· - y 1		7	, =	1.6		

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DIVISION OF VITAL RECORDS, P.O. BOX 68760.

be executed within nours after death. Page 6 may be retained by the hospital or attending physician.	physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should had hydiene prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the befilled within 72 hours after death with the State Deot; of Health and Mental Houlene prior to burial, cremation, or remove	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the

IMMEDIATE CAUSE (Final disease or condition)	TO BE COMPLETED BY FUNERAL	FOR STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest) 4. SOCIAL SECURITY NUMBER 191-01-6095 9a. FACILITY NAME (If not Institution, give str Howard County St. RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland He 10c. STREET AND NUMBER 5466 Phelps Luck 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 15. OECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) Carl Oppermann	STATE OF MARYLAN STATE OF MARYLAN STATE GUS S. SEX 6. AGE (In yr. 80) Bet end number) LIMIAL HOPEL OWARD DRIVE 12. WAS OCCEDENT EVER IN U.S. FORCES? 1 M YES 2 IF YES, GIVE WAR OR DATES ATION College (1-4 or 5 +)	D / DEPARTIC	CATE OF L PPERMANN F UNDER 1 YEAR DAYS L. CITY, TOWN OR COLUMN TOWN OR LOCATIO COLUMN 101. 2	FUNDER 24 HRS. HOURS MHN. LOCATION OF DEA	REG. NO 2. DATE OF DEATH MONTH 7. DATE OF BIRTH (Month, Day, Year)	AY 8 9	S. BIRTHPLACE (State or Foreign Country) New York TY OF DEATH LIMITS?	
The DECEMBER SHAME (First, Mission, Lard) Concentration Continue Conti	TO BE COMPLETED BY FUNERAL	1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER 191-01-6095 9a. FACILITY NAME (If not institution, give strictly street of decedent of the county of	5. SEX 11 10 M 2 F 8 0 eet end number) Ward Drive 12. WAS DECEDENT EVER IN U.S FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES ATION Oripleted) Cotlege (1-4 or 5 +)	TAVE L. OF	DPERMANN F UNDER 1 YEAR ONTHS DAYS b. CITY, TOWN OR CHUMU TOWN OR LOCATIO COlumb 101. 2	F UNDER 24 HRS. HOURS MIN. LOCATION OF DEA TO MANAGE OF THE PROPERTY OF THE P	2. DATE OF DEATH MONTH D. 7. DATE OF BIRTH (Month, Day, Year)	8 9 9 8 9c. COUNT	S. BIRTHPLACE (State or Foreign Country) New York TY OF DEATH LIMITS?	
SOCIAL SCURITY NAME (FIND MANISON AND ALL STATES) 19 - DI - GOOGS 19 - SOCIALITY NAME (FIND MANISON AND ALL STATES) 19 - SOCIALITY NAME (FIND MANISON AND ALL STATES) 10 - SOCIALITY NAME (FIND MANISON AND ALL STATES) 10 - SOCIALITY NAME (FIND MANISON AND ALL STATES) 10 - SOCIALITY NAME (FIND MANISON AND ALL STATES) 10 - SOCIALITY NAME (FIND MANISON AND ALL STATES) 10 - SOCIALITY NAME (FIND MANISON AND ALL STATES) 10 - SOCIALITY NAME (FIND MANISON AND ALL STATES) 10 - SOCIALITY NAME (FIND MANISON AND ALL STATES) 11 - MANISON AND ALL STATES 12 - MANISON AND ALL STATES 13 - MANISON AND ALL STATES 14 - MANISON AND ALL STATES 15 - MANISON AND ALL STATES 16 - MANISON AND ALL STATES 17 - MANISON AND ALL STATES 18 - MANISON AND ALL STATES 19 - MANISON AND ALL STATES 10 - MANISO	TO BE COMPLETED BY FUNERAL	4. SOCIAL SECURITY NUMBER 191-01-6095 9a. FACILITY NAME (If not institution, give strictly for the strictl	5. SEX 11 10 M 2 F 8 0 eet end number) Ward Drive 12. WAS DECEDENT EVER IN U.S FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES ATION Oripleted) Cotlege (1-4 or 5 +)	YRS. MC YRS. MC 10c. CITY, T	E UNDER 1 YEAR ONTHS DAYS I b. CITY, TOWN OR CO-CUMU TOWN OR LOCATIO CO-LUMB 101. 2	HOURS MIN. LOCATION OF DEA LOCA , W DN DIA ZIP CODE	7. DATE OF BIRTH (Month, Day, Year)	9c. COUNT	D. BIRTHPLACE (State or Foreign Country) New York Y OF DEATH LIMITS?	
THE POLY DAME (FOR SIMPLE) AND THE BOOK OF DEATH OF DAME (FOR SIMPLE) AND THE STATE OF	TO BE COMPLETED BY FUNERAL	9a. FACILITY NAME (If not institution, give strictly of the ward County of RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Ho 10c. STREET AND NUMBER 5466 Phelps Luck 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 15. OECEDENT'S EDUCK (Specify only highest grade of Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) Carl Oppermann	Drive 12. WAS OCCEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES ATION Oripleted) Coffee (1-4 or 5 +)	10c. CITY, T	COLUMN OR LOCATION COLUMN OR LOCATION COLUMN OF LOCATION COLUMN 101. 2	LOCATION OF DEA WAR WAR	11/4/19	9c. COUNT	New York YOF DEATH WARL 10d. INSIDE CITY LIMITS?	
Howard County Neural Hopatal Columbia Maryland Howard No. COLUMBIA No.	TO BE COMPLETED BY FUNERAL	RESIDENCE OF DECEDENT 10a. STATE 10a. STATE 10b. COUNTY Maryland 10c. STREET AND NUMBER 5466 Phelps Luck 11. MARITAL STATUS 1 Never Merried 15. OECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) Carl Oppermann	Drive 12. WAS OCCEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES ATION 164 Oripleted) 164 College (1-4 or 5 +)	10c. CITY, T	Columbia Columbia Columbia 101. 2	on bia			tod. INSIDE CITY	
DE STREET AND NUMBER THE SAGE Phelps Luck Drive THE MARTAL STATUS THE MASS DECEDENT EVEN IN U.S. AMED FORCES? 1 SIV YES 2 NO THY MASS DECEDENT OF INFRANCE ORIGINST (Specify Yes or No. 18 ARCE — American Indians, nearly Risec, North, see THE NOVE Mentries 2 SIX Martines THE NOVE MENTRY STATUS THE NOVE MEntries 2 SIX Martines THE NOVE MEntries 2 SIX Martines THE NOVE MENTRY STATUS HAPE (FIRST MASS MARKER STATUS) THE NOVE MENTRY STATUS SHAPE (FIRST MASS MARKER STATUS) THE NOVE MENTRY STATUS SHAPE (FIRST MASS MASS MARKER STATUS) THE NOVE MENTRY STATUS SHAPE (FIRST MASS MASS MASS SHAPE STATUS) THE NOVE MENTRY STATUS SHAPE (FIRST MASS MASS SHAPE STATUS) THE NOVE MENTRY SHAPE (FIRST MASS MASS SHAPE STATUS) THE NOVE MENTRY SHAPE (FIRST MASS MASS SHAPE STATUS) THE NOVE MENTRY SHAPE (FIRST MASS MASS SHAPE STATUS) THE NOVE MENTRY SHAPE (FIRST MASS MASS SHAPE STATUS) THE NOVE MENTRY SHAPE (FIRST MASS MASS SHAPE STATUS) THE NOVE MENTRY SHAPE (FIRST MASS MASS SHAPE STATUS) THE NOVE MENTRY SHAPE (FIRST MASS MASS SHAPE STATUS) THE NOVE MENTRY SHAPE (FIRST MASS SHAPE STATUS) THE NOVE MENTRY SHAPE (FIRST MASS SHAPE STATUS) THE NOVE MENTRY SHAPE (FIRST MASS SHAPE STATUS SHAPE SHAPE SHAPE STATUS SHAPE	TO BE COMPLETED BY FUNERAL	Maryland Ho 10e. STREET AND NUMBER 5466 Phelps Luck 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 15. OECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondery (0-12) 17. FATHER'S NAME (First, Middle, Last) Carl Oppermann	Drive 12. WAS OECEDENT EVER IN U.S. FORCES? 1 N YES 2 IF YES, GIVE WAR OR DATES ATION 16st Coripleted) 16st College (1-4 or 5 +)	S. ARMED	Columb	bia			LIMITS?	
The street and number of the disease of the control of the disease of the condition resulting in death) 1. MANUAL STATUS 1. MANUAL STATU	TO BE COMPLETED BY FUNERAL	5466 Phelps Luck 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 15. OECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) Carl Oppermann	12: WAS OECEDENT EVER IN U.S. FORCES? 1 ∑ YES 2 IF YES, GIVE WAR OR DATES ATION 164 College (1-4 or 5 +)	NO	1				1 YES 2 THO	
Security	TO BE COMPLETED BY	1 Never Merried 2 Merried 3 Wildowed 4 Divorced 15. OECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) Carl Oppermann	FORCES? 1 M YES 2 IF YES, GIVE WAR OR DATES ATION 16st Oripleted) 16st Coffege (1-4 or 5 +)	NO	13. WAS DECEN	21010		10g. CITIZE	EN OF WHAT COUNTRY?	
Theresa Fleishmann Theresa Theresa Theresa Fleishmann Theresa Theresa Theresa Fleishmann Theresa Th	TO BE	(Specify only highest grade of Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) Carl Oppermann	College (1-4 or 5+)		If yes, speci	Ify Cuben, Maxicen,	C ORIGIN? (Specify Year Puerto Rican, atc.)	or No— 1	4. RACE — American Indian, Black, White, etc.	
Theresa Fleishmann Theresa Theresa Theresa Fleishmann Theresa Theresa Theresa Fleishmann Theresa Th	TO BE	Carl Oppermann		(Give kind of work life. Do NOT use n	k done during most stired.)		10 22			
Theresa Fleishmann Theresa Theresa Fleishmann Theresa Theresa Fleishmann Theresa Theresa Theresa Fleishmann Theresa Theresa Theresa Fleishmann Theresa Theres	TO BE		4	ACHILITIES		18, MOTHER'S NAM			126	
Fig. Microsoft Indicated events of a nature (priporting) Fig. Microsoft Number or Rural Room Numbers City or Town, State, 25 Code)	OT					Theres	a Fleish	mann		
Catonsville Maryland	TIFICATION	Fay Oppermann (Spouse)							
21. SIGNATURE OF FUNERIAL BERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LETCY M & RUSSELL C WITZKE FUNERAL HOMES 1630 Edmondson Avenue Catonsville Maryla 23. PART I. Enter the diseases or complications that baused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, interval Betwo Onset and De 23. PART I. Enter the diseases or complications that baused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, interval Betwo Onset and De 24. PART II. Other algnificant conditions. 25. WAS CASE (Disease or Injury that initiated events resulting in death) LAST 26. PLACE OF DEATH YES NO IN UNCERTAIN DIVERS IN ORDER TO MEDICAL EXAMINER OF DEATH 27. WAS CASE REFERRED TO MEDICAL EXAMINER OF DEATH 28. PLACE OF DEATH (Check only one) 29. WAS CASE REFERRED TO MEDICAL EXAMINER OF DEATH 20. MANUEL OF DEATH 20. MANUEL OF DEATH 21. MANUEL OF DEATH 22. MANUEL OF DEATH 23. PLACE OF DEATH (Check only one) 24. MUSTOR OF DEATH 25. MANUEL OF DEATH 26. DATE OF INJURY 27. MANUEL OF DEATH 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. DATE OF INJURY 28. PLACE OF INJURY 29. DATE OF INJURY 29. PLACE OF INJURY 20. OF TOWN, State) 29. DATE OF TOWN, State)	TIFICATION	f Buriel 2 Cremetion 3 Remove								
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Sequentially list conditions, if any, leading to immediate countributing to (or as a consequence of): Learning in death) Last Due to (or as a consequence of	TIFICATION	23. PART I. Enter the diseases or complications that caused he death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abook, or heart failure. List only one cause on each line. Approximate interval Betwee Onset and Deat disease or condition resulting in death) a. Respective Faulure								
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City or Town, State)		2 Accident Investigation		10.7%	M f YE	S 2 NO				
(Check only 1 CENTIFYING PRYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.	OMPL	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.								
29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)		2 MEDICAL EXAMINER								
O AHUNTUM DAY 1/28/95		2 MEDICAL EXAMINER	COMPLETED CAUSE OF DEATH	(ITEM 27) (Time Pri	int)	0447	82	1/2	28 195	
2 Knoll North, Patient medical Broup, Columbia, MO 21045		29b. SIGNATURE AND TITLE OF CERTIFIER Attentions	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)							
31. DATE FILED (Month, Day, Year) / 32. REGISTRAR'S SIGNATURE		29b. SIGNATURE AND TITLE OF CERTIFIER ALL 30. NAME AND ADDRESS OF PERSON WHO								

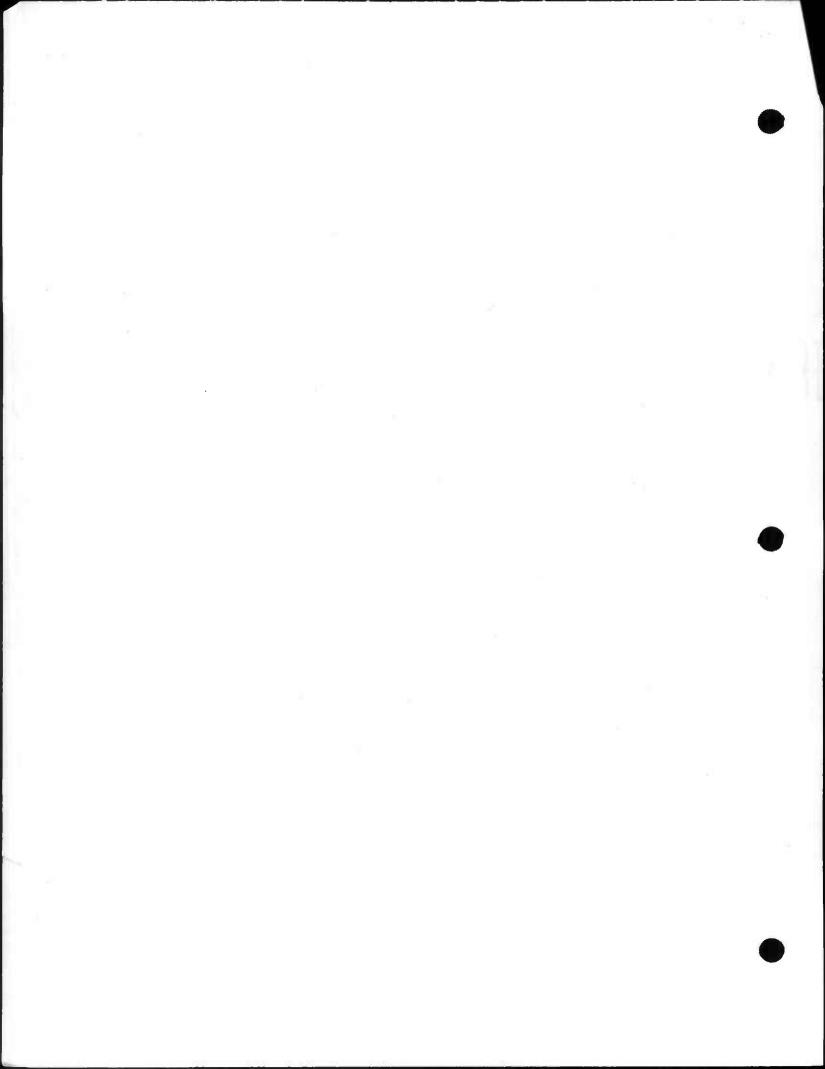
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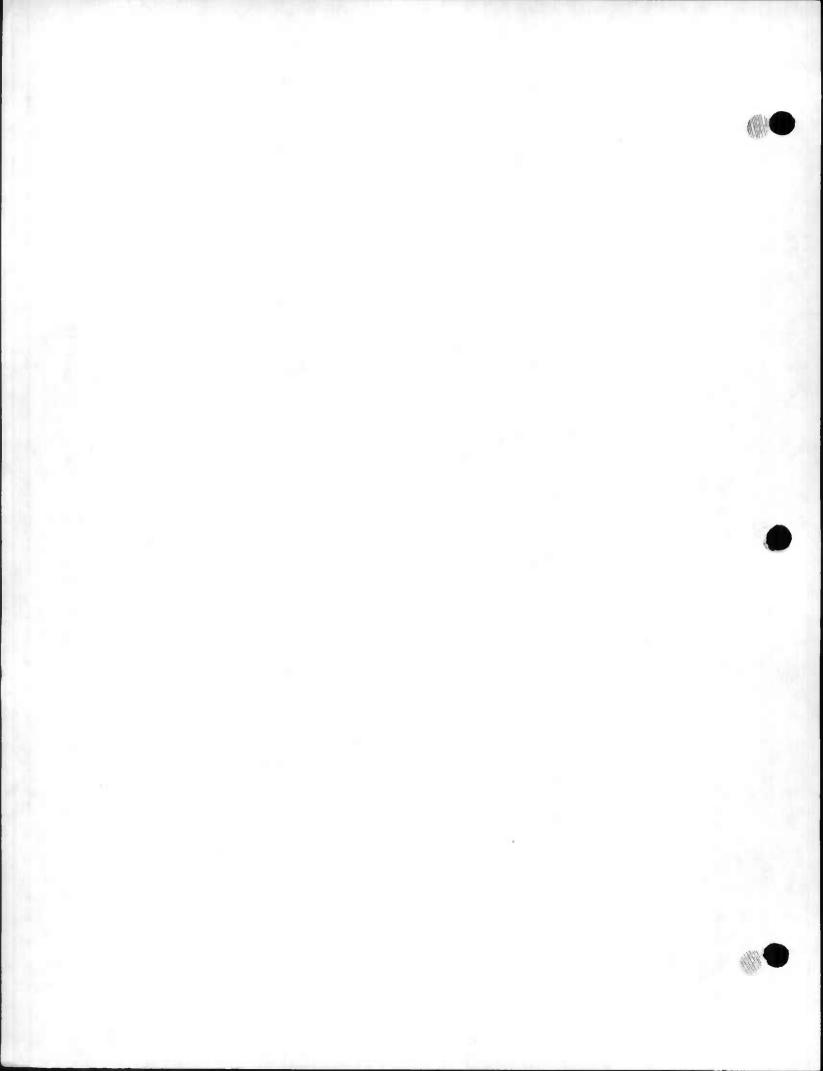
1. DECEDENT'S NAME (First, Middle, Last)

		1. DECEDENT'S NAME (First		WITT T T C		2022				2. DAT	E OF DEA	DAY	YEAR	3. TIME OF DEATN
		ADDISON 4. SOCIAL SECURITY NUMBER		S. SEX	8. AGE	POPE		NDER 1 YEA	R IF UNDER 24 HRS		uary			M
		212-20-0453		1 52 M 2 D F			***************************************			(Mo	nth, Day, Ye	MBF)	Count	
should		212-20-0453 TW 12 F 68 YRS. BOURTS MAN. May 16, 1926 9s. FACILITY NAME (If not institution, give struct and number) 9s. CITY, TOWN OR LOCATION OF DEATH 9s. COUNTY										Maryland		
1, 2, 3 st	CTOR	4612 Norfol	k Aver	nue					cimore				JATT OF L	
	l m	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION									10d. IN			10d. INSIDE CITY
permit, Pages	DIRE	Maryl.and				- 1	Ba.	ltimo	ore					LIMITS?
	₹ AL	10e. STREET AND NUMBER							10f. ZIP CODE		10g. CITIZEN OF			WHAT COUNTRY?
an. ransit	FUNER	4612 Norfol.	k Aver						21216			J	JSA	
5-0020 inding physician. as the burial-transit	BY FU	11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Divo		FORCES? 1 IF YES, GIVE V	MAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO FYES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 NO Speci				ican, Puarte			14. RACI Blac Spec	E — American Indian, k, White, etc. #y:	
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AND he hospit detached	COMPL	17. FATNER'S NAME (First, M		College			Docto		18. MOTHER'S	NAME (Elect		chiatri	st	
66	5	James Ernes						7.1						
retained by 5 should by	8	19a. INFORMANT'S NAME (7	~		19b, M	AILING ADDI	RESS (Stree	et and Number or Run			Owens	in Code)		
e 5 sl	2	Pauline H.	Pope						Avenue			imore,		21216
may be		20a. METHOD OF DISPOSITE			20b	. PLACE AND	DATEOFDIS	POSITION		OA		c. LOCATION -		
. Page 6 ma ral director, p		4 Donation 5 Other	(Specify)	IOVAI From State	- MD	cometery, cremetory or other place) MD Veteran Cemetery/Garriso				son Feb 1 Owings Mills. Ma				ls. Marvland
death. Pag funeral di		21. SIGNATURE OF FUNERA	L SERVICE LA	CIENSEE				22. NAME	AND ADDRESS OF	FACILITY]	Vutte	er Fune	ral.	Homes, Inc
bours after death. Page 6 may be but in by the funeral director, page or removal.		b Henl	trace	E. m	لىبا	then	- 14	1002	Gwynns F more, Ma	alls	Pakt	7av		
ours after d in by the or removal		23. PART I. Enter the di	isesses, or	complications the	t caused	d the death	. Do not a	ntar tha r	mode of dying, se	ich as cs	rdiac or	respiratory a	rest,	Approximata
filled in 1		shock, or hi		I.lst only one cau	ise on a	sch lina.								Interval Between Onset and Death
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2 4 4	DICAL	PART ii. Other algnifica	nt condition	a contributing to	death b	ut not reau	ilting in the	undarly	Ing cause given i	n Part I.		S AN AUTOPSY	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
7 5 8 6 8	ă										1 🗆 YI	ES 2 1 NO		COMPLETION OF CAUSE OF DEATH?
requires sen sign of Healt	ME											,		1 - YES 2 NO
law law Dept.	A N	DID TOBACCO U		RIBUTE TO CA						IN 🗖				
The The	SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			F DEATH (Ch	IER:	ie)					
iclan Sertific the S		1 YES 2 NO		1 D Inpatient 2 D		-			ome 5 Residence					
F is it is	BY PI	1 Netural 5 □ I	Pending Investigation	(Month, D	ay, Year)	28b. TIME OF INJURY AT WORK? M 1 YES 2 NO		WORK?	28d. DEŞCRIBE NOW INJURY OCCURED					
OH ATTENDING PHYSICIAN: UNHECTOR: After this certificate after death with the St marked or III	8	2 Accident investigation 3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)							fica	281. LO C/n	CATION (Si or Town, i	treet and Numbe State)	r or Rural F	loute Number,
8 8 9 8	MPLET	29a. CERTIFIER 1 CERT	IFYING PNYS	CIAN: To the best of	my knowl	ledge, death	occurred at t	ne time, da	its and place, and de	ue to the cu	use(e) end	manner se etc	ted	
# E S/S	WO2) and manner as stated.
130	R	296. SIGNATURE AND TITLE							29c. LICENSE N					(Month, Day, Year)
	0 8	(fan	~s /	Heum "	20				D433			•	. /	75
	F	30. NAME AND APPRESS OF	PERSON WH	O COMPLETED CAUS	E OF DE	ATH (ITEM 27	(Type, Print)						1001	
1.1		JANUS	6 HE(2MAN	600	MM	014	Street	+ , B_A	more	M)			
		JAN 31	1995	12, REALISTRA	LOCA	AND ALL			/		1	4		· · · · · · · · · · · · · · · · · · ·
	1 8	9	/	/										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



VOID
CERTIFICATE ##
25-02531
SEE
CERTIFICATE ##

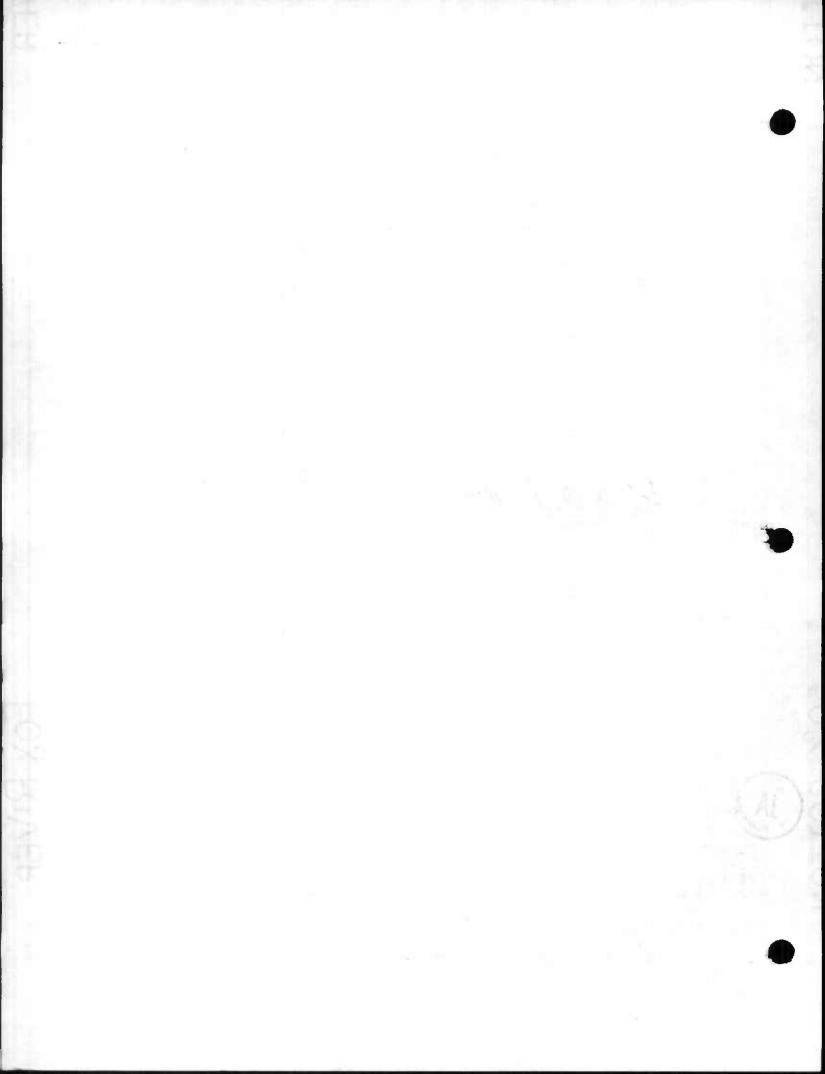


31. DATE FILED (Month, Day, Year)

JAN 3 1 1995

22. REGISTRAR'S SIGNATURE

	FOR 1 - STATE REGISTRAR	STATE OF MARYLANI	O / DEPARTME			MENTAL HYG			
		POTHY F	PIERCE			2. DATE OF DEAT	TH DAY YE	3. TIM	ZOIPM
		SEX AGE (In yrs	YRS. MONTH		IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Yo.	or) _ (NEW YO	(State or Foreigh ORK
TOR	130 SLADE AVE, AP				TIMORE			TIMORE	3
DIRECTO	10a. STATE 10b. COUNTY MARYLAND	BALTIMORE	10c. CITY, TOW BALT	N OR LOCAT	ION				NSIDE CITY IMITS? YES 2 X NO
FUNERAL	100. STREET AND NUMBER 130 SLADE AVE, APT	. 401		10f	ZIP CODE	21208	11.0	OF WHAT CO	OUNTRY?
B	11. MARITAL STATUS 12 1 Never Married 2 Married 3 Milliowed 4 Divorced	P. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, OIVE WAR OR DATES	ZNO		ENDENT OF HISPAN ecify Cuban, Mexica 2 NO Specify	n, Puerto Rican, ato	ry Yes or No— 14.	RACE — Am Black, White Specify: WH]	erican Indian, , atc.
PLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)		Give kind of work do	ne during mo d.)	n at of working		F BUSINESS/INDUST	rry .	
E COMPL	17. FATHER'S NAME (First, Middle, Last) SAMUEL	YANKELEV	/ITZ		18. MOTHER'S NA IDA	ME (First, Middle, M	alden Surname) KLEIN		103
2	19a. INFORMANT'S NAME (Type/Print) MR. HOWARD PI	ERCE					LSTOWN,		133
	20e. METHOD OF DISPOSITION 1		ACE AND DATE OF D				ROSEDAL		nte
	1 Deutel 2 Cremetion 3 Removed from State 1 Denetion 6 Other (Specify) 2 Denetion 6 Other (Specify) 2 Denetion 6 Other (Specify) 2 Denetion 6 Other (Specify) 3 Removed from State 4 Denetion 6 Other (Specify) 3 Removed from State 6 Denetion 6 Other (Specify) 4 Denetion 6 Other (Specify) 5 ROSEDALE, MD 5 ROSEDALE, MD 5 ROSEDALE, MD 6 DELEVINSON 6 BROS., INC. 6 010 REISTERSTOWN ROAD BALTIMORE, MD 21215								
	23. PART I. Enter the diseases, or conshock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)		Butic Ca		de of dying, suc		Server and the server	- 1	Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO							
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PHYSICIAN:		IOSPITAL:		HER:	ACE OF DEATH (CH	282			
	27. MANNER OF DEATH 1 Detural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. IN.	URY AT PRK? YES 2 NO		y) HOW INJURY OCCUP	RED	
TED BY	2 Accident Investigation 3 Suicide a Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — building, etc. (Specify)	Al home, farm, street,	factory, offic	•	281. LOCATION (S City or Town,	Street and Number or State)	Rural Route N	lumber,
COMPLETED	construction of the constr	NY: To the best of my knowledg						euse(a) and r	menner as stated.
O BE CO	296 SHOWERTURE AND TITLE OF SHOWING THEM	rattfilke	S M.D	2	29c. LICENSE NU	645	29d. DATE S	25/	C Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO O	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print)		,	AVE 1	111-1	1	171 - 1

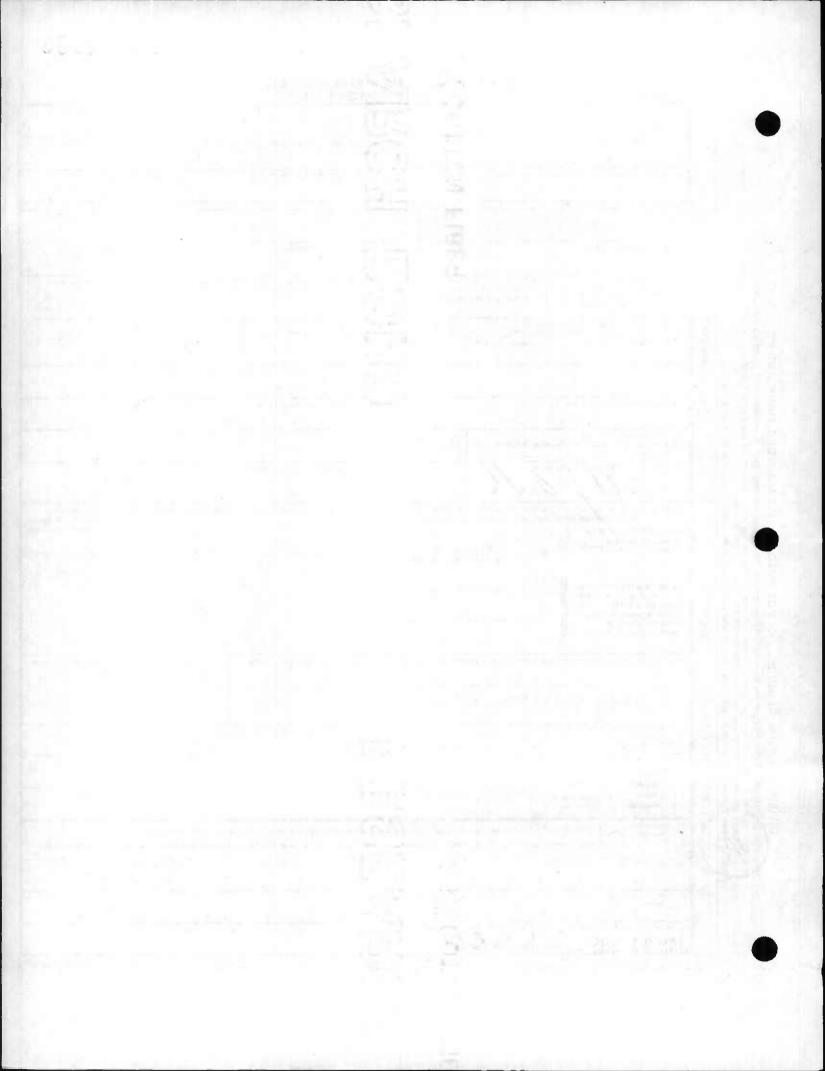


DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020

15

STATE	0F	MARYLAND	1	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		C	E	RTIFICATE	01	F DEAT	H		REG. NO.

	1. DECEDENT'S NAME (First,	Address 4 Al			CERTIF	ICATE O	DEATH	Т	REG. NO.	_	
		2 unf	hoen					2. DATE OF	F DEATH DAY	95 YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (in yrs. feat birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	F BIRTH	a BIET	THPLACE (State or Foreign
	518-09-6	158	1 M 2 D F	78	YRS.	MONTHS DAYS	HOURS MIN.	OCT.	31,191	6 Ma	ryland
H	9a. FACILITY NAME (If not inst Anne Arundo	el l	etreet and number) Medical	Cen	ter	9b. city, rown Annap	OR LOCATION OF D		9c. CC	OUNTY OF	Arundel
5	RESIDENCE OF DEC										
DIRECTOR	MD MD	Anne	e Arunde	el		ry, town or Loc gewate					10d, INSIDE CITY LIMITS? TY YES 2 NO
FUNERAL	3680 1st A	venue	е				or. ZIP CODE 21037		10g. C	USA	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 X 8 3 Widowed 4 Divor		12. WAS DECEDER FORCES? 1 IF YES, GIVE N	YES	2 NO	If yes,	ECENDENT OF HISPA specify Cuban, Maxic S 2 XNO Specif	en, Puerto Ric	(Specify Yes or No— ean, atc.)	14. RAI Bla Spe	CE — American Indian, ck, Whita, etc. White
	16. DECE (Specify only	DENT'S EDU			16a. DECEDENT'S (Give kind of	USUAL OCCUPAT work done during it use retired.)	TION nost of working	16b. K	(IND OF BUSINESS/I	NDUSTRY	
COMPLETED	Elementary/Secondary (0-	12)	College (1-4 or 5	+)	Baker	se retired.)			Giant	71	a
	17. FATHER'S NAME (First, Mic	ddle, Last)		_	Daker		18. MOTHER'S NA	AME (First, Mid	ddle, Maiden Surname		us
BEC	Fred Pumph	hrey					Ethel				
0	19a. INFORMANT'S NAME (Ty)						and Number or Rural				
	Margaret E.		nphrey	_			venue,				1037
	20a. METHOD OF DISPOSITIO	n 3 🗆 Ren	noval from State	cem	PLACE AND DATE etery, cremetory or o	other place)		OATE	20c. LOCATION		
	4 Donation 8 Other (-	CENEEE //	M	etro C:	remato	ry AND ADDRESS OF FA Desty Fi	CILITY	Baltin	nore	, MD
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TO THE HOSP TO THE FORM BY SIGNAN: The law requires that the death certificate be executed within the flower after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNETAL DIFFERENT Met this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buna-transit permit. Pages 1, 2, 3 should be filled without 2 hours attending the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

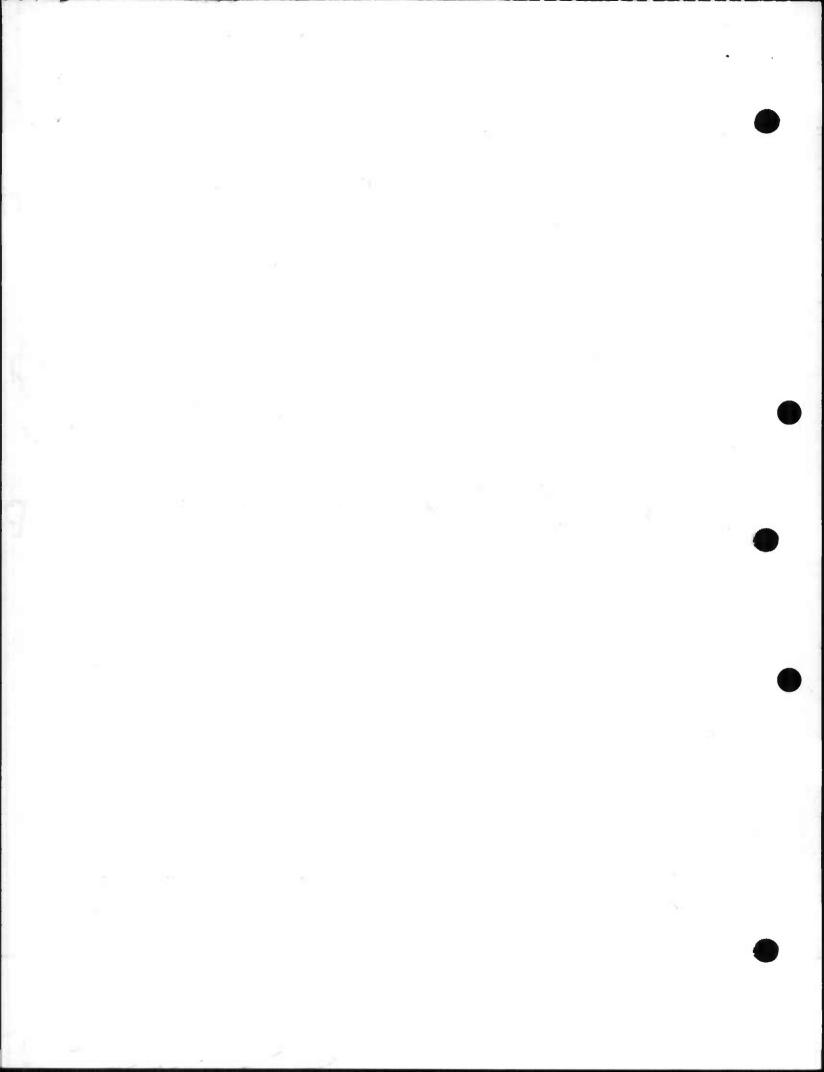
STATE (0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGI	ENE
		C	ERTIFICATE	O	F DEAT	TH.		REG	NO

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / I	DEPAR RTIF	TMENT	OF H	EALTH A	ND MI		HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	Dur	2-				<u>JEANN</u>	T	2. DATE OF		у у	CAD	3. TIME OF DEATH	_
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (5		1950		I	\perp		23		_	2:40P.	M
	100 01 0155		In yrs. last t	YRS.	MONTHS	DAYS	HOURS &	HRS.	7. DATE OF (Month, E	Day, Year)		Country)		
	9e. FACILITY NAME (If not institution, give stre				9h CITY	TOWN C	R LOCATION		June	2, 19	9c. COUNTY		York	_
E C	Charlestown Retir	,	nity		410		tonsv						more	
ظ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			40. 017										
DIRECTOR	Maryland B	altimore		10c. CIT	r, TOWN (nsvil.	le					IOd. INSIDE CITY LIMITS? THE YES 2 NO	
FUNERAL	100. STREET AND NUMBER 711 Maiden Choice	Lane #2	23		_	101	. ZIP CODE	228			10g. CITIZEI		A.	
S		1) WAS DECEDENT EVED IN	III S ADM	ED	13.	WAS DEC	ENDENT OF H		OBIGINS (Specify Vee	or No I to		- American Indian,	
	1 Never Merried 2 Merried	FORCES? 1 YES	2 NO)		If yee, sp	ecify Cuben, N				N NO _ 14	Black, Specify:	White, etc.	
р ВУ	3 X Widowed 4 Divorced	(A 103)					Λ					оросну.	White	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	empleted)	18e. DECI		vork done -		N st of working		16b. Ki	IND OF BUSI	NESS/INDUS	TRY		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	me. L		emak	er				Own	Home			
WO	17. FATHER'S NAME (First, Middle, Last)	1		110111	-		18. MOTHER	'S NAME	(First, Mide	dia, Meiden S	111111			-
BE C		S	nydei	r				rie	,	,	,			
10 B	190, INFORMANT'S NAME (Type/Print)	(Son)	19b.	MAILING	ADDRESS	Street a	nd Number or enue B	Rural Rou	ute Number,	City or Town,	State, Zip Co	12h1/		_
	Russell M. Phelps													
	1 Donelion 5 Other (Specify)	all from State	etery, cremi	atory or of	her place)	ona l	me of 01 Ceme	30-9	50ATE		ation — city		rginia	
	21. SIGNATURE OF FUNERAL SERVICE LICEN			COII	22.	NAME AN	D ADDRESS	OF FACIL	JTY			_		_
	Jusquee	Duty	9			_							al Homes	
	23. PART I. Enter the diseases, or con	mplications that caused	tha deat	th. Do n	ot anter	tha mo	da of dyling,	SON such a	AVEN	or reapire	tory arrest	V111	Le, Md.	_
	ahock, or haart fallure. Li:	st only one cause on a	ch ilna.										Onset and Death	
	disease or condition resulting in death)	Sep	ous										į	
		DUE TO (OR AS A	CONSEQU	JENCE OF	7:							_		
NO NO	Sequentially list conditions, b.	DUE TO (OR AS A	CONSEQU	JENCE OF	n.								-	
AT	if any, leading to immediate cause. Enter UNDERLYING				,									
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEOU	JENCE DE):									-
CERTIFICATION	resulting in death) LAST													
AL C	PART II. Other significant conditions	contributing to death b	ut not ras	suiting i	n tha un	deriying	cause giva	ın In Pa	rt i. 24	la. WAS AN A	UTOPSY	24b. W	/ERE AUTOPSY FINDINGS	
S						V.S.				PERFORM		C	MAILABLE PRIOR TO COMPLETION OF CAUSE	
MED									_ '	(O'		F DEATH?	
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRI	BUTE TO CAUSE O	F DEATI	H YE	S 🗆 I	NO B	UNCER	TAIN						
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE	OF DEAT	H (Check									
IXSI	1 U YES 2 NO	Inpetient 2 ER/Outp	_		4 Nun	Ing Hom	e 5 ☐ Reside							
	1 Natural 5 Pending	(Month, Day, Year)		28b. TIME			URY AT RK? 'ES 2 N		ed. DESCR	IBE HOW IN.	JURY OCCUR	ED		
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	- At home	e, lerm, a	treet, lect		100	_	8I. LOCATIO	ON (Street an	d Number or	Rumil Rou	ite Number.	-
COMPLETED	4 Homicide determined	building, etc. (Spec	ify)						City or 1	Town, State)				
PLE	290. CERTIFIER 1 GERTIFYING PHYSICIA	AN: To the best of my knowl	edge, deati	h occurre	d at the ti	me, date	end piace, en	d due to	the cause	(e) end menn	er ee stated.			٦
0 ₹	one) 2 MEDICAL EXAMINER:											euse(e) e	nd menner ee stated.	
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICENSI	E NUMBE	ER		29d. DATE, 6	GNED (A	fonth, Day, Year)	┪
10 8	gas m	D					03	40	ノーノ		1/2	3/	75	
-	30. NAME AND ADDRESS OF PERSON WHO	Lau um M	TH (ITEM :	27) (Type,		20-	iden	11	رار ـ	- /		2 /	120	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE		// /	14.	uen	19	0/6	e (/	40	<u> </u>	227	-
	JAN 3 1 1995 Let	Davidson Rend	all											-

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215-0020	attending physician.
BALTIMORE, MARYLAND 21215-0020	AN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phy
LIMORE.	. Page 6 may be r
BALT	hours after death.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	recuted within
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			RTMENT OF HEALTH AND MENTAL HYGIENE FICATE OF DEATH REG. NO.								
		1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH 3. TIME OF DEATH								
		ALICE POWELL	JANUUARY-27-95 5 28PM								
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)									
무		220-12-268/10M2D4 /5 YRS.	Sept. 10, 1919 Maryland								
3 should	œ	99. FACILITY NAME (If not institution, give street and number) NORTH WEST HOSPITAL	POLITY, TOWN OF LOCATION OF DEATH RANDALLSTOWN BALTIMORE								
1, 2,	DIRECTOR	RESIDENCE OF DECEDENT	KANDAUSTOWN BALTIMURE								
Pages	36	10e. STATE 10b. COUNTY 10c. CI	TY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?								
₹. &	5	Maryland Baltimore City	Baltimore 1 ☑ YES 2 ☐ NO								
реги	3AL	10a. STREET AND NUMBER	10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?								
the burial-transit permit.	FUNERAL	4409 Pall Mall Road	21215 United States								
urial-t	F	11. MARITAL STATUS 1 ☐ Never Married 2 🛣 Merried 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 🛣 NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. RACE — Americen Indian, Black, White, etc.								
the b	ВУ	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES	1 □ YES 2 🛱 NO Specify: Specify: Black								
USE as	ED		S USUAL OCCUPATION 166. KIND OF BUSINESS/INDUSTRY								
for u		Elementary/Secondary (0-12) College (1-4 or 5+)	(work done during most of working use retired.)								
ched e.	COMPLET	12th grade Homema									
be detach at once.		17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Melden Surname)								
ed a	BE	Truman Harrison 190. INFORMANT'S NAME (Type/Print) 19b. MAILIN	Rachel Williams G ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)								
age 5 should be notified	5		jibway Road Randallstown, MD 21133								
funeral director, page 5 should be detached for ixaminer must be notified at once.		20s. METHOD OF DISPOSITION 20b. PLACE AND DATE	OATE 20c. LOCATION — City or Town, State								
must		1 1√2 Burial 2 □ Cremetion 3 □ Removal from State 4 □ Donetion 5 □ Other (Specify) — Holy Fam:	ily Church Cemetery 1/31 Randallstown, MD								
e funeral dir I. examiner		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LOTING BYONG FUND NO. 1 Directors Inc.									
fune L exam		James 13 (overy	Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 21133								
d in by the or removal. medical e		23. PAHY. Unter the diseases, or complications that caused the death. Do	not enter the mode of dying, auch as cardiac or respiratory arrest, Approximate								
POE		inock, or heart fallure. List only one cause on each lina. IMMEDIATE CAUSE (Final	interval Between Onset and Daeth								
natior t, the		disease or condition \rightarrow a. $SEPSIS$ one day									
ompletely fills il, cremation, event, the		OUE TO (OR AS A CONSEQUENCE O									
	NO	Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions of immediate o									
ending physician and o Hygiene prior to buni or other traumatic	CATION	if any, leading to immediate cause. Enter UNDERLYING									
physiene p	RTIFIC	CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):									
	ERT	resulting in death) LAST									
by the att and Menta y Injury,	C C	PART II. Other algoriticant conditions contributing to death but not resulting	In the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS								
A and	ICA		PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE								
Signe Healtl	MEDIC	1 U YES 2 AND COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO									
has been signed Dept. of Health n 23 shows an	AN: N	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH Y									
cate has State Del	CIAI		ATH (Check only one)								
certificate h the State I	YSICI	1 YES 2 NO HOSPITAL: 1 Vinpatient 2 ER/Outpatient 3 DOA	OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)								
his ce	PHY	27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TII 1	JURY WORK?								
marked	BY	2 Accident Investigation	M 1 YES 2 NO								
EAS.		3 Suicide 8 Could not be 4 Homicide determined	etrent, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
ST E	9	290. CERTIFIER									
-	COMPLETE		red at the time, deta end place, end due to the cause(e) end menner as stated. Ion, in my opinion, desth occured at the time, data end place, and due to the ceuse(a) end menner ee stated.								
withi		2% SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)								
TO THE FUNE be filed within IMPORTANT	BE	Hoze Muneer mo	DUS 105 > 1/27/95								
- 4	2	30. NAME AND AUDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type	e, Print)								
		AFROZE MUNEER. 5401 OID CO	URT RD, RANDALLSTOWN MD 21133								
- 1	ŀ	31. DATE FILED (Month, Day, Your) JAN 3 1 1995 JAN 3 1 1995									
Į		OULL OT 1999 June Control									



MONING PAYSOLANT: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

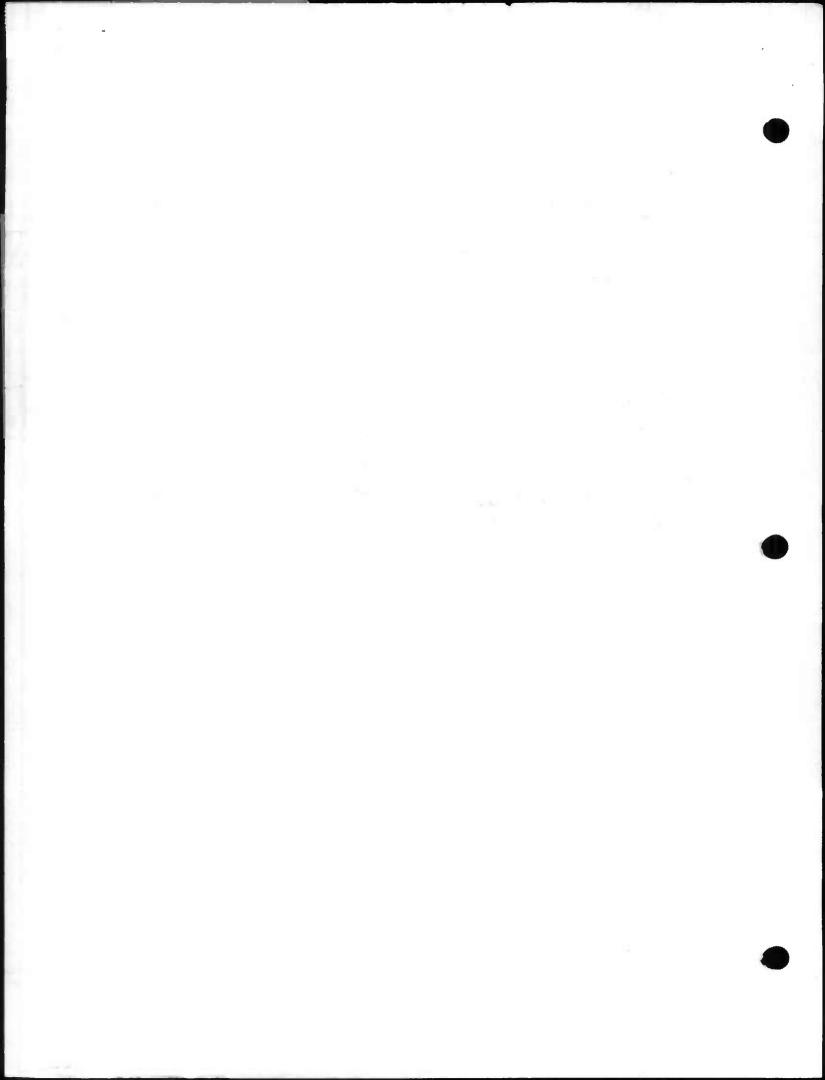
The law is been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be main the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

The marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OF TO THE FUNERAL DISCOURTED BE filed within 72 hours grant IMPORTANT. It learn 25

JAN 3 1 1995

32 REGISTRADES CHARLES

	FOR	STATE OF N	MARYLAND /	DEPAR	TMFN	T OF H	IFAITH	AND B	MENT	AI HYGIEN	F				
1 - STATE STATE CERTIFICATE OF DEATH REG. NO.															
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH 3. TIME OF DEATH						
12	CLAUDE STEPHE					JANUARY 30 1995				0750	Ам				
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	IF UNDER 1 YEAR IF UNDER 24 HRS.			24 HRS	7. DATE OF BURTH				HPLACE (State or I			
	243-26-1713	1 [X] M 2 □ F	70	MONTHS	DAYS	HOURS MIN.		(Mc	(Month, Day, Year)		Country)				
	9a. FACILITY NAME (If not institution, give a	70	YRS.					Apr 25, 19							
oc l					9b. CITY, TOWN OR LOCATION O						1117.7		TY OF DEATH		
2	St. Agnes Hospit		Baltimore City						Ba]	Ltimo	imore City				
DIRECTOR	10a. STATE 10b. COUNT	10c. CIT	10c. CITY, TOWN OR LOCATION								10d, INSIDE CITY				
<u> </u>	Maryland Polt										LIMITS?				
	Maryland Balt	P	Arbutus								1 YES 2 NO				
FUNERAL	440 141300 111000		101. ZIP CODE							IZEN OF	WHAT COUNTRY?				
밀	4751 Bellwood Gr		21227				USA								
	11. MARITAL STATUS	MED	13	WAS DEC	ENDENT OF HISPANIC ORIGINAL CONTROL ORIGI		RIGIN? (Specify Yes or		- 14. RACE — American Indian, Black, White, atc.						
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	1 Tyes, specify Cuban, maxi									Specify:				
	- Industrial										White				
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind					I'S USUAL OCCUPATION of work done during most of working				6b, KIND OF BU	SINESS/IN	DUSTRY			
	Elementary/Secondary (0-12) College (1-4 or 5+)				live kind of work done during most on NOT use retired.)				t or working						
토	unknown	unknown Hea				arve	r			Merkle Monument			t Co.		
COMPL	17. FATHER'S NAME (First, Middle, Last)							18. MOTHER'S NAME (First, Middle, Maid			n Sumame)				
BEC	Unknown Parnell						Un	know	m						
							and Number or Rural Route Number, City or Town, State, Zip Code)								
임	Mrs. Sophia Parne	11								Baltimo					
	20a. METHOD OF DISPOSITION	1.6	20b. PLACE					11 00	_						
ш	1XXBuriel 2 ☐ Cremation 3 ☐ Rem	oval from State	cernetery, cre	matery or o	ther place	SITION (Na	me of		0	ATE 20c. LO	20c. LOCATION — City or Town, State Ellicott City, MD				
	4 Donation 5 Other (Specify) 21. Sturrature of FUNERAL SERVICE LIK		Good	Shepl	nerd	Cem	etery	7	X.	2-2 E11	icot	cott City, MD			
	21. SHARATURE OF PUNERAL SERVICE LIN	1 1					Ryc			ral Di	root	220	Inc		
Loring Byers Funeral														2	
	8728 Liberty Rd. Randallstown, MD 21133 23. PART I. Enter the diseases, or complications hat caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximate														
	shock, or heart failure.	List only one cau	se on each line	l.	10.16					ordina or reap	etory an	TOOL,	Interval f	Between	
	iMMEDIATE CAUSE (Final disease or condition	\bigcirc											Onset an	d Death	
	resulting in death) a. Theumoma														
	1	DUE TO	DUE TO (OR AS A CONSEQUENCE OF):										lue		
z	Z COPD														
ΙĔΙ	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):														
3	CAUSE (Disease or Injury														
ERTIFICATION	that initiated events	OUE TO	(OR AS A CONSE	DUENCE O	F):										
	resulting in death) LAST	d													
O	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS														
AL	PART II. Other significant condition	s contributing to	death but not r	eaulting	In tha u	ndarlying	cause g	given in i	Part I.	24a. WAS AN PERFOR		24t	WERE AUTOPSY I		
음	- Hy joer ten	SIGA								1 TYES 2	□ NO		COMPLETION DF OF OEATH?	CAUSE	
NE NE													1 YES 2	NO	
Y	25. WAS CASE REFERRED TO MEDICAL					28. PL	ACE OF D	EATH (Che	ck only	one)					
S	EXAMINER? 1 YES 2 NO	HOSPITAL:	ED/Outnoticet 2	Define	OTHE	R:								$\neg \neg$	
Z MANUER OF DEATH															
									26d. DESCRIBE HOW INJURY OCCURED						
2 Accident Investigation Investigation															
n l	3 Suicide 6 Could not be 4 Homicide determined	building atc (Specify)						Ica 26f. LOCATION (City or Town,				Street and Number or Rural Route Number, State)			
۱EI	4 - Invitinge														
COMPLETED	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.														
one) 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and													e) and manner as	stated.	
	296. SIGNATURE AND TITLE OF CENTURIES	-1	//		-					20.525 E.S. [1]					
m a la l											29d. DATE SIGNED (Month, Day, Year)				
2	30, NAME AND ADDRESS OF PERSON WH	11/			K.		L	35	> 5	フス		1/3	0195		



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

	ITEMS: 23 PART I,	27, PER ME	O FILM G	-720 2	/22/9	5 t.t.				90	U	2331
	1 - STATE REGISTRAR	STATE OF N					HEALTH AN	D MEN	TAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. T								TIME OF DEATH			
	AUSTIN JAN	MES!		PE	TEN	BRI	NK		JAN.	**	YEAR 5	11:00P M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. I	last birthday)	IF UNDE	R 1 YEAR	IF UNDER 24 HR	e 7 DA	TE OF BIRTH		BIRTHPL	ACE (State or Foreign
		1 M 2 F	1	YRS.	MONTHS	DAYS	HOURS MM	Ju	lonth, Day, Year)	993	Country)	yland
	9a. FACILITY NAME (If not inetitution, give a	street and number)			9b. CIT	Y, TOWN	OR LOCATION OF					
E E	CARROLL COUNT	Y GENERA	AL HOS	P.		Wast	minster	•			ARRO	OLL
DIRECTOR	RESIDENCE OF DECEDENT					nest	minster					
문	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN	OR LOCA	TION				10	Dd. INSIDE CITY LIMITS?
		roll Coun	ty		Ta	neyt	own					☐ YES 2 X NO
3AL	10e. STREET AND NUMBER					10	f. ZIP CODE	_		100		AT COUNTRY?
ij.	413 Taney Drive	9					21787 U.S.A.				Α.	
BY FUNERAL	11. MARITAL STATUS 1. Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES Z	NO	13.	If yes, sp	CENDENT OF HISPANIC ORIGIN? (Specify Yes or No—beefly Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American i Black, Whita, atc. \$2 \(\) NO \(\) Specify: Whi				American Indian, white, atc. White	
	15. DECEDENT'S EDU (Specify only highest grade	CATION COURDINATED	18a, C	ECEDENT'S	USUAL C	CCUPATIO	ON		16b. KIND OF BU	SINESS/INDU	STRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) //			during mo	ost of working	İ				
M M	N/A				N/A				N/	A		
ਨੂ	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S	NAME (Fire	st, Middle, Maiden	Sumame)		
BE	Paul Jones I	Petenbrin	k				D€	ebora	h Ann B	ranha	m	
5	19a. INFORMANT'S NAME (Type/Print)		1	96. MAILING	ADDRES	S (Street a	and Number or Ru	ral Route N	lumber, City or Tow	n, State, Zip C	ode)	
-	Mr. & Mrs. Paul I	Petenbrin	k	c/o:	413	Tan	ey Driv	re Ta	neytown	, MD	21787	7
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State								, State			
	4 Donation 5 Other (Specify) Crestlawn Mem. Gardens 1/17/95 Marriottsville, MD											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HAIGHT FUNERAL HOME (P.O. Box 195)								25)			
	▶ Brian L. Haufit								HUME (P			*
	23. PART I. Enter the diseases, or	complications that	caused the c	leath. Do	not ante	r tha mo	da of dying, s	uch sa c	ardiac or respi	ratory arres	rt.	Approximate
	shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death											
	disease or condition									Cilot and Death		
	a. NO ANATUMIC CAUSE OF DEATH DUE TO (OR AS A CONSEQUENCE OF):											
z												
ERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
8	CAUSE (Disease or injury											
띹	that initiated events	DUE TO	OR AS A CONS	EOUENCE O	F):					-		
	resulting in death) LAST											
9	PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a, WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS											
MEDICAL						· · · · · · · · · · · · · · · · · · ·	g coulse givan	m rant t	PERFOR		AV	ERE AUTOPSY FINDINGS WILABLE PRIOR TO DMPLETION OF CAUSE
									1 XYES 2	□ NO	OF	DEATH?
Σ	DID TOP ACCOUNT	DIBLITE TO CAL	UCE OF DE	ATLL M	·	NIO E	1	4154			2	YES 2 NO
AN	DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CA					UNCERT	AIN L				
PHYSICIAN:	EXAMINER? HOSPITAL:											
λ						raing Hom 28c, tNJ	me 5 Residence 8 Other (Specify)					
	1 (Month, Day, Year) INJURY					WO	PRK?	280. (DESCRIBE HOW II	NJURY OCCU	RED	
BY	2 Accident Investigation II YES 2 NO											
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 28t. LOCATION (Street and Number or Bural Route Number, City or Town, State)							e Number,				
COMPLET	29a. CERTIFIER			V09	More							
MP	(Check only 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, o	seth occurr	ed at the	time, deta	and place, and	due to the	cause(a) and mar	iner as stated		
8	SESTMEDICAL EXAMINE		amination and/or	r investigation	n, in my	opinion, d	leath occured at	the time, d	ieta and place, an	d due to the	cause(s) ar	nd manner as stated.
BE (296. SIGNATURE AND TITLE OF CERTIFIE						29c. LICENSE	NUMBER				onth, Day, Year)
0.C.M.E.							Ξ.	. JAN. 23/95				

LETED CAUSE OF DEATH (ITEM 27) (Type, Print)
111 Penn Street, Baltimore, Maryland 21201

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO).	
		1. DECEDENT'S NAME (First, Middle, Last)	C	DE	EFFE	-0	2. DATE OF DEATH MONTH D	MY YE	3. TIME OF DEATH
		HELEN			CFTC		JAN 2	9 95	2205 M
2		4. SOCIAL SECURITY NUMBER 396-14-3088	1 - M 2 7 F	72 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) July 16, 19	0	SIRTHPLACE (State or Foreign Country) Visconsin
3 should	-	9a, FACILITY NAME (If not institution, give s			121	OR LOCATION OF D		9c. COUNTY	
2,	СТОВ	Northwest Hospi	tal Center		Ran	dallstow	n	Balti	imore County
Pages 1,	l iii l	10e. STATE 10b. COUNTY	,	10c. CIT	Y, TOWN OR LOCA	ITION			10d. INSIDE CITY
<u>z</u>	DIR	Maryland Carr	oll County			Eldersbu	rg		1 YES 2 1 NO
permit	AL	10e. STREET AND NUMBER		· · · · · ·		H. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
sit	띨	5406 Crows Nes	t Court			21784		Į	J.S.A.
020 physician, burial-transit	FUNER	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DE	CENDENT OF HISPAI	NIC ORIGIN? (Specify Yes	s or No- 14.	RACE — American Indian, Black, White, atc.
-AND 21215-0020 the hospital or attending physician, detached for use as the burial-trar once.	Э ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES		S 2 🔏 NO Specif		1	Specify: White
r atte	1E	15. DECEDENT'S EDU((Specify only highest grade		(Give kind of	USUAL OCCUPATION WORK done during m	ION ost of working	16b. KINO OF BU	SINESS/INDUST	RY
pital or	ᇤ	Elementary/Secondary (0-12)	College (1-4 or 5+)	III. Do NOT u	esperso:	n	Potoi	1 Sales	
AND the hospit detached once.	COMPLET	17. FATHER'S NAME (First, Middle, Last)		Jai	esperso		ME (First, Middle, Maiden		,
ज दि 🗖		Willia	m O. Pufah	1			Unknown	,	
MAR retained 5 should notified	BE C	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADORESS (Street	and Number or Rural	Route Number, City or Tow	vn, State, Zip Cod	(e)
> 2 0	임	Mr. Kenneth C. P	feffer	5406	Crows No	est Court	t Eldersbu	rg, MD	21784
Page 6 may be a director, page a		20a, METHOD OF DISPOSITION 1 ☐ Burlel 2 ☐ Cremetion 3 ☐ Remo		PLACE AND DATE	OF DISPOSITION (N			OCATION — City	
MOR age 6 ma director, p		4 🗆 Donation 5 🗆 Other (Specify)	C	arroll C	remation	n Serv. 1		mpstead	l, MD
BAL IIMOR er death. Page 6 may the funeral director, p val.		21. SIGNATURE OF FUNERAL SERVICE LIC	EHSEE / - /+			ND ADDRESS OF FA	AL HOME (P	O Ros	105)
BAI the fur wal.	- 3	Drean of	. Haigut		Syk	esville.	MD 21784	(410) - 7	95-1400
ic at at		23. PART i. Enter the diseasee, or o shock, or haert fallure.	complications that caused	the deeth. Do i	not enter the me	ode of dying, auc	h es cerdiac or resp	iratory erreet,	Approximata interval Batween
£4 hours filled in on, or re		iMMEDIATE CAUSE (Finel disease or condition	MANCO	1115	01	14			Onset and Death
		resulting in death)	. IMA>>	IVE	0	/ T\			12DAYS
\$ 5 5 5 6	_	_	DUE IU (OR AS A	CONSEQUENCE O	F):				
	CATION	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	F):				
certificate be ding physiciar hygiene prior rother trau	CAI	cause. Enter UNDERLYING CAUSE (Disease or injury							
nding ph Hygiene	RTIFI	thet initiated events resulting in deeth) LAST	OUE TO (OR AS A	CONSEQUENCE O	F):				
a He He	CER	resolding in deetil) EAST	ı						
The day		PART ii. Other eignificent condition	e contributing to deeth b	ut not resulting	In the underlyin	ng ceuee given in			24b. WERE AUTOPSY FINDINGS
T = 66 -	EDICAL	HYPERTEN	510N				PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
M 20 0 6	MEC							. 400	OF DEATH?
		DID TOBACCO USE CONTR	IBUTE TO CAUSE O	F DEATH YE	S NO [UNCERTAIL	NB		
	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF DEA)			
SICIAN: The Certificate the State	YSI	1 TYES 2 TONO	1 hpstient 2 ER/Outp	atlent 3 🗆 DOA	OTHER: 4 Nursing Hor	ne 5 🗆 Residence	6 Other (Specify)		
The this with C	ву рну	27. MANNER OF DEATH 1 ONetural 5 Pending Investigation	28e. OATE OF INJURY (Month, Day, Year)	28b. TIM	URY W	JURY AT ORK? YES 2 NO	26d. DESCRIBE HOW I	INJURY OCCURE	ю.
OR ATTENDING DIRECTOR: After hours after death tem 28 is mai	ED B	2 Accident Investigation 3 Suicide S Could not be 4 Homicide determined	26s. PLACE OF INJURY building, etc. (Spec	— At home, farm,	etraet, factory, offic	ce	28t. LOCATION (Street City or Town, State)	and Number or R	ural Route Number,
OR ATT DIRECTIONS at Item 2									
# 2 F Z	COMPL	(Check only	CIAN: To the best of my knowl						
HOSPITAL FUNERAL within 72 t	8		R: On the besia of examination	and/or investigation	on, in my opinion, o	death occured at the	time, data and place, an	id dua to the cau	use(a) and manner as stated.
TO THE HOSPIT TO THE FUNER De filed within 7	BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	Nam &	40		29c. LICENSE NUI	7137	DA JA	NED (Month, Day, Year) N 29,95
	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OE	ATH (ITEM 27) (Type	Print)	LIDO	1177		, , ,
		31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNA	ATURE	1010	NV L	ر ۱۱		
		JAN 3 1 1995	Julia Sandan		1				

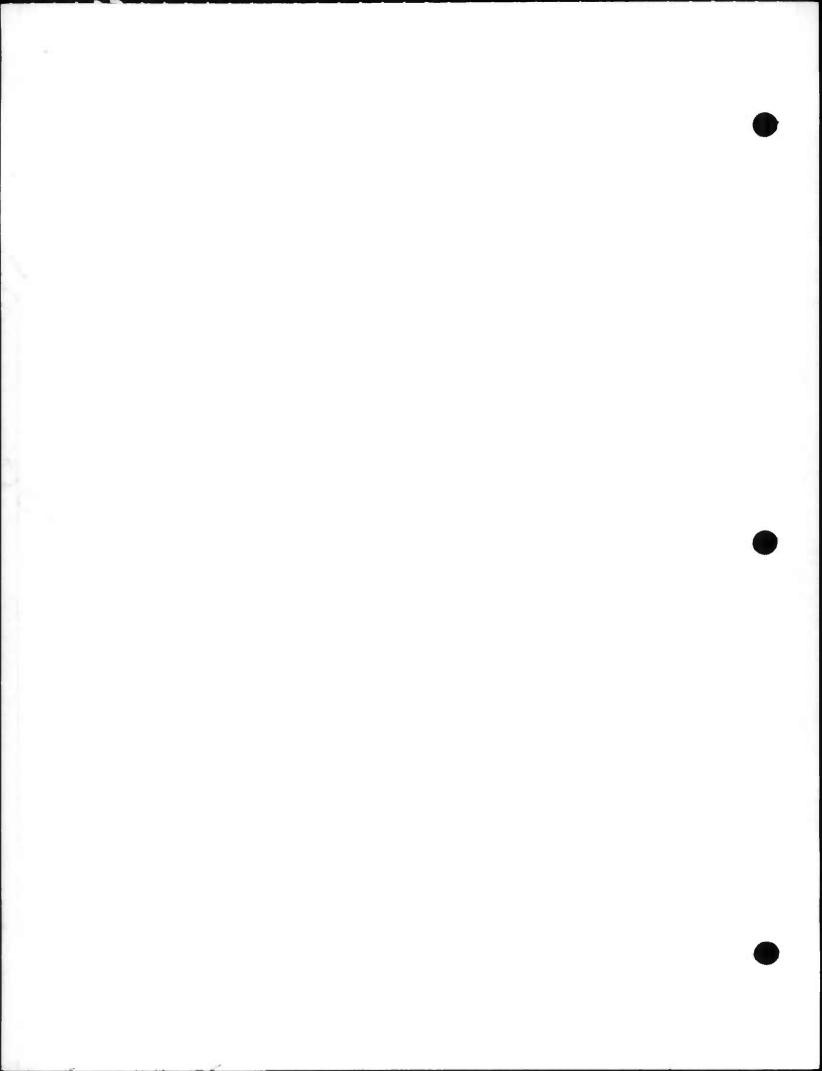
MARYLAND 21215-0020	
BALTIMORE, A	
O. BOX 68760	

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1. 2. 3 should	
	permit, Pages	
physician.	burial-transit	
attending	use as the	
hospital or	ached for	
ed by the	hould be detached for use as the burial	
age 6 may be retained by	page 5 shi	
. Раде 6 ш	al director.	
after death	y the funer	lande
hours after	/ filled in b	tion or rat
uted with	completely	rial crama
nte be exec	ysician and	prior to he
ath certifica	ttending ph	Pal Hyniana
AN: The law requires that the death certifical	ed by the a	th and Men
w requires	been sign	of of Heal
IAN: The la	tificate has	State De
NG PHYSIC	AM DIRECTOR: After this certificate has been signed	ath with th
TAL OR ATTENDIN	RECTOR: AI	are after de
FINE OF	ERM, DII	No. 72 hou

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	The second secon		92111	HIOAIL	OI DEA		HEG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		3. TIME OF DEATH	
	ESTELLE	SMITH	RAY				MONTH 28		95 M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birtho			R 24 HRS.	7. DATE OF BIRTH		B. BIRTHPLACE (State or Foreign	
	577-30-3636	1 □ M 2 🖾 🗏	78 YR	S. MONTHS	MYS HOURS	MIN.	OCT.11, 19	16	N. CAROLINA	
DIRECTOR	Se. FACILITY HAME (If not quillupon) give any	set and number)		9b. CITY, T	OWN OR LOCAT			Sc. COI	UNTY OF DEATH	
	St. Joseph Hosy	pital			TOWSON				BALTIMORE	
	RESIDENCE OF DECEDENT	1001				,			77.01.21.01.0	
#	10a. STATE 10b. COUNTY		10c.	CITY, TOWN OR					10d. INSIDE CITY	
	MARYLAND	n/a			BALTIM(ORE			1 YES 2 NO	
A	10e. STREET AND NUMBER				10f. ZIP COD				FIZEN OF WHAT COUNTRY?	
FUNERAL	1830 E. LAFAYET	TTE AVENUE				21213	3	UNI	ITED STATES	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES		13. WA	S DECENDENT	OF HISPANIC	C ORIGIN? (Specify Yes	or No-	14. RACE American Indian,	
BY F	1 Never Married 2 Married 3/X Widowed 4 Divorced	IF YES, GIVE WAR OR I			es, specify Cub		Puarto Rican, etc.)		Black, White, etc.	
									Specify: BLACK	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION completed)	(Give kind	T'S USUAL OCC	UPATION ing most of work	ina	16b. KIND OF BUS	BINESS/IN	DUSTRY	
Ψ	Elementary/Secondary (0-12)	College (1-4 or 5+)	1 Ille. Do NO	T use retired.)			,			
€	3 111		שט	DMESTIC			n/a	l .		
§ 8	17. FATHER'S NAME (First, Middle, Last) WILLIAM SM	1ITH			16. MOT		E (First, Middle, Maiden		,	
BE		ITIU				2	TELLA P	ERRY		
2	19a. INFORMANT'S NAME (Type/Print) JESSE RAY		19b. MAIL		Street and Number	or or Rural Ro	oute Number, City or Town			
			1830) E.	LAFAYE	HE	AVENUE,	BALT	IMORE, MD # 13	
TO BE COM	20a. METHOD OF DISPOSITION 1√□ Burial 2 □ Cremation 3 □ Ramon		b. PLACE AND DA		ON (Nama of		DATE 20c. LO	CATION -	- City or Town, State	
	4 Donation 5 Other (Specify)		BALTIMO	ORE NA	TIONAL	CEN	METERY 2-3	BAI	TIMORE. MD	
a de la companya de l	21. SIGNATURE OF FUNERAL SERVICE LICE	MSEE /			ME AND ADDRE	ESS OF FACI	LITY		· ·	
	1 1/1 M 1 M/	DAN		WM	. C. MA	NRCH F	H1101	E. N	IORTH AVE.	
	23. PART I. Enter the diseases, or co	molications that cause	d the death F	o not enter th	e made of de	day ayah	as soudies as week		1 4000000	
	shock, or heart failure. Li	lat only one ceuse on	ach line.	o not enter ti	e mode or dy	ring, sucii	aa cardiac or respi	ratory ar	rrest, Approximata Interval Between	
	iMMEDIATE CAUSE (Final disease or condition	IMMEDIATE CAUSE (Final								
	resulting in death)		/R	RhyTI	mM			11	nmedit to	
	DUE TO (OR AS A CONSEDUENCE OF):									
i z	disease or condition resulting in death) a. DUE TO (OR AS A CONSEDUENCE OF): DUE TO (OR AS A CONSEDUENCE OF): Sequentially list conditions, DI JESSE DI JESSE DI JESSE									
ĮĔ	if any, leading to immediate	DUE TO (OR AS	A COMSEQUENC	E OF):						
0	CAUSE (Disease or Injury									
E	that initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEDUENC	E OF):						
CERTIFICATION	d.									
	PART II. Other significant conditions	contributing to deeth i	out not resulting	ng in the unde	rlying ceuee	given in P	ert I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS	
		PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE								
REDIC	DF DEATH?									
-	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN									
AN	25. WAS CASE REFERRED TO MEDICAL	IBUTE TO CAUSE C		TES LING		CERTAIN	GI			
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:						
₹	1 YES 2 NO	1 1 Inpetient 2 ER/Out					Other (Specify)			
	1 Netural 5 Pending	(Month, Day, Year)	28b.	INJURY	c. INJURY AT WORK?		28d. DESCRIBE HOW IF	IJURY OC	CCURED	
BY PI	2 Accident Investigation				YES 2	NO				
9	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	f — At home, far cify)	m, street, factory	office	2	28t. LOCATION (Street a City or Town, State)	nd Numbe	r or Rural Route Number,	
ET	Tomore definition									
PLE	29a. CERTIFIER (Check only	AN: To the best of my know	riedga, daeth occ	curred at the time	, data and place	a, and due to	the cause(a) and man	ner an sta	rted,	
COMPLETED									he cause(a) and manner as stated.	
P	296. SIGNATURE AND TIPLE OF CERTIFIER	1				ENSE NUMB			TE SIGNED (Month, Day, Year)	
m	7 /	Laur	n		10'	312	123	DAI	1/2 () /4 ,	
0	30. NAME AND ADORESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) /	Vpe, Print)		JAT			(3) ()	
	Joseph Ada	mi Mn	7401	12010-	DR.	110	Touson	IN	10 212.51	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	IATURE	USIE	1 40/17	7	1 -0-0 0/	111	13. 0120 7	
	JAN 3 1 1995 A	Di Davidson Ro							1	
1	■ UDIY U I JUJU 7%	ALC: NO CONTRACT SAN	- Arthur							



RE, MARYLAND 21215-0020	
BALTIMORI	
.O. BOX 68760,	
AL RECORDS, P.	
DIVISION OF VITAL	

TO THE HOSPITAL, DR ATTENDING PHYSI TO THE FUNERAL, DIRECTOR, After this or be flied within 72 hours after death with IMPORTANT: If item 28 is marked,
--

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH									
1	Melvin Di Robinson (AKA Damien L Ellis) Jan 27, 1995									
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 1 M 2 F 3 6 YRS. 8. AGE (In yrs. last birthday) YRS. 8. AGE (In yrs. last birthday) YRS. 8. BIRTHPLACE (State or Foreign Country) Feld 2 1958 H. DATE NONTHS 1 DATE									
OR	90. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9UINGS MILLS									
ECT	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION . 10d. INSIDE CITY									
DIRECTOR	Md Owings Mills 100 House									
IAL	104. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?									
FUNERAL	9 m Footlight Lane 21117 U.S.A									
BY FU	11. MARÎTAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuban, Maxican, Puarto Ricen, etc.) 1 YES 2 NO Specify: 14. RACE — American Indian, Bleck, White, etc. Specify: Specify:									
	15. DECEDENT'S EDUCATION 168. DECEDENT'S LISUAL OCCUPATION 169. KIND OF BUSINESS MADESTRY									
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) (Give kind of work done during most of working life. Do NOT use retired.)									
MPI	12th 2 yrs Electrical Tech									
	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname)									
B	190, INFORMANT'S NAME (Type/Print) 190, MAILING ADDRESS (Street end Number or Pural Poute Number, City or Town, State, Zip Code) 711.7									
2	Carlton U. Robinson, Sx 9 m Footlight Lane Owings Mills and									
	20e_METHOD OF DISPOSITION 1 Serial 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify)									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY									
	Dlady Warren 1300 wabash Ave Baltond									
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. Approximate interval Between									
	IMMEDIATE CAUSE (Final Onset and Daeth									
	disease or condition resulting in death) a. Cytom egallovirus Due TO (OR AS A CONSEQUENCE OF):									
2	Samuellally the and the HEV disease with AIDS 3years									
1	the any, leading to immediate cause. Enter UNDERLYING									
윤	CAUSE (Disease or injury that initiated eventa DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	resulting in death) LAST									
	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part 1. 24s. WAS AN AUTOPSY PINDINGS									
CAL	MALE A PROCEDO AMAILABLE PRIOR TO									
PHYSICIAN: MEDIC	Kaposis Sarcoma									
N	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO VINCERTAIN									
CIA	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)									
IXSI	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)									
	27. MANNER OF DEATH 28a. DATE OF INJURY 1 Netural 5 Pending (Month, Day, Year) 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO									
BY	2 Accident 3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street end Number or Rural Route Number,									
ETED	4 Homicide datarmined building, etc. (Specify) City or Town, State)									
AP.	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, date end placa, end due to the cause(e) end menner se stated.									
COMPLET	2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) and menner ee stated,									
8	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 1/30/95									
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Harold C Standiford ND Bultimore VA ned Center Bulto Md 21201									
	Hareld C Standiford ND Bultimore VA ned Center Butto Md 21201 31. DATE FILED (MONTH, Day, Year) 32. REGISTRAR'S SIGNATURE									
	IAN 31 1995 Julia de Kurlean Kardell									

020	physician.
BALTIMORE, MARYLAND 21215-0020	death. Page 6 may be retained by the hospital or attending physician
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QN	hospita
A	the
X	3
MAR	retained
	2
RE	may.
0	0
≥	age
ALT	death.
8	after
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OX 6876	executed within 24
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permit. Pages 1, 2, 3 should

funeral director, page 5 should be detached for use as the burial-transit

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examiner

item 28 is COMPLETED

PHYSICIAN:

BY

BE

2

1 Natural

2 Accident 3 Suicide

4 Homicide

(Check only one)

29s. CERTIFIER

death	fune	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exam
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death	TO THE HOSPITAL OR ATTENDING PHYSICIAN': The law requires that the death certificate be executed within 24 hours after death TO THE FUNEAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fune has find within 29 hours after death with the State Dam' of Machal Markel Uniques profession or completely filled in by the fune

95 02541 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH RAYMOND 9:50 ROBINSON 4. SOCIAL SECURITY NUMBER 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1X M 2 | F 17-24-2873 66 may 19,192 9a. FACILITY NAME (If not-institution 9b. CITY, TOWN OR LOCATION OF DEATH Kaulings Well Rd 9c. COUNTY OF DEATH tensuille DECEDENT 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY atmsville 0 1 YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? d .5.A 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yee, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. / 1 Never Married 2 Marri specify: Black IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced

DIRECTOR FUNERAL BY COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY 99 (14 07 5+) Public nath Teacher Schols City Ito 17. FATHER'S NAME (First, Middle, Ost) 16. MOTHER'S NAME (First, Middle, Maiden Kobinson Nocl Jennie BE INFORMANT'S NAME (Type/F/ht) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ma wells Hnnie Oblinson Ca tonsuille, 21228 20a METHOD OF DISPOSITION
1 Surial 2 Cremation 3
4 Donation 5 Other (Specify) 296. PLACE AND DATE OF DISPOSITION (Nama of 2/2/45 20c. LOCATION — City or Town, State ACE AND DATE OF DISPOSITION (Name of Pace) Mem. Grades Marriott 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY F. H-wed March 4300 bast AUR 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, **Approximate** shock, or heart fellure. List only one cause on each line Interval Betw IMMEDIATE CAUSE (Final Onset and Death disease or condition a. Widely Metastatic Prostate Cancer
Due to (OR AS A CONSEQUENCE OF): 14 45 resulting in death) CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AMILABLE PRIOR TO COMPLETION OF CAUSE 1 TO YES 2 NO OF DEATH? 1 VES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 TYES 2 NO OTHER: Inpetiant 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Nasidence 6 Other (Specify) 27. MANNER OF DEATH

28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF М

28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO

28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)

1 CERTIFYINO PHYSICIAN: To the beat of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER	
296. SIGNATURE AND TITLE OF CERTIFIER	
175 Sova MD	
11212114 1012	

6 Could not be

detarmined

29c. LICENSE NUMBER D41639

29d. DATE SIGNEO (Month, Day, Year) 1/30/95

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

6. Steven Bora, 600 N. Wolfe St, Baltonive MD 21287-2101

28a. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify)

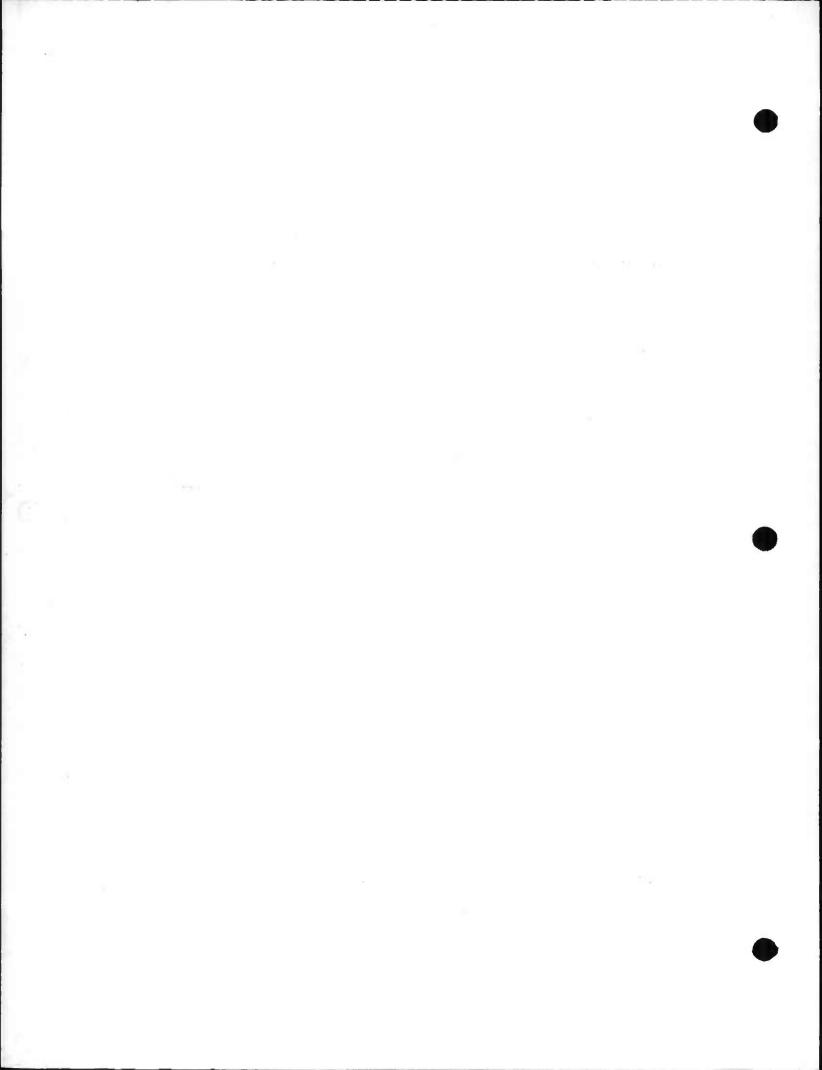
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32 REGISTRAR'S SIGNATURE

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		t. DECEDENT'S NAME (First, Middle, Last)				-				2. DATE OF I		· ,	EAR 3.	TIME OF DEATH
- 35		BRIAN P. RANDA		y		,	_			1 -	2	9 - 9	55	12:20P M
		4. SOCIAL SECURITY NUMBER 212205083	5. SEX	6. AGE	(In yrs. last birthday, 72 yrs.	IF UNDI	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF E		1	Country)	ACE (State or Foreign
pino		9e. FACILITY NAME (If not institution, give s		<u> </u>	/Z YHS.	95 017	Y, TOWN C	DE LOCATI	011.05.05		11 - Z	T.	_	land
3 should	E	Perry Point VAM			rry							IH.		
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sit pe	ER	PERRY POINT M	EDICAL	CEN	ע) קקיי	ER (VA.) 101. ZIP CODE 21902								
physician. burial-transit	IPLETED BY FUNERAL	11. MARITAL STATUS	N U.S. ARMED			ENDENT C	F HISPAN	IC ORIGIN? (Specify Yee or No. 14, RAC			. RACE -	American Indian,		
		1 Never Merried 2 Merried 3 Widowed XX Divorced	2 NO				n, Mexicer Specify	n, Puerto Ricer	n, etc.)		Black, W Specify:	Vhite, etc.		
attending se as the		15. DECEDENT'S EDU	I I	- Herry	000104710	***		1				ITE		
- 6 ·		(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5		(Give kind of	work done	during mo	on working	g	16b. KIN		INESS/INDUS	TRY	
8 g C		12 YEARS	College (1~4 or 3	+)	OWNER	& N	IANA	GER			MO	TEL		
8 8 B	COMPL	17. FATHER'S NAME (First, Middle, Lest)						18. MOTH	HER'S NAI	ME (First, Middl	le, Meiden S	Surnama)		
8 & &	BE (ANDALL						ROM	AINE	Mc:	ILVAI	NE	
retained 5 should notified	2	19e. INFORMANT'S NAME (Type/Print)	TT TD /	CONT						Route Number, C				01778
y by	.	BRIAN P.RANDA	u.L., J К . (b. PLACE AND DATE			_	IAYL	AND, M		ACHUS		
		1 Donation 5 Other (Specify)	oval from Stata	cer	REEN MO	other plece	1		יחפע					21202
leath. Page 6 m funeral director, xaminer mus		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		INDEN III		. NAME AN	ND ADDRES	SS OF FAC	YTLIK				
		P.A.K.				4		ENRY YOR	K R	. JEN	KINS	S & TMORF	SO:	NS .21212
nours after d d in by the or removal.		23. PART I. Enter the diseases, or o	omplications the	t cause	d tha death. Do									Approximate
DO E		ahock, or haart failura. List only one cause on each line. iMMEDIATE CAUSE (Final disease or condition												
	ļ	disease or condition resulting in death)	. Pneum											
P 5 5 6	_		DUE TO	(OR AS	A CONSEQUENCE	OF):								
e be executed sician and con rior to burial, traumatic er	NOI	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											-	
	CATIO	cause. Enter UNDERLYING CAUSE (Disease or injury												
	RTIFI	that initiated evants DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST												
5 6 -	CER		1											
In the	AL	PART II. Other significant condition			out not reaulting	in tha u	nderiying	g cause g	given in i	Part I. 24s	. WAS AN A			ERE AUTOPSY FINDINGS
es that gned by saith an	DIC	Huntington's	Diseas	e						12	YES 2	□ NO	CC	OMPLETION DF CAUSE F DEATH?
w requires that been signed I pt. of Health a shows amy	MED	DID TOP ACCOUNT	DIDLITE TO CA	LICE C	NE DEATH N			1					1 (YES 2 NO
~ % e & ~	SICIAN:	DID TOBACCO USE CONT	GIBUTE TO CA	USE C	26. PLACE OF DE	_		UNC	ERTAIN	1 🗆 📗				
NN: The fficate hi State C	SIC	EXAMINER?	HOSPITAL:	ER/Out		OTHE	R:	a 5 🗆 Re	sidence	8 Other (Sp	ecify)			
s certification of or	PHY	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TII		28c. INJ			28d. DEŞCRII		JURY OCCUP	RED	
STATE OF THE STATE	à	1 Natural 5 Pending 2 Accident Investigation				М		/ES 2	NO					
12	9	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE C building,	otc. (Spe	 At home, farm, cify) 	street, fa	ctory, office			281. LOCATIO City or To	N (Street er wri, State)	nd Number or	Rural Rout	e Number,
OR AT DIRECT														
2 72 =	MPL	29e. CERTIFIER (Check only one) CERTIFYING PHYSI MEDICAL EXAMINE												
TO THE HOSPITAL TO THE FUNESAL De fled within 72 IMPORTANT: II	8	29b. SIGNATURE AND TITLE OF CERTIFIER			on and/or investigat	on, in my	opinion, o				place, end			
五 本 3 6 6	BE	Daniel Bries,	MD C	anie	I Prie	o m	.0	D46	224	BER				onth, Day, Year)
5 5 2 E	2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	SE OF DE	ATH (ITEM, 27)	s, Print)	0,					1/	/28/	95
-1		Daniel Dries,	MD (Jan	ul L	ue	m.	0.						
_ 1		31. DATE FILED (Month, Day, Year)	32. REGISTRA	-										
		JAN 3 1 1995 Ju	la Davoles	Marc	dall									

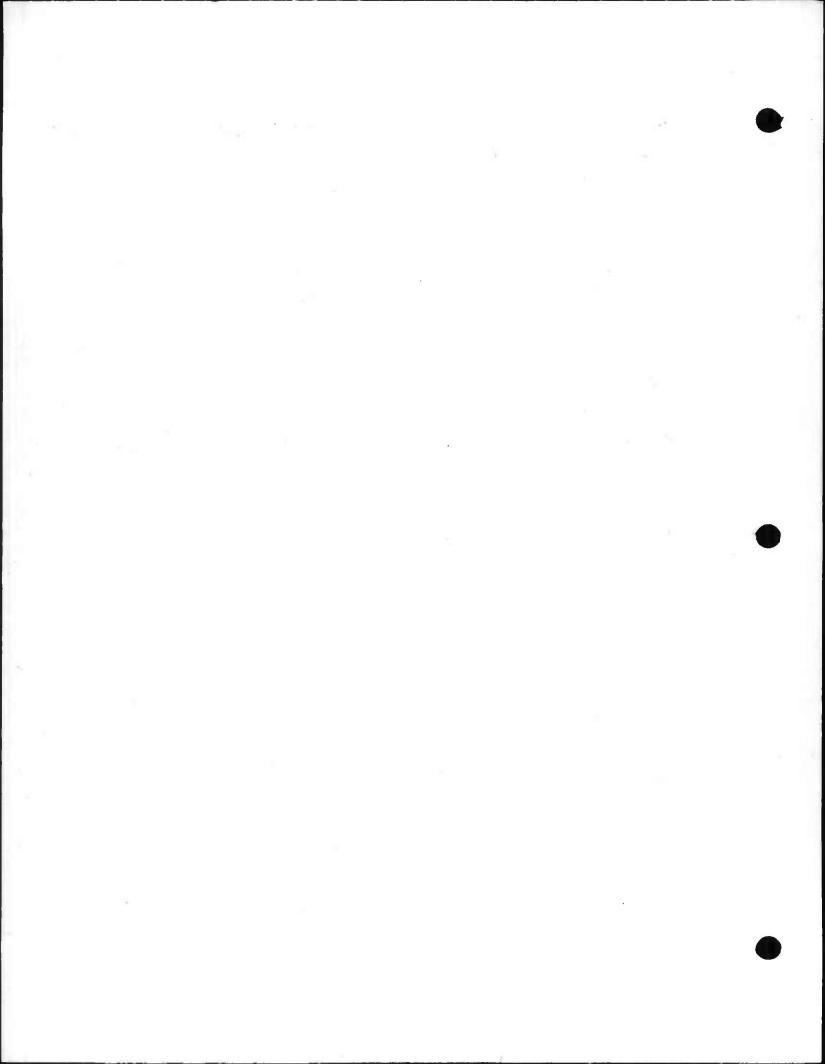


OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should not be the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

im 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	HEGISTHAN				CENTI	FICA	IE O	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First)		CANT		ROBERTSON 2. DATE OF DEATH DAY YOU						YEAR	3. TIME OF DEATH	
	MARY 4. SOCIAL SECURITY NUMBER	DAWS								AN 28		95	04:47A M
	218-22-91		5. SEX 1 M 2 F	6. AGE (In)	yrs. last birthday YRS.	MONTH	DER 1 YEAR		/Mc	E OF BIRTH (nth, Day, Year) 0 - 22-1	926	Count	PLACE (State or Foreign ny) RYTAND
	9a. FACILITY NAME (If not in					9b. C	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY						
DIRECTOR	7 SAINT		ES ROAD			BALTIMORE CITY							
<u>입</u>	10a. STATE	10b. COUNTY	10c. C	10c. CITY, TOWN OR LOCATION							104 INDIDE OUTV		
	MARYLAND		BALTIMORE								10d. INSIDE CITY LIMITS? 1 YES 2 NO		
₹ I	10e. STREET AND NUMBER						1	Of. ZIP CODE			10g. CITE	ZEN OF V	WHAT COUNTRY?
	7 ST. GEO	RGES	RD.				21210			U.S.A.			
5	11. MARITAL STATUS	,	12. WAS DECEDENT FORCES? 1	EVER IN U	S. ABMED		13. WAS DI	ECENDENT OF HISPA	NIC ORIG	IN? (Specify Yes	or No-	14. RACE	E — American Indian,
BY FUNERAL	1 Never Married 2		IF YES, GIVE W	AR OR DATE	S			specify Cuben, Mexic S 2 NO Speci		o Rican, atc.)	l	Speci	k, White, atc.
	15. DEC	EDENT'S EDUC	ATION	16	Ba. DECEDENT	S USUAL	OCCUPAT	ION	1	86. KIND OF BUS	INESS/IND	USTRY	
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P.	12				HOUSE	WIF	Έ			HOMEM	AKE	2	
COMPLETED	17. FATHER'S NAME (First, M.	iddle, Last)						18. MOTHER'S N.	AME (First	, Middle, Maiden S		•	
B	JESSIE T	YSON :	LEE					100		TE SIN		TR	
BE	190. INFORMANT'S NAME (7)				19b. MAILIN	IG ADDRI	ESS (Street	and Number or Rural					
2	COLIN M.	ROBER'	TSON TR					ST. AN					13
1	20e. METHOD OF DISPOSITI	ION			ACE AND DAT			*		TE 20c. LOC		_	
	1 Burisi 2 Crematio	n 3 🗆 Remo (Specify)	- Alles	cemete ST	ry, cremetory or MAR	YS	PET	ERSVILL	E 2	/95 PE	TERS	SVII	LLE, MD.
	21. SIGNATURE OF FUNERAL	L SERVICE LICE	ENSEE					AND ADDRESS OF F					
	Ville	am	Vac	15	IL	HENRY W. JENKINS & SONS CO. 4905/ YORK RD. BALTO., MD. 2121 death. DD npt enter the mode of dying, such as cerdisc or respiratory arrest, Ap							
	23. PART I. Enter the di	seesea, or co	omplications that	ceused th	he death, Do	not ent	ter the m	ode of dying, au	ch aa ce	rdiac or reapir	atory arr	eat,	Approximeta
1	IMMEDIATE CAUSE (Fin		ist billy bha caus	se Dil eaci	n IIIna.		1						Interval Between Onset and Death
ĺ	disease or condition resulting in death)		SMO	45	tal H	NUIS	Sign	J					
i	resulting in daath)				EN HISTION CONSEQUENCE OF):								
2													İ
CERTIFICATION	Sequentielly list conditi if any, leading to immed		DUE TO (OR AS A CO	ONSEQUENCE	OF):	-						
S	cause. Enter UNDERLY! CAUSE (Disease or Inju												
<u>=</u>	that initiated events		DUE TO (OR AS A CO	ONSEQUENCE	OF):							
E	resulting in death) LAS	T d.											
	DART II. Other election	dist											
EDICAL	PART II. Other algnifica	nt conditions	contributing to	deeth but	not resulting	in the	underlyi	ng csuse givan in	Part I.	24a. WAS AN /		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ĕ										1 TYES 2	No		COMPLETION OF CAUSE OF DEATH?
ME													1 YES 2 NO
	DID TOBACCO U	SE CONTR	IBUTE TO CAL	JSE OF	DEATH Y	ES 🗆	NO [UNCERTAI	N	DUIP	School		W.II
절	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL			PLACE OF DE	ATH (Che	ck only one						
ž I	1X YES 2 NO		HOSPITAL:	ER/Outpatie	nt 3 🗆 DOA	OTH 4 N		me 5X Rasidence	8 🗆 🕬	ser (Specify)			
PHYSICIAN:	27. MANNER OF DEATH		28e. DATE OF	NJURY	28b. Ti	ME OF	28c. IN	JURY AT	_	ESCRIBE HOW IN	JURY OCC	URED	
		Pending investigation	(Month, Da	y, Year) 2 - 95		6AM	W	YES 2 NO		_	IRE		
ĕ I	2 Cutotd		28s. PLACE OF	INJURY -			actory, off		<u> </u>	CATION (Street or		or Rural B	Inute Number
COMPLETED		Could not be determined	building, s	itc. (Specify)	nce				Ch	y or Town, State)			
9 H	29e. CERTIFIER					-							ALTHORS MY
M M	(Check only							le end place, end du					
Ö	2 X MEDI	CAL EXAMINER	: On the baels of ex	amination er	nd/or Investigat	lon, in m	y opinion,	death occured at the	tima, da	te and place, and	due to the	cause(s) and manner as stated.
BE (296. SIGNATURE AND TITLE	OF CERTIFIER	0/ .					29c. LICENSE NU	MBER		29d. DATE	SIGNED	(Month, Day, Year)
	Munite	Whe !	Inill					O.C.M	.E.		> 0	JAN.	28/95
임	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUSE	E OF DEATH	(ITEM 27) (Typ	e, Print)							
	MARKANK	N-10 cm	DRIUM	p 11	1 Pen	n S	tre	et, Bal	tim	ore, M	ary]	Land	1 21201
	31. DATE FILED (Month, Day,		32. REGISTRAF					-					
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or remo	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medica
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	IAN	Ē	e S	5
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BALLIMORE, MARITAND 21213-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	E medical examiner must be notified at once.
CONTRACTOR OF THE CONTRACTOR O	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or remoral.	ITANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DWG 95 02544 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF OFATH 3. TIME OF DEATH COLIN MACKENZIE ROBERTSON YEAR JAN 28 95 4:05A 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 07-17-26 DAYS HOURS MIN. 1 M 2 - 1 214-24-4186 68 YRS. New York 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 7 SAINT GEORGES ROAD BALTIMORE CITY 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 7 Saint Georges Road 21210 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIt yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Married 1 YES 2 NO Specify: ВY Specify. 3 Widowed 4 Divorced ED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) 3, Years Customer Serv. Mgr. Service Manager 17. FATHER'S NAME (First Middle Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William Robertson BE Mary M. France 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Colin M. Robertson, Jr. 612 Third Street, Annapolis, MD 21403 20a METHOD OF DISPOSITION

1 Method 2 Cremetton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 2/1/95 PETERSVILLE, MO 4 Donation 5 Other (Specify) MARYS CEN. PEAGESVILLE 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HENRY W. JENKINS & SONS CO. Vario 4905 YORK RD. BALTO., MD. 21212. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate ahock, or heart fallure. List only one cause on each line. Interval Batween IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) SMOKE AND SOOT INHALATION DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter LINDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 | Inpetient 2 | ER/Outpatient 3 | DOA 4 Nursing Home **Realdenca 8 Other (Specify) 27. MANNER OF DEATH

28a. DATE OF INJURY 28b. TIME OF 1/28/95

HOME

28c. INJURY AT WORK? 0426 М 1 YES 2 XNO 28a. PLACE OF INJURY — At home, term, street, factory, office

28d. DESCRIBE HOW INJURY OCCURED HOUSE FIRE

28t. LOCATION (Street and Number or Rural Route Number, 7 GEORGES ROAD

29a. CERTIFIER

(Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and placa, and due to the cause(a) and manner as eteted.

2 XMEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month Day Year)

Crald Hi Wright MI) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Investigation

8 Could not be determined

O.C.M.E.

JAN. 30/95

Donald G. Wright M.D. 111 Penn Street, Baltimore, Maryland 21201

Netural

2XXAccident

3 Sulcide

4 Homicide

В

COMPLETED

BE

9

32. REGISTRAR'S SIGNATURE

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ATTENDING PHYSICIAN: The law requires that the death certificate be B HOSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 7.

Pages 1, 2, 3 permit. filled in by the funeral director, page 5 should be detached for use as the burial-transit Page 6 may be retained by the hospital or attending physician. notified at once. be must medical examiner 0 the signed by the attending physician and completely file Health and Mental Hygiene prior to burial, cremation, event. other traumatic any injury, shows this certificate has been with the State Dept. of I Item 23 ŏ marked. DIRECTOR: After the hours after death 99 28 POURS FUNERAL I within 72 h

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF OEATH JANUARY 26,1995 RABBI ABRAHAM SHUSTERMAN 7:20 pm 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign DEC. 22, 1906 DAYS HOURS PENNSYLVANIA 442-03-5582 1 X M 2 - F 88 YRS 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE 7 SLADE AVE, APT. # 1(# 319 BALTIMORE RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY IOC. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE BALTIMORE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 21208 SLADE AVE, APT. 319 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Maxican, Puarto Rican, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 X Married Specify: BY 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) College (1-4 or 5+) RABBI RELIGION 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE EMANUEL. SHUSTERMAN SADIE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 SLADE AVE, APT. 319 BALTIMORE, MD 21208 ROSE SHUSTERMAN 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Nama of DATE 20c. LOCATION - City or Town, Stata 1 Bonation 5 Chart HAR SINAI OWINGS MILLS, MD 1-29-95 22. NAME AND ADDRESS OF FACILITY SOI, I.E.VINSON & BROS., INC. 6010 REISTERSTOWN ROAD BALTIMORE, MD 2121 23º PART I. Enter the discussion ahock, or weart tall or pamplications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, Approximata List only one cause on each line. intarvai Batween IMMEDIATE CAUSE (Final Opeet and Daeth disease or condition resulting in death) arry Numbo tunce DUE TO (OR AS A CONSEQUENCE OF) 30 No Vella Cela CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata cause. Entar UNDERLYING applatto CAUSE (Disease Dr injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in daeth) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL Core Diesos cellar Vascular AVAILABLE PRIOR TO & Thomas 20 COMPLETION OF CAUSE 1 TYES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one EXAMINER? HOSPITAL OTHER:
4 □ Nursing Home 5 Basidence 6 □ Other (Specify) 1 YES 2 NO ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. MANNER OF DEATH 28a, DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 ND BY Investigation 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, alo. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER DATE SIGNED (Month, Day, Year) 8 1000 0 0 mc 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print 4000 040 JEN2 Mestril 1200 Sugar 31. DATE FILED (MO)

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

1	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	
100		OEITH TOATE OF BEATT	REG. NO.

	REGISTRAR			C	EKIII	ICALL	: OF	DEAL	H	R	EG. NO			
	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF I				3. TIME OF DEATH
	RUSS	ELL (GERARD	SCHAE	FER.	SR.				Januar		AY R. 10	YEAR	2:55 P.M
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. Is		IF UNDER		IF UNDER	24 HRS	7. DATE OF B		, 1		IPLACE (State or Foreign
	216 01 5116		1X M 2 F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De	y, Ybar)		Countr	y)
	216-01-5116 9a. FACILITY NAME (If not in			81						Sept.	3,			Md.
~	W. PAGILITY NAME (# not in	stitution, give stre	et and number)			9b. CITY	, TOWN C	OR LOCATIO	ON OF DE	ATH		9c. COU	NTY OF D	EATH
Ö	Meridian Mu	lti Med	dical					rowso	n			F	Balti	.more
5	RESIDENCE OF DEC	10b. COUNTY												
DIRECTOR	1 500				10c. CIT	Y, TOWN C	OR LOCAT	TION						10d. INSIDE CITY LIMITS?
	Md.	Balt	timore				7	rowsc	n					1 YES 2 NO
A	10e. STREET AND NUMBER						101	ZIP CODE	E			10g. CIT	IZEN OF W	VHAT COUNTRY?
FUNERAL	205 E. Jopp	a Rd.	Apt. 20	3				21286				т	J.S.A	
N	11. MARITAL STATUS		12. WAS DECEDEN		RMED	13.1				IC ORIGIN? (S	anothy Vac			— American Indian,
	1 Never Married 2 🔀		FORCES? 1	YES 2	NO	'	f yes, sp	ecity Cuba	n, Maxicar	n, Puerlo Rican	, etc.)	01 140—	Black	t, White, atc.
BY	3 Widowed 4 Divo	roed		W-II			T YES	2 X NO	Specify	•			Speci	
Ω	15. DEC	EDENT'S EDUCA	TION		ECEOENT'S	LISUAL O	CCLIDATIC)N		485 VIII	D OF BU	SINESS/INE	MATON	White
E	(Specify only	highest grade co	ornpleted)		live kind of u	work done	during mo	st of workin	g	100. KIN	U OF BU	SINE 35/INI	JUSTRY	
اي	Elementary/Secondary (0	-12)	College (1-4 or 5 +	,										
ž			2	De	partm	nent	Mana	ager			Sea	rs		
COMPLETED	17. FATHER'S NAME (First, M	rodie, Last)						18. MOTH	IER'S NAI	WE (First, Middle	, Maiden	Sumame)		
B		R	Scha	efer				Aug	usta	ı	M		utma	nn
	19a. INFORMANT'S NAME (7)	rpe/Print)		19	b. MAILING	ADDRESS	(Street a	nd Number	or Rural R	loute Number, C	ity or Town	n, State, Zip	Code)	
5	Mrs. Doris	W. Scha	efer		205 F	o.	กกล	Вď	Ant	203 1	าดพรเ	on N	td 2	1286
	20a. METHOD OF DISPOSITI	ON		20b. PLACE					ADC.			CATION -		
	1 Donation 5 Other	n 3 □ Ramov	rel from State	cemetery, co	ematory or o	ther place)							•	
	21. SIGNATURE OF FUNERAL			Dulan	ey va					1/31/)5 T:	rmoni	.um,	Md.
	III ordinatoric or concern	SERVICE DO	A CL					TO THE			Llor	ma ±	to Two	
	12	(h-	797	Et.						uneral		,		
	23. PART I Enter the di	seases, or co	nuplications the	coused the d	eath Do r	ot enter	050	York	Ra.	Towso	on, I	Ma. Z	1204	
	shock, or he	art failure. Li	st only one cau	se on aech iln	n.	or cinci	tila ilio	aa or ayn	ng, auci	i de Caldiac	oi reapi	ratory ar	est,	Approximata interval Between
į	IMMEDIATE CAUSE (Fin disease or condition	el						11						Onset and Death
1	reaulting in death)	+		Cô	ongo	STIV	C	1754	MIT	France	MC			12 mes
1	disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CONOWARY PART. POLICE UNIVERSAL SPACE OF SEQUENCE													
z		b.		Col	Rowre	264	10	WT.	1	15021	2			YNS
은미	Sequentially list conditi- if any, leading to immed	ons,	DUE TO	OR AS A CONSE	OUENCE O	F):								
CERTIFICATION	cause. Enter UNDERLY	NG												
Ē	CAUSE (Disease or injust that initiated events	, , , , ,	DUE TO	OR AS A CONSE	OUENCE OF	F):								+
듄	resulting in death) LAST													
빙		d.												
7	PART II. Other algolifica	nt conditions	contributing to	death but not	reaulting i	n the un	derlying	ceuse g	Iven in I	Part I. 24s.		AUTOPSY	24b.	WERE AUTOPSY FINDINGS
EDICAL	Clar	lonec	Bunch	nns							PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
			CVAE		1/21	EC/19				1 [YES 2	700		OF DEATH?
Σ										_				1 TYES 2 NO
PHYSICIAN:	DID TOBACCO U	SE CONTRI	BUTE TO CA	USE OF DEA	TH YE	S 🗆 1	40 🗆	UNC	ERTAIN					
5	25. WAS CASE REFERRED TO EXAMINER?			26. PLA	CE OF DEAT	H (Check o	only one)							
S	1 YES 2 NO		HOSPITAL:	ER/Outpatient 3	DOA	OTHER		s 5 □ Rea	eldence (B Other (Spe	nc/fv)			
È∥	27. MANNER OF DEATH		28a. DATE OF		28b. TIM	1.0	28c. INJI			28d. DESCRIB		VILIBA OC	CURED	
		Pending	(Month, De	y, Year)	INJ	URY	WO	RK? 'ES 2 [2001 0 2001110		100111 00	JONED	
β	- I rationii	nvestigation	28 - PI ACE OF	MALE MANAGEMENT					NO					
		Could not be letermined	building,	INJURY — At ho itc. (Specify)	ome, farm, s	dreet, facto	ory, office	1		281. LOCATION City or Tox	Vn, State)	nd Number	or Rural A	loute Number,
E II	4 Homiciae	- Committed	7											
COMPLETED	29a. CERTIFIER (Check only	FYING PHYSICIA	Ati: To the best of	my knowledge, de	ath occum	d at the ti	me, data	and place.	and due t	o the cause(s)	and man	mer se etel	ad .	
N N	one) 2 MEDIO	CAL EXAMINER:	On the basis of ax	amination and/or	Investigatio	n. In my o	oinion, de	with occurs	ed at the t	ime dete and	nlace en	d due to th		and manner as stated.
										me, data and	prince, em	0 000 10 11	e cause(a)	and manner as sumed.
BE	296. SIGNATURE AND TITLE	OF SERTIFIER	111	1				29c. LICE				29d. DAT	E SIGNED	(Month, Day, Year)
-	Mark	2 J.	Much	1 lmo	ATTO	Sup!	16	-	2 2	0390			1/-	30/95
				OF DEATH ATE	M 27) (Type,	Print)		- 1					-	• •
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	LOI DEATH (ITE										
						712 1	201-	in D	222	D-144	m o == -	M-		
	Char	les F.	Hoesch,	M. D.		712 I	Bela	ir R	oad,	Balti	more	, Ma	ryla	nd
		les F.		M. D.		712 1	3ela	ir R	oad,	Balti	more	, Ma	ryla	nd
	Char	les F.	Hoesch,	M. D.		712 1	3 e la	ir Ro	oad,	Balti	more	, Ma	ryla	nd

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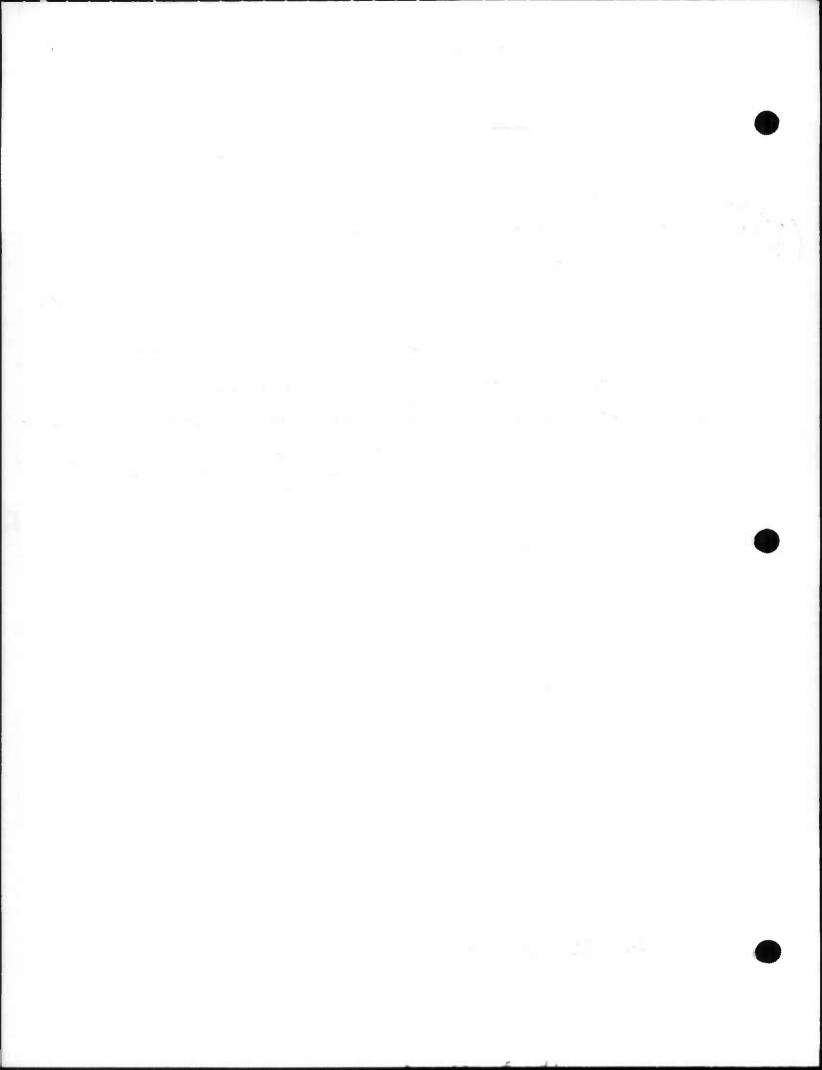
BALTIMORE, MARYLAND 21215-0020 the hospital or retained by 2 Раде 6 тау hours after death. BOX 68760 executed wit certificate be P.0. requires that the death DIVISION OF VITAL RECORDS, WP The OR ATTENDING PHYSICIAN:

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) Irene 2. DATE OF DEATH MONTH 3. TIME OF DEATH 11:40 pm M ESTHER SIMS Jan 29 1995 4. SOCIAL SECURITY NUMBER 5. SEX 8. BIRTHPLACE (State or Foreign Country) 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 214-34-4648 (Month, Day, Year) HOURS 1 M 2 T 80 VRS 9-12-1914 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF OEATH DIRECTOR Saint Joseph Hospital Towson, Maryland Baltimore 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Towson 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 7925 York Road 21204 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yea, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 257NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced Specify: affending 2 White use as 1 COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) be detached for ndary (0-12) College (1-4 or 5+) Saleslady 12 Hutzler's 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ Rudloph Miller BE Libbie Stovall page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs Carol S. Wunder 11920 Meylston Drive, Lutherville, Maryland 21093 pe 20s. METHOD OF DISPOSITION

1 Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 28c. LOCATION - City or Town, State DATE must funeral director, matory or other place) By Valley Mem. Gards. Dulaney Donation 5 Other (Specify) -\$5 Timonium, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSIEE 22. NAME AND ADDRESS OF FACILITY
Ruck Towson Funeral Home, Inc. allac 1050 York Road, Towson, Md. 21204 \$ medical filled in by t 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heert fellure. List only one ceuse on eech line. interval Between 9 completely filled **IMMEDIATE CAUSE (Finel** Onset and Death the disease or condition resulting in death) traumatic event, *-PRIMARY BILIARY CIRRHOSIS 1 YEAR and com CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to physician if any, leading to immediate cause. Enter UNDERLYING attending physental Hygiene p other CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Mental PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. the MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS signed by the AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? any 1 - YES 270 NO ELECTRONLYTE IMBALANCE 23 shows 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN has been Dept. of I PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) item certificate h **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 -Jhpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) the the 27. MANNER OF DEATH 28a. DATE OF INJURY this c 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, 1 Maturel
2 Accident DIRECTOR: After the hours after death v 1 YES 2 NO BY Investigation 28s. PLACE OF INJURY — At home, farm, street, factory, office 69 3 🔲 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homleide 200 item 29a, CERTIFIER 1 🔍 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 NO THE FUNERAL DE MANDETANT: If IN 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TIZLE OF CERTIFIE BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) CONN The 2 D 37254 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BOON P. LIM, MD ST JOSEPH MEDICAL CENTER TOWSON, MD 21204 31. DATE FILED (Month, Day, Year,

Julia Stevilson Randall

IAN 31



be detached for use as the burial-transm retained by the hospital or attending physician

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n and completely filled to burial, cremation, or uires that the death certificate be executed within signed by the attending physician and completely Health and Mental Hygiene prior to burial, crema been : has be Dept. certificate the the State this c After ti DIRECTOR: / TO THE HOSPITAL OF THE FUNERAL CO BE filed within 72 hr IMPORTANT; If It HOSPITAL

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH
MONTH
Jan 3. TIME OF DEATH Theodore Roy Schott Sr Scholl Theordore 4:51 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 02-04-1935 HOURS 1 X M 2 - F 59 Pennsylvania 220-30-5144 YRS. 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Johns Hopkins Bayview Medical Center Baltimore 10a. STATE 10b. COUNTY CITY, TOWN OR LOCATION EXCEMENTE 10d. INSIDE CITY Maryland Baltimore 1 TES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2627 Edgemere Avenue 21219 United States United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, Whita, atc. 1 Never Married 2 Married BY Specify: 3 Widowed 4 Divorced White COMPLETED 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION secify only highest grade complet 16b. KIND OF BUSINESS/INDUSTRY (Spe (Give kind of work done life. Do NOT use retired.) 12 years College (1-4 or 8+) Truck Driver Construction 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surnan Theodore Rosevelt Schott Christine Emma Brandt notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2627 Edgemere Avenue Edgemere, Maryland 21219 Mrs. Agnes A. Schott P 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must 1← Burial 2 U Creminano... 4 Donation 5 Other (Specify) Burial 2 Cremation 3 Removal from State Oak Tawn Cenetery Baltimore, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Avenue Dundalk, Maryland 21222 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximeta shock, or hasrt failure. List only one cause on eech line. Interval Between **IMMEDIATE CAUSE (Final** Onset and Death the disease or condition Sepsis
DUE TO (OR AS A CONSEQUENCE OF): 12 hours event. resulting in death) Herpes Simplex Virus Encephalitis traumatic CERTIFICATION Sequantially list conditions, if any, leading to immediate . Entar UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF) that initisted events resulting in death) LAST 0 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO any COMPLETION OF CAUSE 1 TES 2 NO Shows 1 | YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item HOSPITAL: OTHER 1 - YES 2 NO 1 Dispetient 2 ER/Outpatient 3 DOA ng Home 5 - Realdence 8 - Other (Specify) 9 27. MANNER OF DEATH 28a. DATE OF INJURY marked, 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 🔀 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ED 8 Could not be 4 Homicide 28 ET item COMPL 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and menner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) hodes MD L4780 30 95 2 ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Johns Hopkins Baynew Medical Center, Neborah Rhodes 32. REGISTRAR'S SIGNATURE



DHMH-18 Rev 1/89

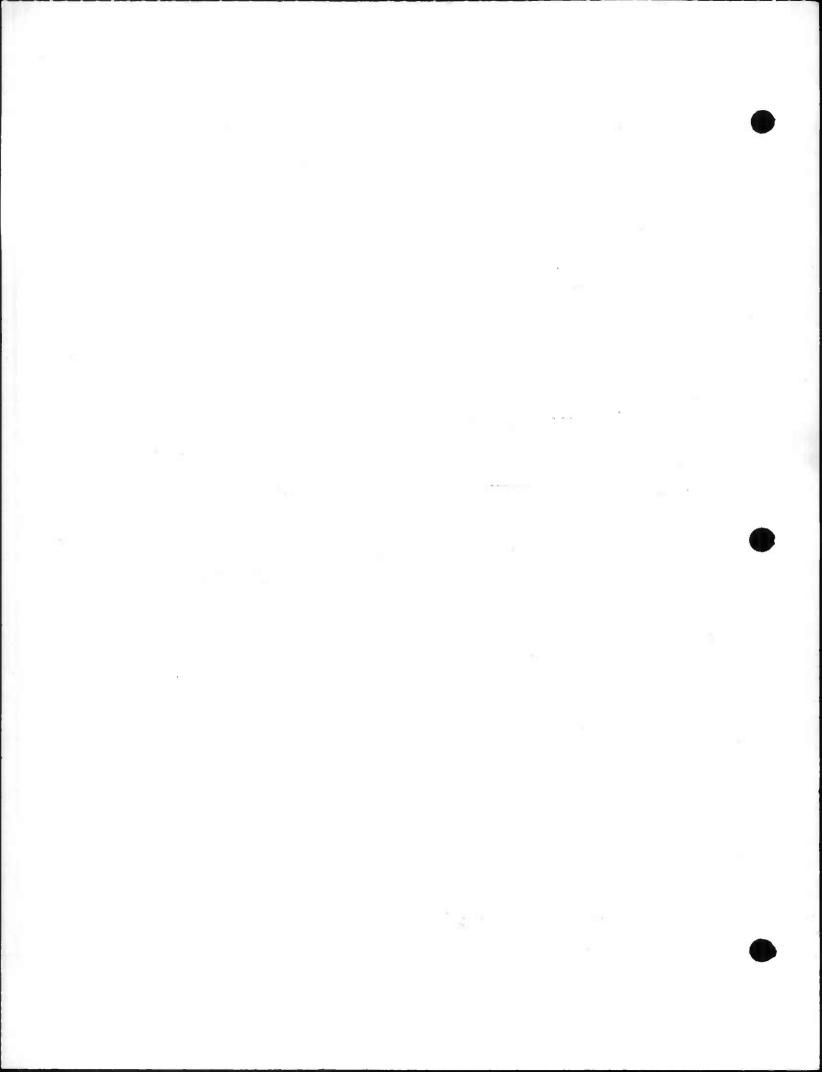
BALTIMORE, MARYLAND 21215-0020 s after death. Page 6 may be retained by the hospital or attending physician. by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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TO BE COMF	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	INPORTANT IF ITEM 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
rai.	be the character from after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached	TO THE MERAL CHARGORY After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
ir death. Page 6 may be retained by the hosp	TO THE HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within actions after death. Page 6 may be retained by the hosp
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
EGISTRAR	CERTIFICATE OF DEATH		REG. NO.
EDENT'S NAME (First, Middle, Last)		2 DATE O	E DEATH

	1 - FOR STATE REGISTRAR	STATE OF MARY	AND / DEPART	MENT OF	HEALTH AND	MENTA	IL HYGIEN	Ε				
	1. DECEDENT'S NAME (First, Middle, Last) Ernest Flske	vorth	Suber	Sr.		2. DATE	E OF DEATH	" 9_	45	3. TIME OF DEATH $10:20 \ \mathrm{Pm}$		
	4. SOCIAL SECURITY NUMBER 095-26-4817	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE	OF BIRTH (h, Day, Year)			IPLACE (State or Foreign		
HO!	90. FACILITY NAME (If not institution, give st MARYLAND GENER RESIDENCE OF DECEDENT	**			ALTIMORE,	HTAS		9c. COUN				
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY	/ ı/a	10c. CITY,	TOWN OR LO	CATION ALTIMORE					10d. INSIDE CITY LIMITS? XX YES 2 NO		
EHAL	100. STREET AND NUMBER 1100 PENN				VHAT COUNTRY? STATES							
BY PUN	11. MARITAL STATUS 1. Never Married 2 Married 3 Widowed 4 Divorced	AVENUE apt 12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	IN U.S. ARMED	If yes,	21217 DECENDENT OF HISPA specify Cuban, Mexic (ES 2 X) NO Spec	an, Puano			14. RACE Black	E — American Indian, c, White, afc. hy: BLACK		
PLEIEU	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	18a. DECEDENT'S U (Give kind of we life. Do NOT use CUSTO[ork done during retired.)								
BE COMPLEI	17. FATHER'S NAME (First, Middle, Lust) ERNEST SUBER			JIAN	18. MOTHER'S N		HOSPI Middle, Meiden ONES					
2		GERTRUDE BANKHEAD	14 KE	EVIN,	et and Number or Rural	N A	VE. APT	г.121	5,BA	LTO.MD # 17		
	20s. METHOD OF DISPOSITION WX Burlet 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 220b. PLACE AND DATE OF DISPOSITION (Name of Complete Co											
	- Ulner	Sang			C. MARCH					AVENUE		
CERTIFICATION	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or reapiratory streat, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) End Stage of Aids DUE TO (OR AS A CONSEQUENCE OF): Chronic Obstructive Pulmonary Disease DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL	PART II. Other algnificant conditions	a contributing to death i	but not reaulting in	the underly	ring cause given in	Part i.	24s. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
	DID TOBACCO USE CONTR	RIBUTE TO CAUSE C	OF DEATH YES			N 🗆						
TI SICIAIN.	EXAMINER?	HOSPITAL: 1 Physilent 2 ER/Out		OTHER:	ome 5 🗆 Residenca	8 🗆 Oth	er (Specify)					
	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY	INJURY AT WORK? YES 2 NO	28d. DE	SCRIBE HOW II	CRIBE HOW INJURY OCCURED				
200	2 Accident Investigation 3 Suicide 8 Could not be 4 Momicide detarmined	28a. PLACE OF INJUR building, etc. (Spe	Y — At home, ferm, att	reat, factory, o	Hice	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
-		CIAN: To the best of my known. R: On the bests of exeminate) end manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO		FATH (ITEM 97) /Sec. (Print	89213			29d. DATE ▶ 1 -		(Month, Day, Year) -95		
	Muhammad Was	seem.M.D.	c/o Mary		General	Но	spital	L				
	JAN 3 1 1995	A REGISTRATING	TUE									





y be retained by the hospital or attending physician. **MARYLAND 21215-0020**

DIVISION OF VITAL

Dans O seems	rage o may o	al director, page		ner must be	
DALIMONE,	ours after death.	in by the funer	ir removal.	nedicai exam	
	ted within 2.1 he	completely filled	ial, cremation, o	event, the n	
	incate be execu	physician and	ene prior to bur	her traumatic	FICATION
0	ID THE HUSH IAL UK ALL ENDING PHYSICIAN: THE Taw requires that the death certificate be executed within 25 hours after death. Page 6 may be	IN THE PUREAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	Les thes within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	INFORTACT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
	law requires tha	is been signed in	ept. of Health a	23 shows any	N: MEDIC
	HYSICIAN: The	his certificate his	with the State D	ked, or Item	PHYSICIA
O CONTRACTOR OF	K AI IENDING P	RECTOR: After t	urs after death	ım 28 is mar	ETED BY
0 10000011	TE MOSPINAL U	E FUMERAL DI	ed in them 72 ho	BETANT: If He	PCOMPL
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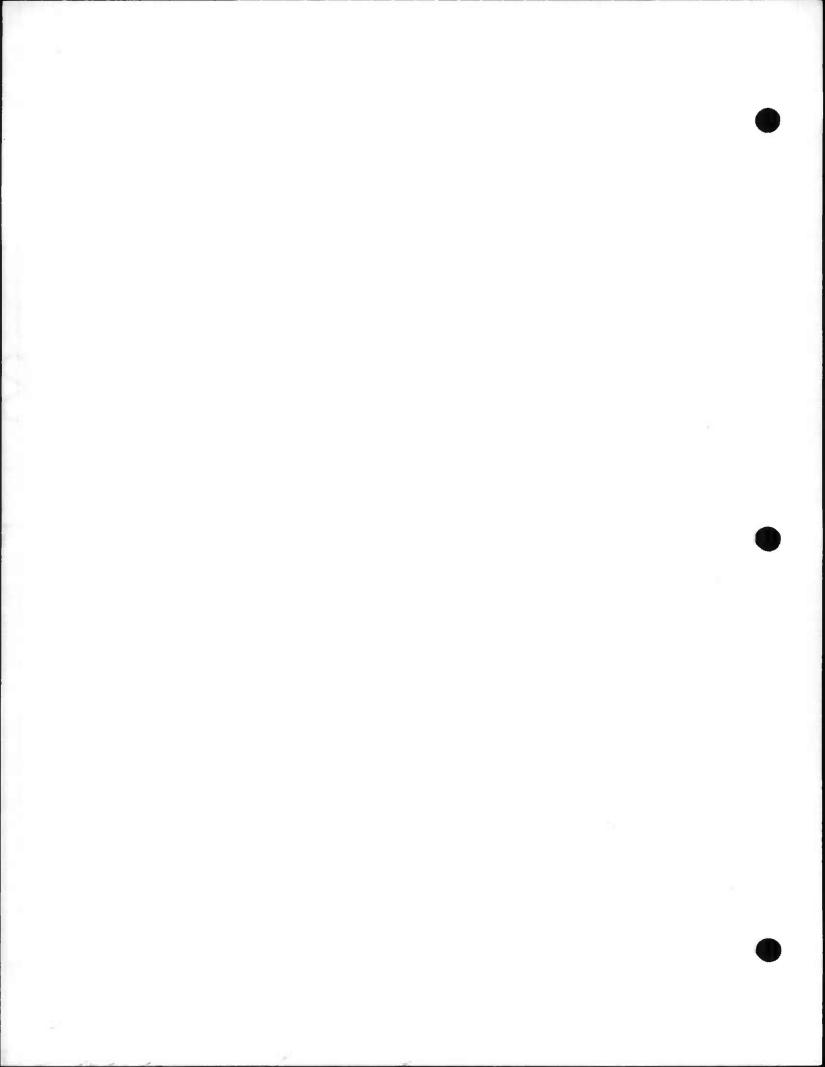
									95	UZ	330		
		1 - STATE STATE (F MARYL	AND /	DEPAR ERTIFI	TMENT O	F HEALTH AND I	MENTAL HYG REG.					
		1. DECEDENT'S NAME (First, Middle, Last) HERTHA	SAUND	ERS				2. DATE OF DEAT MONTH JANUARY	DAY	YEAR 1995	. TIME OF DEATH		
		4. SOCIAL SECURITY NUMBER 5. SEX		(In yrs. las		IF UNDER 1 YE		7. DATE OF BIRTH			ACE (State or Foreign		
		212-28- 1713 1 🗆 M 2X	`	72	YRS.		VN OR LOCATION OF DE	JUN 18,		I VIR	GINIA		
	CTOR	LIBERTY MED	ICAL	CENT	ER	В	ALTIMORE	CITY		n,			
:	DIREC	10a. STATE 10b. COUNTY MARYLAND n/a			10c. CITY	, TOWN OR LO	ALTIMORE				Dd. INSIDE CITY LIMITS?		
	FUNERAL	10a. STREET AND NUMBER 717 DRUID	_AKE 1	DR I VI	E apt	.703	101. ZIP CODE 2121	7			AT COUNTRY?		
	B	1 Nover Married 2 Married FORCES?	1 YES	2 V VA		If yes	DECENDENT OF HISPAN, specify Cuban, Maxica YES 2 NO Specify	n, Puerlo Rican, atc	Yea or No—	14. RACE — Black, V Specify:	- American Indian, White, atc. BLACK		
	LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4)	or 5+)	(Gi	ve kind of w Do NOT use	e retired.)	ATIOH most of working		BUSIHESS/IHD				
once.	COMPL	17. FATHER'S NAME (First, Middle, Last)		<u></u>	DOM	ESTIC	18. MOTHER'S NA	ME (First, Middle, Me	side of	hon	ne)		
76	BEC	JAMES LYLE 190. INFORMANT'S NAME (Type/Print)		1000			LOT		VIS				
be notified	2	ODESSA KNIGHT			1935	MOSHE	R STREET				217		
must b		ODESSA KNIGHT 1935 MOSHER STREET, BALTIMORE, MD 21217 200. METHOD OF DISPOSITION 1 © Puriful 2 Cremetion 3 Removel from State 4 Connection 5 Other (Specify) ARBUTUS MEMORIAL PARK 1-28 ARBUTUS, MARYLAND											
medical examiner must		21. SIGHATURE OF FUHERAL SERVICE LICENSEE 22. HAME AND ADDRESS OF FACILITY WM. C. MARCH FH1101 E. NORTH AVENUE 23. PART I. Enter the diseases, or complications that caused the death, Do not enter the mode of dying such as cardiac or resolutions areas.											
the		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition) a. DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENC											
or other traumatic event,	CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
her tra	FICA	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
ry, or of	KERT	resulting in death) LAST d. Share Park Dustage Description of the initiated events are consequence on the consequence of the											
shows any injur	EDICAL (PART II. Other algolificant conditions contribution	g to death b	out not re	eaulting in	the underl	ying cause given in	PER	AH AUTOPSY FORMED?	AV CC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?		
23 show	Σ	DID TOBACCO USE CONTRIBUTE TO	CAUSE O	F DEAT	TH YES	S NO	UNCERTAIN	 		1	YES 2 HO		
Item 2	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO 1 Input lent	.:			OTHER:							
6	HAS	27. MAHNER OF DEATH 28a. DAT	2 ER/Outp E OF INJURY Ith, Day, Year)	patient 3	28b. TIME	OF 28c.	INJURY AT WORK?	6 Other (Specify) 28d. DESCRIBE HO	W IHJURY OCC	URED			
marked,	B	2 Accident Investigation	CE OF INJURY	- Al hor		M 1	YES 2 HO						
m 28 is	ETED	4 Homicide 8 Could not be determined bull	fing, atc. (Spec	cify)	re, verm, ac	reet, tactory, c	ine	28t, LOCATIOH (Str City or Town, S	tete)	or Hural Hout	Number,		
OFTANT: If Item	SOMPL	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the be 2 MEDICAL EXAMINER: On the basis									nd manner as stated.		
100	ag ol	296. SIGNATURE AND TITLE OF CERTIFIER	MW	P			DZY(48	1	SIGNED (M	95		
1		30. HAME AND ADDRESS OF PERSON WHO CIMPLETED WARREN J - MIT	CAUSE OF DE	ATH (ITEM			POGEN	1 AR	MC B	HA 1	20		

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32. REGISTRAR'S SIGNATURE

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JAN 3 1 1995



D	PITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after	The second secon
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	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
AR	CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF H	EALTH AND	MENTAL HYG				
	1. DECEDENT'S NAME (First, Middle, I	ast)			DEATH	2. DATE OF OEAT		3. TIME OF DEATH		
	THEODORE	R SETTLE	ERS			JANUARY	27,199	YEAR		
	4. SOCIAL SECURITY NUMBER		n yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTI		8. BIRTHPLACE (State or Fore		
	242-54-4140	DEC.8, 19	35	N. Carolina						
~	9a. FACILITY NAME (If not institution,	live street and number)	9(. CITY, TOWN	OR LOCATION OF	DEATH	9c. COUNT	TY OF DEATH		
DIRECTOR	THE JOHNS HOP			BALTIMO	RE CITY		N/A	4		
R	10a. STATE 10b. CO		1	OWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?		
,	MD	N/A	Bal	timore				1 YES 2 N		
FUNERAL	10e. STREET AND NUMBER	10D		101	ZIP CODE			EN OF WHAT COUNTRY?		
¥	201 N. Broadwa				21231			S.A.		
	1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, ap	ecify Cuban, Maxic	NIC ORIGIN? (Specifian, Puerto Rican, atc	y Yes or No-	 RACE — American Indian Black, White, etc. 		
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR OA	TES	1 TYES	2 X NO Spec	ffy:		Specify:		
8	15. DECEDENT'S (Specify only highest	EDUCATION	16a. DECEDENT'S US	JAL OCCUPATION	ON	16b, KIND OF	BUSINESS/INDU	Black		
H	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	tired.)	st of working					
MP	10th	N/A	LABORE	R		Beth]	lehem St	eel		
COMPLETED	17. FATHER'S NAME (First, Middle, Last				4.11	AME (First, Middle, Me				
BE	Theodore Sett	ers				a Brinkley				
5	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or				
	Sonya Settlers					altimore				
	20a. METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3	Removal from State ceme	PLACE AND DATE OF D fery, crematory or other	place)		OATE 200	ttletor	ity or Town, State 1 Warren Cou		
	4 Donation \5 Other (Specify)	LUCENSEE	ell Bapti		ch Cem.		N.C.	i Marren cou		
	1 N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					Homes Ea	ast			
	June	MU HAX		1101 i	E. North	Avenue/E	Baltimor	re, MD 21202		
	23. PART I. Enter the diseases, ehock, or heart falls	or complications that caused ire. List only one cause on as	the death. Do not ch lina.	enter tha mo	de of dying, su	ch as cardiac or n	espiratory arres			
	IMMEDIATE CAUSE (Final Onset and D									
	disease or condition resulting in death)	· JEPJ						≤/2 F		
			CONSEQUENCE OF):					>50		
ON	Sequentially list conditions,		OS/5					-010		
CAT	If any, leeding to immediate cause. Enter UNDERLYING									
F	CAUSE (Disease or Injury that initiated events		CONSEQUENCE OF):							
CERTIFICATION	resulting in death) LAST	[d								
	PART II. Other algolificent cond	tions contributing to death bu	t not regulting in t	ne underlying	Cause alven in	Port I 24- Was	S AN AUTOPSY	24b. WERE AUTOPSY FINE		
RECORDS, P.O requires that the death cert seen signed by the attending to Heath and Mental Hygic shows any Injury, or oil MEDICAL CERTI!	Laryn	1 6		ro unautrymi	, couse given in	PEF	FORMED?	AMARABLE PRIOR TO		
MEDICA	End Stage Reput disease with Uremia 10 YES 29/1							COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
	DID TORACCO USE CO	NTRIBUTE TO CAUSE OF								
MA	25. WAS CASE REFERRED TO MEDICA		8. PLACE OF DEATH (UNCERIAI	N JA				
PHYSICIAN:	EXAMINER?	HOSPITAL:	0	THER:	S Basidar	■ □ Other (Pase# :				
Ή	27. MANNER OF DEATH 28s. DATE OF INJURY (Month Dire Very Mar) 28s. TIME OF INJURY AT 28st. DESCRIBE HOW INJURY OCCURED IN HIPPY MODELS 28s. INJURY AT 28st. DESCRIBE HOW INJURY OCCURED							RED		
ВУ Р	1 Natural 5 Pending 2 Accident Investigat	(Month, Day, Year)	RK? ES 2 NO	28f. LOCATION (Street and Number or Bural Route Number,						
	3 Suicide 8 Could not	28e. PLACE OF INJURY -	1							
ETED	4 Homicide determined City or Town, State)									
P	29e. CERTIFIER (Check only	IYSICIAN: To the best of my knowle	dge, death occurred a	the time, date	and place, and due	to the cause(a) and	manner as stated	i.		
COMPL		IINER: On the besis of examination								
w i	7	FIER		. 1	29c. LICENSE NU			SIGNED (Month, Day, Year)		
0	Peter 15	raverance	n My	7	L8	820	>1/	27/95		
ĭ	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, Prin	0 10	0 0	-1 11	/ 11	, 11		
•	PETER BRA	VERMAN GOL	North V	volles	neer !	cho took	mr Has	phal But		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SONA	Call.		V					
	JAN 9 T 1222	Juny 1	·							

retained by the hospital or attending physician. 5 should be detached for use as the burial-transit BALTIMORE, MARYLAND 21215-0020 funeral director, page 5 should be detached for Page 6 may be death. after hours DIVISION OF VITAL RECORDS, P.O. BOX 68760

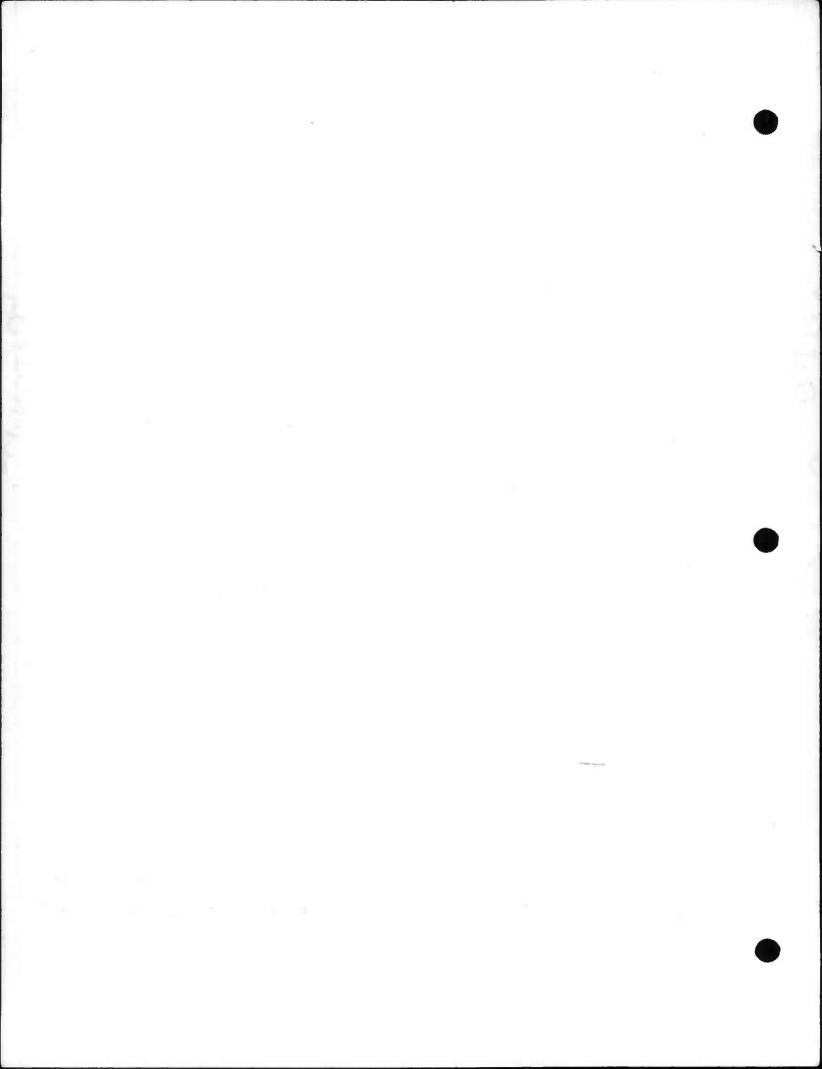
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JAN 3 1 1995

3. REGISTRAR'S SIGNATUR

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2 DATE OF DEATH 3. TIME OF DEATH 27 27 95 ARNOLD SYE SR. JAN 3:31 P M 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. leat birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Morth, Day, Year) MAY 9, 1950 214-56-2781 1 X M 2 - F 44 MARYLAND 9a. FACILITY NAME (If not Institution, give street and number 9b. CITY TOWN OR LOCATION OF BEATH 9c. COUNTY OF DEATH DIRECTOR Pages 1, 2, 3 CHURCH HOSPITAL BALTIMORE CITY n/a 10a. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYL AND n/a BALTIMORE 1 YES 2 NO permit. 10a. STREET AND NUMBER FUNERAL 101. ZIP CODE WHAT COUNTRY? S TATES **PENROSE AVENUE** UNITED 2001 21223 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Rican, etc.) YES 2 NO Specify Specify: BLACK BY 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION 60 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Spe E (Give kind of work done life. Do NOT use retired.) dery (0-12 College (1-4 or 5+) G.E.D. LABORER COMPL n/a once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Sumame) CLARENCE SYE SR. notified at CALLEUE WASHINGTON BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code 2001 PENROSE AVENUE, BALTIMORE, MD 19a. INFORMANT'S NAME (Type/Print) 2 BRENDA CRAY 21223 MC must be 20a. METHOD OF DISPOSITION

1)(X) Burlat 2 Cremation 3 R 20b. PLACE AND DATE OF DISPOSITION /Name of 20c. LOCATION - City or Town, State DATE MEMOR'I'AL PARK 2-4 RANDALLSTOWN, MD 4 Donath 8 - Other (Specify) the medical examiner 21. SIGNAT OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH FH. 1101 E. NORTH **AVENUE** ysician and completely filled in by the prior to burial, cremation, or removal. 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. Interval Retween IMMEDIATE CAUSE (Final Onset and Death disease or condition HEMOPERICARDIUM resulting in death) traumatic event. DUE TO (OR AS A CONSEQUENCE OF) RUPTURED AORTA COMPLICATING ENDOCARDITIS CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury the attending physician I Mental Hygiene prior to INTRAVENOUS DRUG ABUSI other t DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 injury, PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS been signed by th pt. of Health and N AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? PERFORMED? shows any 1 VES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) After this certificate death with the State HOSPITAL: OTHER: 1 YES 2 NO Inpetiant 2 TER/Outpetlant 3 DOA 01 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, 1 XX Natural 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 99 3 Sulcide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be EW 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and menner ea stated. 2 🔀 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) and manner as stated. 296 SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) ne O.C.M.E. ▶JAN 28,1995 2 IESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MARGARIOS 111 Penn Street, Baltimore, Maryland 21201



FOR

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P.O. BOX 68760	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within as hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be permit after death with the State Dept. of Health and Merial Hygiene prior to burial, cremation, or removal.

IN PORTAGE IN THEM 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

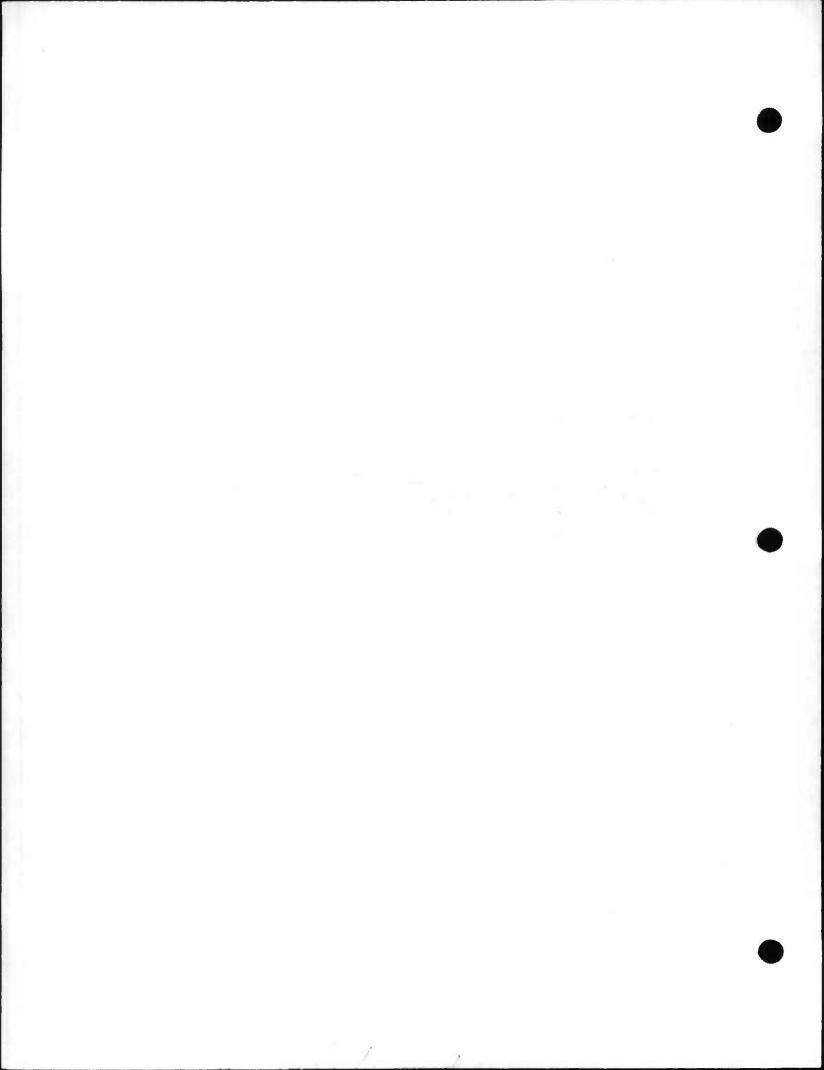
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE REGISTRAR	CE	RTIF	ICATE OF	DEAT	ГН	MENIAL	REG. NO.	_			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE O				3. TIME OF DEA	тн
	DeJuan Bertram Smith 1 28									5	1:00	AM
	4. SOCIAL SECURITY NUMBER 5. SEX 6.	AGE (In yrs. lest b					7. DATE O	F BIRTH	- 0	BIRTNP Country)	LACE (State or I	oreign
	214-68-4104 1XM 2 1F										id.	
	9e. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOWN			EATH		9c. COUNT	Y OF DE	ATH	
e e	3339 Ingleside Avenue (res.) Baltimore											
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		40 a CVT	Y, TOWN OR LOCA	71001							
E	Maryland			Baltimo							LIMITS?	
	10e. STREET AND NUMBER				. ZIP CODE				40- CITIZ			NO
A I	IN. 21 CODE											
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EV	/ER IN U.S. ARME	ED.	13. WAS DEC				(Specify Yes		_	- American Ind	lan
	1 X Never Merried 2 Merried FORCES? 1 IF YES, GIVE WAR (If yes, sp		n, Mexice	n, Puerto Ri			Black,	White, etc.	
ВУ	3 Widowed 4 Divorced			, , , , ,	2 02.110	upacity	··		- 1	Specify	Black	2
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DECE (Give	DENT'S	USUAL OCCUPATION	ON ast of workin	a	16b, F	16b, KIND OF BUSINESS/INDUSTRY				
9	Elementary/Secondary (0-12) College (1-4 or 5+)	life. D		work done during me se retired.)		•	و ا	remo	nt H	ote	1	
MP	12th		Auditor									
	17. FATHER'S NAME (First, Middle, Last)							ddia, Maiden	Sumame)			
8	Warren smith 190. INFORMANT'S NAME (Type/Print)					ove1						
2	Novella Smith			Ingles							2 212	115
	20e. METHOD OF DISPOSITION			OF DISPOSITION (N.		AVE				-		:15
	1 XBurlel 2 X Cremetion 3 Removal from State 4 Donation District Cremetion 3 Removal from State	cemetery, crema	tory or o	Park C	emet	erv	2/2	Bal				land
1	21. SIGNATURE OF FUNERAL SERVICE LIGHTER	4.0	011	22. NAME A				1 20.	- OZINC		IIUI I	
	* JOHNICO III			LERO	Y 0.	DY	ETT	4 SO1	V FUN	IERA	T HOM	E
\dashv	23. PARTY Error the disease, or complications that ca	μ	h Do -	4600	LIB	ERT	Y HE	IGHTS	AVE	NUE		
	sheck, or heart/fagure. List only one cause	omeach lina.	n. Do i	iot anter tha mo	da or dyi	ng, auci	n aa cardis	ic or reapi	ratory arres	et,	interval E	Batween
	IMMEDIATE CAUSE (Final Onset and Death											
ł	resulting in death) a. Acquired immune deficiency syndrome DUE TO (OR AS A CONSEQUENCE OF):											
-	- HIV associated neuronathy											
흔	Sequentially list conditions, if any, leading to immediate our operation out to (or as a consequence of):											
8	cause. Enter UNDERLYING											
E 1	CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):											
H	resulting in death) LAST										-	
	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS											
2	PERFORMED? AMAILA									COMPLETION OF		
	1 YES 2 NO DF DEATH?									NO		
YSICIAN: N	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN											
	25. WAS CASE REFERRED TO MEDICAL 26, PLACE OF OEATN (Check only one)											
	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Nome 5 Residence 6 Other (Specify)											
E	(Month, Day, Ye	(Month, Day, Year)					28d. DESCRIBE NOW INJURY OCCURED					
	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	/ES 2	NO		9c. COUNTY OF DEATH 10d. INSIDE CITY LIMITS? 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA IGIN? (Specity Yes or No- rio Ricen, etc.) 14. RACE — American Indian, Black, White, etc. Specity: Black 16b. KIND OF BUSINESS/INDUSTRY Tremont Hotel 15t. Middla, Maiden Sumame) 16th Maiden Sumame) 17th Middla, Maiden Sumame) 18th Maiden Sumame) 18th Middla, Maiden Sumame, Middla, Middla, Maiden, Middla, Middla, Maiden, Middla, Middla, Middla, Maiden, Middla, Middla, Middla, M				
	3 Suicide 6 Could not be 4 Nomicide determined		, ferm, i	street, fectory, offic		ĺ			nd Number or	Rurai Roi	ute Number,	PSY FINDINGS PRIOR TO NO CAUSE 2 NO PSY FINDINGS PRIOR TO NO CAUSE 2 NO PRIOR TO NO CAUSE 2 NO PRIOR TO STREET TO STREET TO STREET TO STREET TO NO CAUSE 2 NO
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION												
الخ	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end piece, end due to the cause(s) end menner es atated.											
ĕΝ	one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, end due to the ceuse(s) end manner es stated.											
W.A	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICE	NSE NUM	BER	Т	29d. DATE	SIGNEO (Month, Day, Year)	
-	my rever-				DIG	P32	フ		1	30/	95	
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE O	F DEATN (ITEM 2	(Type,	Print)	-7	Ra 1	1	hed ?	1779		_ 1 3	
	moges Gebremariam 4	4660 WI	irci	WATEL	0)	nel	10	0	100			
	JAN 3 1 1995 Julia alwalian A	SIGNATURE										
1	ONIT OF 1999											

INSIDENCE. The law requires that the death certificate be executed within 24 hours after describing the hard completely filled in by the filter than the Same Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.	The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	and the form of the signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the Same Dept. of Realth and Mental Miglene prior to burial, cremation, or removal.	or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
AYSICIAN. The law requires conflicts has been sign the Sale Dept. of High bd, or Hem 23 show	es that the death certificate be	igned by the attending physician salth and Mental Hygiene prior to	s any injury, or other traur
	PYSICIAN. The law requir	its certificate has been si	ad, or item 23 show
	THE HOSPI	A Partie	PORTOWE

MATT KANEF I 31. DATE FILED (MONTH, Day, Year) JAN 3 1 1995

									9:	5 02554
	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR	RTMENT O	F HEALTH	AND	MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Last)	COTT			IOAIL	JI DEA	in .	2. DATE OF DEATH	DĄY	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER 1 YE	AR IF UNDE	R 24 HRS.	7. DATE OF BIRTH	,	8. BIRTHPLACE (State or Foreign
	218-36-2723	1 □ M 2 💢 F	86	YRS.	MONTHS DA	YS HOURS	MIN.	9/21/19		Virginia
0 R O	90. FACILITY NAME (If not institution, give Francis Scott		lical C	tr		wn or locat altim		EATH	9c. COUN	TY OF DEATH
DIRECTOR	10e. STATE 10b. COUNT	TY			Y, TOWN OR L					10d. INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBER			1	Balti	nore)E		10g. CITIZ	1 X YES 2 □ NO
NER.	2504 Sycamore						219			USA
BY FUNERAL	1 Never Merried 2 X Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	MED 90	If ye	DECENDENT I, specify Cub YES 2 NO	en, Mexica	NIC ORIGIN? (Specify \ in, Puarto Ricen, etc.) y:	es or No—	14. RACE — American Indian, Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest gradi Elementary/Secondary (0-12)	e completed)	(G	CEDENT'S ive kind of v	USUAL OCCU work done durin se retired.)	PATION g most of work	ing	16b. KIND OF B	USINESS/INDU	JSTRY
MPL	12th	College (1-4 or 5 +	'		N/A				N/A	
BE CO	17. FATHER'S NAME (First, Middle, Last) Jack Davenpo	rt					HER'S NA	ME (First, Middle, Meide nda	on Surname)	
TO B	196. INFORMANT'S NAME (Type/Print) Clarence Scot	t			Sycal			Route Number, City or To		code) e, Md.21219
	20e. METHOD OF DISPOSITION 1 St Burlel 2 Cremetion 3 Removal from State 4 Donation 9 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetery or other place) King Memorial Park 1/31/95 Randallstown, Md.									
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEP	King	Mer	22. NAM	E AND ADDRE	SS OF FA	CILITY		
	Mrou	01	le t	+	46	1,I 00	BERT	TY HEIGH	TS AV	NERAL HOME ENUE 21207
	23. PARTA. Enter the diseases or shock, or heart failure. IMMEDIATE CAUSE (Finel	complications that List only one cau	coused the de se on each line	ath. Do n	not enter the	mode of dy	ing, suc	h ss cerdiac or res	piratory arre	Approximate interval Between Onset and Desti
	disease or condition resulting in death)	a. UPRO	GAST AD IN	DUENCE OF	NAL BU	æd				30 hrs
ATION	Sequentially list conditions, if any, leading to immediate	bDUE TO	(OR AS A CONSEC	QUENCE OF	F):					
ERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST									
Ö	d									
MEDICAL	DEMENTIA, CONGESTIVE HEALT FAVURE PERFORMED? 1 TYES 2 NO OF DEATH?								AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ž	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN									
ICE	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:									
PHYSICIAN:	1 VES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? (Month, Day, Year)								URED	
BY F	1 Natural 5 Pending 2 Accident Investigation 2 PLACE OF IN HIPV At home form street tests of the second street tests of the secon									
	3 Suicide s Could not be determined 28e. PLACE OF INJURY — At home, tarm, etreet, tectory, office building, etc. (Specify) 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State)									
O BE COMPLETED	29a. CERTIFIER (Check only one) 29a. CERTIFYING PHYSICIAH: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner as stated. 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner as stated.									
CO)	295 SIGNATURE AND TITLE OF CERTIFIE						ENSE NUM			SIGNED, (Month, Day, Year)
3	30. NAME AND ADDRESS OF PERSON WIT	1407				9	4010)	► O(128195
	MATT KANEF MD	COMPLETED CAUS			ANGEW	medi	CAL	CENTER		
	JAN 31 1995	32. REGISTRA	A'S SPINATURE					7117		



ID THE HISPITAL OR ATTENDING PI

Sician.	urial-transit permit. Pages 1, 2, 3 should		
be retained by the hospital or attending physicial	is the b		notified at once.
AN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atte	etely filled in by the funeral director, pag	to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifi
it the death certificate be executed with	by the attending physician and comple	ind Mental Hygiene prior to burial, cre	/ injury, or other traumatic even
SICI	er this certificate has been signed by the attending	ith with the State Dept. of Health and Mental Hygiene prior	
HESPITAL OR ATTENDING PHY	RIMMAN DIRECTOR: Aft	with the hours after death with the	DANT III item 28 is mari

							95	025	55
	STATE OF I	MARYLAND / DEPAR CERTIF	RTMENT OF I		MENTAL HYG REG.				
t, Middle, Last	*				2. DATE OF DEAT	H	YEAR	3. TIME OF	DEATH
s D. S	parenberg	5			January	18,	1995	3:20	P.N
BER	5. SEX	6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Yea		S. BIRT Coun	HPLACE (State	or Foreig

	1 - FOR STATE REGISTRAR	STATE OF MARYL			HEALTH AN	ID MENT	AL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DAT	E OF DEATH	AY		3. TIME OF DEATH	_		
	Francis D. Sp	arenberg				Jan	uary 1		95	3:20 P.M.	М		
	4. SOCIAL SECURITY NUMBER		In yrs. lest birthdey)	IF UNDER 1 YEAR		40.4	E OF BIRTH		s. BIRTH	PLACE (State or Foreign	Т		
	217-18-1703-A		O YRS.	MONTHS DAY	HOURS MI		ch 8,19	924		yland			
~	9a. FACILITY NAME (If not institution, give st			9b. CITY, TOW	OR LOCATION O	F DEATH		9c. COUR	TY OF D	EATH	Т		
DIRECTOR	112 W. Belcrest	Road		Ве	l Air				Harf	ord			
E C	10a. STATE 10b. COUNTY		10c, CIT	r, TOWN OR LO	ATION					10d, INSIDE CITY	_		
H	Maryland Har	ford		Be	l Air					LIMITS?			
A L	10e. STREET AND NUMBER				101. ZIP CODE			10g. CITI	ZEN OF W	THAT COUNTRY?	_		
FUNERAL	112 W. Belcre	st Road			21014	ŀ		' U	.S.A	•			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 X YES			ECENDENT OF HIS			or No-	14. RACE	- American Indian, White, etc.	_		
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA			specify Cuban, Me ES 2 [X] NO S		Pricari, atc.)		Specif	V-			
II I WILLE											_		
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12th grade 17. FATHER'S NAME (First, Middle, Last) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relired.) Career Military 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relired.) United States Army 18. NAME (First, Middle, Maiden Surmame)													
7	12th grade	College (1-4 or 5 +)	Career				United	1 Sta	tes	Δ rmsz			
S	17. FATHER'S NAME (First, Middle, Last)				-	NAME (First	Middle, Maiden			iii my			
BE C	(Unknown) S	parenberg			(Un	known) Rol	rbau	gh				
TO B	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	t and Number or Re	ural Floute Nu			<u> </u>				
F	Gertrude C. Spare	nberg (wife)	112	W. Belo	crest Ro	ad, B	el Air	, MD	210	14			
	20s. METHOD OF DISPOSITION 1X Buriel 2 Cremation 3 Remo		PLACE AND DATE O			1	TE 20c. LO				٦		
	4 Donation 5 Other (Specify)	В	altimore				23 Balt	imor	e, M	aryland			
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE P		Sch	and address of imunek	Funer	al Home	es. I	nc.				
	Eugene	· Lases	w /	970	5 Belai	r Rd.	, Balti	lmore	, MD	21236			
	23. PART i. Enter the diseeses, of coshock, or heart fallure. I	omplications that caused	the deeth. Do n	ot enter the r	node of dying,	auch aa ca	rdiac or reapi	ratory em	eet,	Approximate	Ī		
	IMMEDIATE CAUSE (Final	1.1	,	,						Onset and Death			
	disease or condition resulting in death)	DUE TO (OR AS A	Jan!	uf l_									
ı):									
CERTIFICATION	Sequentially list conditions,	Circles	CONSEQUENCE OF	١٠						-	4		
¥	if any, leading to immediate cause. Enter UNDERLYING	Enel-St	400	Li vay	Rise	1. de				j	ı		
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):	0, 3						-		
	reaulting in death) LAST									ļ			
	PART II. Other eignificent conditions	contributing to deeth b	ut not regulting i	n the underly	no cause alver	in Part i	24a. WAS AN	ALITODOV	245	WERE AUTOPSY FINDINGS	4		
CAL			at not recording t	in the directly	ing cause given	i ili Foit i.	PERFOR	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE	1		
							1 TYES 2	□ NO		DF DEATH?			
≥	DID TOBACCO USE CONTR	IBUTE TO CAUSE O	F DEATH YE	S \square NO	UNCERT	AIN 🗆				1 YES 2 NO	ı		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	- N	26. PLACE OF DEAT			7.11					-		
န္တ မ	1 YES 2 NO	HOSPITAL:	atlana 3 🗆 DOA	OTHER: 4 Nursing He	ome (5/0) Rasider	ica 6 🗆 Oth	er (Specify)				1		
ᇎᆘ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. I	VJURY AT	-	SCRIBE HOW II	NJURY OCC	URED		┪		
B B	1 Natural 5 Pending 2 Accident Investigation	, , , , , , , , , , , , , , , , , , , ,			YES 2 NO						1		
	3 Suicide 8 Could not be	28a. PLACE OF INJURY building, etc. (Spec	— At home, term, s	treet, factory, of	lica		CATION (Street a	and Number	or Rural R	oute Number,	7		
⊢ ⊪													
MPLE		IAN: To the best of my knowl									٦		
ē	one) 2 MEDICAL EXAMINER	: On the beals of examination	and/or investigation	n, In my opinion	death occured at	the time, dat	a and place, an	d dua to the	cause(s)	and menner es stated.	1		
1	204. SIGNATURE AND TITLE OF CERTIFIER	1. 0	110 -		29c. LICENSE	NUMBER		29d. DATE	SIGNED	(Month, Day, Year)	1		
5	/ purale	Cly 11			D415	19			4/2	5/95	ŀ		
- 1	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type.	Print)					1.	1	٦		
	D D11 *	Walter Reed	Dr. Donald Lazas, 6900 Georgia Ave., Washington, D.C. 20307										
	Bondra Eddas,	0900 Georgia	a Ave., I	lical C Vashing	enter ton, D.	C. 20	307				J		
	Dr. Donald Lazas, 31. DATE FILED (Month, Day, Year) JAN 31 1995	Walter Reed 6900 Georgia 32. REGISTRAR'S SIGNA	A Ave., I	dical C Vashing	enter ton, D.	C. 20)307				-		

DHMH-16 Rev 1/89

		1, 2, 3 should
		Pages
BALTIMORE, MARYLAND 21215-0020	ecuted within hours after death. Page 6 may be retained by the hospital or attending physician,	nd completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should burial crammition or removal
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ALTIN	death. Pag.	funeral dir
8	after	by the
	the hours	nd completely filled in by the
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

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TO THE HOS TO BE ATTAINEDING PHYSICIAN: The law requires that the death certificate be executed with the hours after death. Page 6 may be retained by the hos	TO THE FUNERAL THRE TOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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John Shavers
31. DATE FILED (Month, Day, Year)

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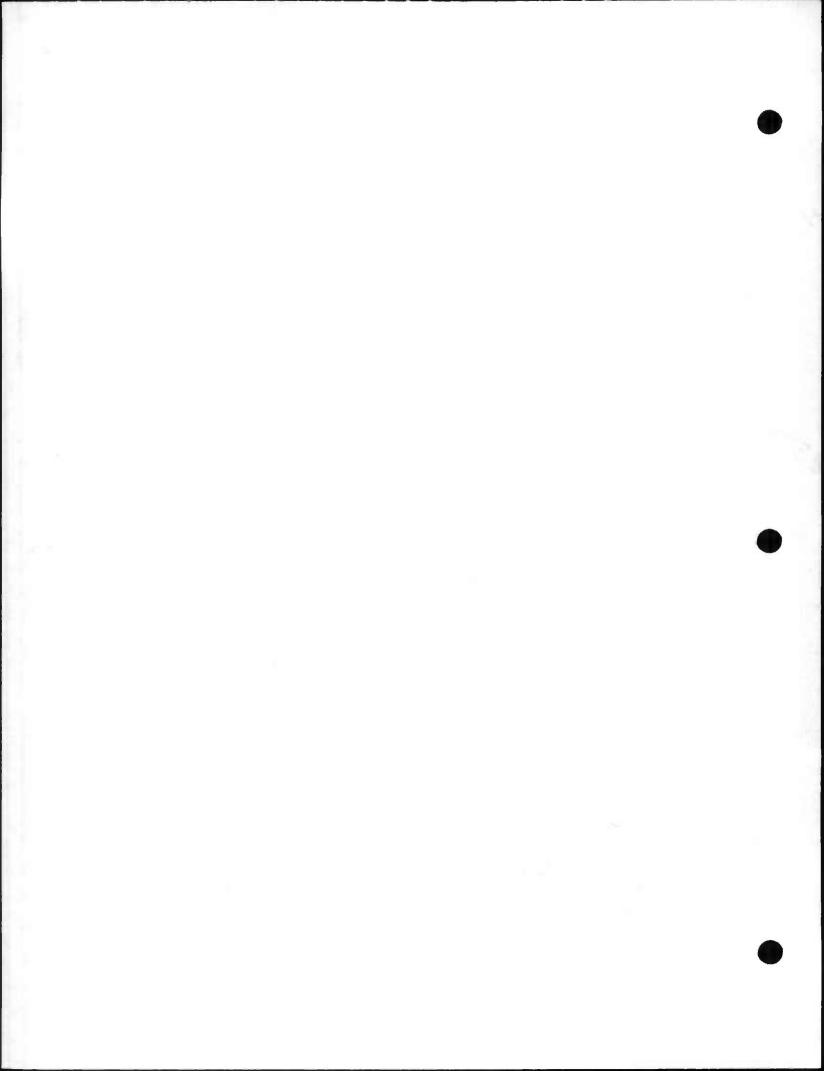
							20	02000		
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	DEPART	MENT OF I	EALTH AND	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATN		
	Catherine N.	Schiffer				January	29 199			
	4. SOCIAL SECURITY NUMBER 5	S. SEX 6. AGE (In yrs. la	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. Bit	RTHPLACE (State or Foreign		
	218- 05 - 4588	□ M 2 🛛 F 75	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	1919 [∞]	Manuland		
	9e. FACILITY NAME (If not institution, give stree			9b. CITY TOWN	OR LOCATION OF D	August 11.	9c. COUNTY O	Maryland		
TOR	Harford Gardens Nu	•		Baltim		SC. COUNTY O	PDEAIN			
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY		
	Maryland Ba.	lto.	Car	ney				1 YES 2 NO		
A				10	f. ZIP CODE			F WHAT COUNTRY?		
E I	10003 Maidbrook	Road			21234		U.S.	Α.		
BY FUNERAL										
Ω.	15. DECEDENT'S EDUCAT	70N 16a D	ECEDENT'S II	SUAL OCCUPATI	ON	16b. KIND OF BUS				
COMPLETED	(Specify only highest grade con Elementary/Secondary (0-12)	mpleted) (G College (1-4 or 5+)	Give kind of wo n. Do NOT use	ork done during me retired.)	ost of working					
M	8	H	ome Ma	aker		Own Hor	ne			
8	17. FATNER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Melden	Sumeme)			
BE	Celimore Georg				Nora	unknown				
0	19e. INFORMANT'S NAME (Type/Print)	19	b. MAILING A	ADDRESS (Street	and Number or Rural	Route Number, City or Town	n, State, Zip Code)			
-	Mrs. Mary A. Russ	0	Sar	ne as 1	0e					
	20e. METHOD OF DISPOSITION 1 & Burlel 2 Cremetion 3 Remove	20b. PLACE	ANDDATEOF	DISPOSITION (N	ame of	DATE 20c. LO	CATION — City or	Town, State		
	4 Donation 5 Other (Specify)	Holly	HITI	Mem. G	ardens 2	/1/95 Ba:	ltimore	, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE //		22. NAME A	ND ADDRESS OF FA	CILITY				
- 3	b 15 00 60 1	1.1.1				uck Funera				
_	noneig C. fea	ager of		5305	Harford	Road Bal	to. Md.	21214		
	23. PART I. Entar the diseases, or con shock, or heart feliure. Lis	pplications that caused the de it only one cause on sech line	eath. Do no s.	t enter tha mo	de of dying, suc	th as cardiac or reapl	ratory arrest,	Approximate Interval Between		
	IMMEDIATE CAUSE (Final	,						Onset and Death		
	disease or condition resulting in death)	CONCUST	Din	11	1) Am I	RATLU	MIL	530		
		DUE TO (OR AS A CONSE	OUENCE OF)		171			1.11		
CERTIFICATION	if any, leading to immediate	DUE TO (OR AS A CONSE	QUENCE OF):	DD	LUT	5				
2	cause. Entar UNDERLYING CAUSE (Disease or injury									
늗	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	QUENCE OF):							
H	d									
I	PART il. Other eignificant conditions c	contributing to death but not	regulting in	the underlyin	a cause alves in	Port I or uno su	ALETONOU I			
MEDICAL		The state of the s	resultang in	the underlyin	a cadae disen in	Part I. 24e. WAS AN PERFOR	MED?	46. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO		
اق						1 YES 2	□ NO	OMPLETION OF CAUSE OF DEATH?		
Z								1 TYES 2 NO		
ž	DID TOBACCO USE CONTRIB	SUTE TO CAUSE OF DEA	ATH YES	□ NO □] UNCERTAIL	N				
8	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLAC		(Check only one)						
Sic		☐ Inpatient 2 ☐ ER/Outpatient 3		OTHER: Nursing Hom	e 5 🗆 Residence	8 Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b, TIME	OF 28c. INJ	URY AT	28d. DESCRIBE HOW II	NJURY OCCURED			
BY	1 Natural 5 Pending 2 Accident Investigation	(MONOS, Day, 1661)	INJUI		PES 2 NO					
	2 Accident investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY — At he	ome, farm, str	eet, factory, offic	•	281. LOCATION (Street a	nd Number or Run	ni Floute Number,		
밀	4 Homicide determined	building, etc. (Specify)				City or Town, State)				
۳	290. CERTIFIER 1 CERTIFYING PHYSICIAL	Id: To the heat of much								
COMPLET		It: To the best of my knowledge, de								
8	A	On the besis of examination end/or	irrveatigation,	in my opinion, o	eath occured at the	time, date end place, en	d due to the ceus	e(s) end menner as stated.		
BE	296. SIGNATORIE AND FUTLE OF CERTIFIED	0			29c. LICENSE NUI	WBER	29d. DATE SIGN	ED (Month, Day, Year)		
10	30, NAME AND ADDRESS OF PERSON WHO C	WEST STATE CAUSE OF DE STATE OF THE STATE OF	M 40 (A.	un.	1278	38	1	130/95		

M.D. 518 South Camp Meade Rd

21090

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OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020 and confidence that the death certificate be executed within 22 years. Balt frequency be retained by the hospital or attending physician. The same factor has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train that hash and Mental Marines not or hand a managing or completely and mental provinces to the purial-train.

to certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO THE HOSPITAL
TO THE RUNEHAL
De filed within

1995

	1 - STATE REGISTRAR		STATE OF N	IARYLAN	ID / DEPA	RTMEN	T OF	HEALTH F DEA	AND	MENT	AL HYGIEN				
	1. DECEDENT'S NAME (Firs.		ne B. St	anish						MOI	TE OF DEATH	199	YEAR 56	3. TIME (0 50 P
	4. SOCIAL SECURITY NUM 195-34-1148		5. SEX 1 [] M 2 X F	6. AGE (In y	O YRS.	IF UND MONTHS	ER 1 YEAR		R 24 HRS.	7. DAT	E OF BIRTH with, Day, Year)	190	8. BIRTH	PLACE (SE	tate or Foreign
_	9a. FACILITY NAME (# not is					9b. Cf	ry, Town	OR LOCAT	ION OF D	EATH		9c. COL	JNTY OF D		
Ę	411 Dea		ook Circ	le		R	eist	erst	own			Ba	altin	ore	
DIRECTOR	10e. STATE Md.	10b. COUNT Be	ltimore		10e. C	TY, TOWN		rstov	vn					10d. INSI	
FUNERAL	10e. STREET AND NUMBER 411 D		Brook Ci	rcle				101. ZIP COO	136			1.5	S.A.	WHAT COU	NTRY?
ВУ	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divo		12. WAS DECEDEN' FORCES? 1 IF YES, GIVE W	YES :	2 NO	13	If yes,	ECENDENT (specify Cubi	nn, Mexic	en, Puerte	ilN? (Specify Yes o Ricen, etc.)	s or No-	Black	Americk, White, et	tc.
TED	15. DEC (Specify onl	EDENT'S EDU	CATION completed)	16	a. DECEDENT'	S USUAL	OCCUPA:	FION	na	16	6b. KIND OF BU	SINESS/IN	OUSTRY		
COMPLETED	Elementary/Secondary (0	0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT Re			Nure			Nursi	ng			
BE COI	17. FATHER'S NAME (First, M Augu	stine	Moff								Middle, Meiden h Rich				
TO B	190. INFORMANT'S NAME (,, ,			19b. MAILIN	G ADDRE	S\$ (Stree	end Numbe	r or Rural	Route Nu	mber, City or Tow	n, State, Zi	p Code)		
	Alexandra				411	Dead	con	Brook	Ci	rcle	, Reist	terst	own,	Md.	21136
	20e. METHOD OF DISPOSIT 1. Buriel 2 Cremello 4 Donallon 8 Other	(Specify)		cemeter	ACE AND DATE by, crematory or BCNWOO	other plece	a.l		ry	1			City or To	wn, Slate	PA.
	21. SIGNATURE OF FUNERA	SERVICE LIC	la Af	ino.		22	Eck		Fui	nera	1 Chape	el		2	1117
	23. PART I. Entar the diseases, or compilcations that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, lote.												ls, Md.		
	IMMEDIATE CAUSE (Fir	aart lanure.	List only one caus	se on aach	iline.							Intervi			rval Betweer
	disease or condition reaulting in death)	\rightarrow		erel	laso	Vas	cul	ه ل	CCI	De-	nt			1 4	ans
_		_	DUE TO	OR AS A CO	NSEDUENCE (OF):									
CERTIFICATION	Sequantially list conditi		DUE TO (OR AS A CO	NSEOUENCE (OF):								-	
ICA	Cause. Enter UNDERLY! CAUSE (Disease or Inju	NG													
FE	that initiated events resulting in death) LAS	т	OUE TO (OR AS A CO	NSEOUENCE (PF):									
	DATE II OIL III		1												
DICAL	PART II. Othar significa	nt condition	s contributing to	death but r	not reauiting	In tha u	nderlyi	ng cause (given in	Part I.	24s. WAS AN PERFOR	MED?	246.	AMAILABLE	ON DF CAUSE
MEDI														1 YES	
AN	25. WAS CASE REFERRED JO	P-MEDICAL					20. 1	N 405 05 0	EATH OIL						
SIC	EXAMINER?		HOSPITAL:	ER/Outpetle	nt 3 🗆 DOA	OTHE	A:	PLACE OF D							
Y PHYSICIAN:		Pending	28e. OATE OF INJURY 28b. TIME OF 28c. INJURY AT MADE AND AND AND AND AND AND AND AND AND AND								ESCRIBE HOW II	NJURY OC	CURED		
COMPLETED BY	3 Suicide 8	Could not be	28e. PLACE OF building, e	INJURY — Interest (Specify)	Al home, ferm,	street, fac			,	281. LO City	CATION (Street a y or Town, State)	and Number	or Rural R	oute Numbe	Dr.
긜	29e. CERTIFIER	IFYING PHYSIC	CIAN: To the best of r	ny knowledo	e, death occur	ad at the	time de	a and star-	and di-	an ab -	unofol cod		0.0		
Mo	(Check only one) 2 MEDI	CAL EXAMINE	R: On the baels of ex	mination en	d/or investigati	on, in my	opinion,	death occur	end due	time, det	euse(s) end men e end place, en	ner as stat d due to th	led. le ceuse(s)	end menn	er ee stated.
BE C	SHIP SHOW THE WHO THE		١						NSE NUN					(Month, Day	
2	IN HITE	(ad	LIM					Do	270	34		> /	3		5

10 COMPLETEO CAUSE OF OEATH (ITEM 27) (Typo, Print)

53100 (Court Road)

MOISTRAN SIGNATURE

201 Raydellstand 10 21132

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

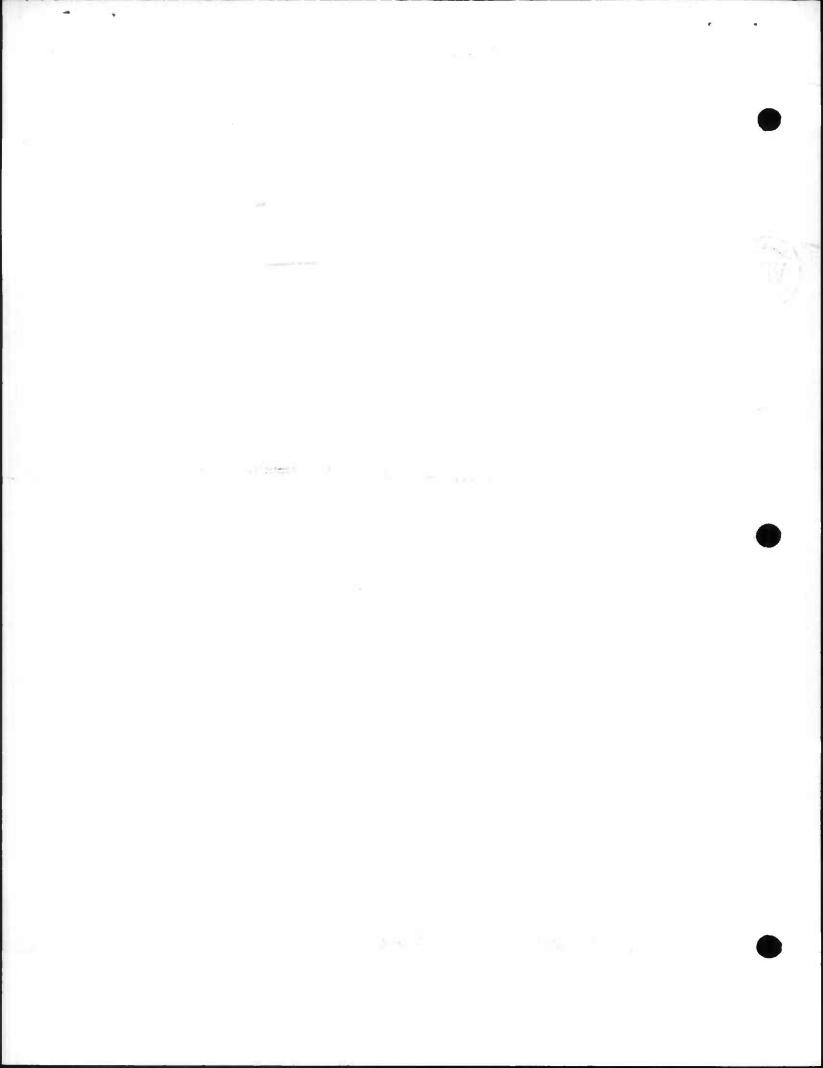
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after death. Page 6 may be retained by the hospital	e funeral d	je,	examine
hours afte	lled in by th	n, or remov	e medicai
ed within 24 hours aft	ompletely fi	ul, cremation	event, the
ifficate be executed	ician and c	rior to buria	her traumatic
h certificate	ending phys	Hygiene pr	or other t
. The law requires that the death certific	by the atte	and Mental	y Injury,
requires th	been signed	. of Health	shows ar
AN: The law	ificate has b	State Dept	r item 23
G PHYSICIA	er this certi	ath with the	narked, or
R ATTENDIN	RECTOR: Aft	urs after de	m 28 is n
TO THE HOSPITAL OR ATTENDING PHYSICIAN:	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu	be filed within 72 hours after death with the State De	MPORTANT: If Item 28 is marked, or
TO THE HI	TO THE FL	be filed wi	IMPORTA

	Item10f 1-31-95 Fi]	lmG719 W	.H.Per	F/H							95	U	7220
	1 - FOR STATE REGISTRAR	STATE OF N		/ DEPAR					MENTA	L HYGIEN	_		
	1. DECEOENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH		T	3. TIME OF DEATH
	Helen Shoemak	er							Jan	. 30,°	1995	PASY	6:50 A w
	4. SOCIAL SECURITY NUMBER	SEX	B. AGE (In yrs.	last birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7 DATE	OF BIRTH			PLACE (State or Foreign
	470-20-8237 A	□ M 2 □XF	95	YRS.	MONTHS	DAYS	HOURS	MIN.	(Monti	15,190	00	Countr	"JERSEY
	9s. FACILITY NAME (If not institution, give street				01 0171			W LU -		10,100			
œ					l		R LOCATIO	ON OF DE	HTA			NTY OF D	
DIRECTOR	Holly Hill Man	or, Inc.	•		1	'OWSO	N				BAL	TIMO	RE
<u>입</u>	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			10c CIT	V TOWN	OR LOCAT	WW.	-					10d. INSIDE CITY
<u>E</u>	MARYLAND BALT	IMORE			OWSO		1011						LIMITS?
	100. STREET AND NUMBER	IFIORE		1	OWSO								1 YES 2 NO
AA .		T .				101	. ZIP CODI		2128	6	10g. CIT		HAT COUNTRY?
FUNERAL	531 Stevenson						-212	04_	2120	0		USA	<u></u>
5		2. WAS DECEDEN FORCES? 1	T EVER IN U.S.	ARMED						? (Specify Yes	or No-	14. RACE	— American Indian, , White, atc.
BY	1 Never Merried 2 Married 3 Widowed 4 Olvorced	IF YES, GIVE W		450			2 D NO			wouri, etc.)		WHI	
							Λ					WHI	I.E.
COMPLETED	15. DECEOENT'S EDUCAT (Specify only highest grade on			DECEDENT'S (Give kind of	work done	during mo	ON st of workin	a	16b	KIND OF BUS	SINESS/INT	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5 +		acher	se retired.)	_		_	idn	Educ	atio	n	
<u>F</u>		3				0100			19.	Daac			
Ö	17. FATHER'S NAME (First, Middle, Last)						1e, MOTH	IER'S NA	ME (First, A	viddle, Maiden	Sumame)		
BE (Silas Shodmal	ker						Anni	e Cu	rrie			
	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	S (Street a	nd Number	or Rural F	Route Numb	ber, City or Tow	n, State, Zic	Code)	MD
2	Amelia Price			103	22 M	alco	1m C	ircl	e. A	pt. D.	.Coc	kevs	ville 21030
	20s. METHOD OF DISPOSITION		20h PLAC	E AND DATE					OAT	_	CATION —		
	1 Donation 8 Other (Specify)	al Irom State	cametery	rematory or o	ther place	orv.	Inc		31		CALLON —	Oily or 10	wii, State
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE \ 707	1				ID ADDRES		TA	N Cat	onsv	ille	, MD
	Tryant	$\mathcal{L}(\mathcal{X})$	ary	-			on F						
	Bryan W. C.	lary					Da					100	21093
	23. PART i. Enter the diseases, or cor	nplicatione that	couped the	deeth. Do i	not enter	the mo	de of dyl	ng, suci	h es cerc	llec or respi	ratory en	rest,	Approximate
	ehock, or heart/fellure. List	it only one ceu	SO OR BREN II	ne.									Onset and Death
	diseese or condition	al	to P	1.1	1 . /	11	Λ.	, , .	,	tia			
	resulting in death)	OUE TO	OR AN A CONS					د لدلم	ha	110			
-													
<u>0</u>	Sequentially list conditions, If any, leading to immediate	DUE TO	OR AS A CONS	EOUENCE O	F):								
¥	ceuse. Enter UNDERLYING												
CERTIFICATION	CAUSE (Disease or injury that initiated events	OUE TO	OR AS A CONS	EOUENCE O	F):								
Ē	resulting in deeth) LAST												
핑	d.												
T.	PART ii. Other eignificent conditions	contributing to	deeth but no	t resulting	in the u	nderiying	ceuse g	iven in	Part I.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
<u>5</u>	91 0	1 car	s al	1					1	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
		(- 1	1 YES 2	NO		OF DEATH?
Σ	DID TORACCO LIST CONTRIL	DUTE TO CA	UCE OF DE	ATLL M	·		1 11110						1 NES 2 NO
PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRIE 25. WAS CASE REFERRED TO MEDICAL	SUIE IO CA		_	_		UNC	ERTAIN	<u> </u>				
ᅙ	EXAMINER?	OSPITAL:	26. PL	ACE OF OEA	OTHE								
χ		☐ Inpatient 2 ☐		-	4 🗆 Nu	sing Hom	e 5 □ Re	aldence	e 🗌 Other	(Specify)			
표	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF (Month, Da		28b. TIM	E OF URY	28c. INJ	URY AT RK?		28d. OES	CRIBE HOW I	NJURY OC	CUREO	
à	2 Accident Investigation				М	1 🗌 Y		NO					
	3 Suicide 8 Could not be	28a, PLACE Of building,	F INJURY — At atc. (Specify)	home, ferm,	street, fac	tory, office	•		281. LOC	ATION (Street a	nd Number	or Rural R	oute Number,
2	4 Homicide determined								,				
COMPLETED	29e. CERTIFIER CERTIFYING PHYSICIA	N: To the best of	my knowledge.	death occurr	ed at the	lime, date	and place	and due	to the car	se(a) and man	ner sa etal	ad .	
ž I	(Check only one) 2 MEDICAL EXAMINER:												and manner as stated
႘	29b. SIGNATURE AND TITLE OF CERTIFIER			-		-				Frankling			
B	AND THE OF CERTIFIER	/	1	-			29c. LICE	NSE NUN	IBER		29d, DAT		(Month, Day, Year)
0	< / with	rae					D	10	746	30		1/3	1/75

Hans Koetter, M.D., 7600 Osler Drive, Suite 315, Towson, MD 21204

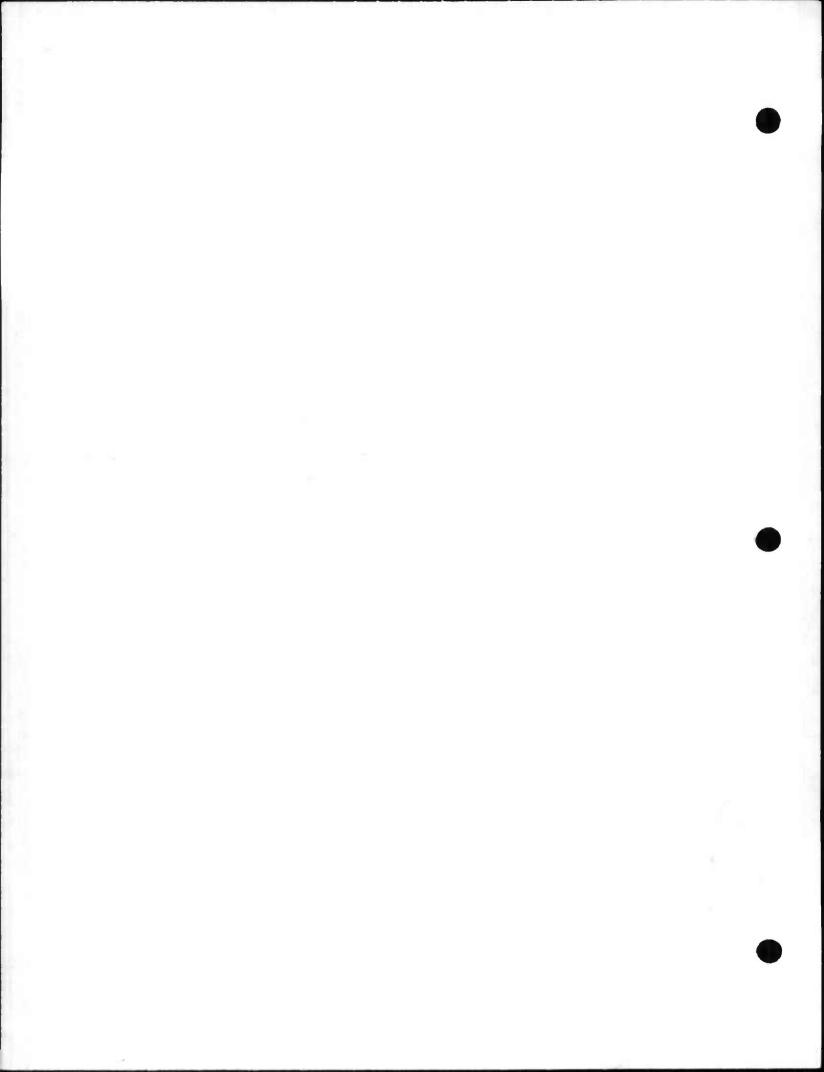
32. REGISTRAR'S SIGNATURE

SWOLLAN RANGELL



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	TO THE HOSPITM, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed w	TO THE FUNE W. INCOME THE THIR THIS SECTIFICATE has been signed by the attending physician and comp	2	

		FOR 1 - STATE REGISTRAR	STATE OF MARY	YLAND /	DEPAR ERTIF	RTMENT	OF H	IEALTH DEA	AND N	MENTAI	L HYGIEN			
		1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH	AY	3	3. TIME OF DEATH
		Neil Junior Sh				- <u> </u>				Jan	30 1		YEAR	1:05 a M
				GE (In yrs. les		IF UNDER	1 YEAR	IF UNDER	R 24 HRS.	7. DATE	OF BIRTH		6. BIRTHPI Country)	LACE (State or Foreign
PIF		7.30-10-4449	1 M 2 D F	75	YRS.				MIN.		22,19	19		Virginia
3 should	m	9a. FACILITY NAME (If not institution, give stre	et and number)			9b. CITY,	_		ION OF DE	ATH		9c. COUN	TY OF DEA	ATH
2,	DIRECTOR	508 Dorsey Ave.					Ess	ex					DAI	timore
T Sall	E C	10a. STATE 10b. COUNTY	-		10c. CIT	Y, TOWN O	R LOCAT	TION					1	od. INSIDE CITY
28	PE	Md.	Baltimore						sex					LIMITS?
otrysician. burial-transit permit. Pages 1,	AL	10e. STREET AND NUMBER	PM				101	. ZIP COD				10g. CITIZ	EN OF WH	AT COUNTRY?
n. ansit	FUNERAL	508 Dorsey A	ve.						2122	1			USA	
physician burial-tra	2		12. WAS DECEDENT EVE FORCES? 1 YE			13. \	MAS DEC	ENDENT	OF HISPAN	IC ORIGIN	? (Specify Yes	or No-		- American Indian,
	ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OF						en, Mexican Specify:		tican, etc.)		Specify:	
as th	ED E	15. DECEDENT'S EDUCA	47104	1										White
or aft	Ш	(Specify only highest grade or	ompleted)	(Gi	CEDENT'S ive kind of Do NOT u	work done o	CUPATIO	ON ist of working	ing	16b.	KIND OF BU	SINESS/INDU	JSTRY	
hospital or ached for u	7	Elementary/Secondary (0-12) 8th	College (1-4 or 5+)		arpe									
the hospit detached once.	COMPLET	17. FATHER'S NAME (First, Middle, Last)			urpe	HOCI		16 MOT	HED'S NAA	AE /Elest A	fiddle, Maiden	Cumamal		
# E E	E C	Roy C. Shanholtz							Eva			Surname)		
retained 5 should notified	00	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	AODRESS	(Street a				er, City or Tow	n. State Zio	Code)	
e 5 si	2	Dolores Shanholt	.2								e MD.			
6 may be ctor, page :		20e. METHOD OF DISPOSITION 1 — Burlal 2 — Cremation 3 — Remov		20b. PLACE			TION (Na	me of		OATE	20c. LO	CATION — C	aty or Town	n, Stata
- 0 -		4 Donation 5 Other (Specify)	el from State	oemetery, crei			noto	277		1	File	Garder	n W.V	'A .
death. Page 6 m tuneral director, i.		21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	Uuu±	TTOW	22.1	NAME AN	D ADDRE	SS OF FAC					Α.
		+ R Tels	11/000	00/	11.						HOme o			
after after by the mova		23. PART I. Enter the diseases, or co	rnbilcations that caus	sed the de	eth. De J	101 enter	OO M	de of dv	AVO.	Ba1	timore	MD.	2122	A CONTRACTOR OF THE PARTY OF TH
d in		SHOCK, OF HEART PAINTED	indonly one ceuse on	n eech line								PEROLY MILE	rait,	Approximata intervai Between
E 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		iMMEDIATE CAUSE (Fine) disease or condition	' N	Wha is a consec	da	11	PA	10110	0.1 A.	11	11.1			Onset and Death
		resulting in death) a.	DUE TO (OR A	S A CONSEC	DUENCE O	Pi:	(10	CIM	and	90	unj			-
B 2 4	z					•								
e execuan and and r to bur	CATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	S A CONSEC	UENCE O	F):								
ficate be physician to prior to per traum	S	cause. Enter UNDERLYING CAUSE (Disease or injury												
	RTIFI	that initiated events resulting in death) LAST	DUE TO (OR AS	S A CONSEC	UENCE O	F):								
	CER	d.												
Me He	ايا	PART ii. Other eignificent conditions	contributing to death	h but not re	eulting	In the und	derlying	ceuse (given in F	Part I.	24a. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
w requires that the been signed by pt. of Health and shows any in	2										PERFOR	MEO?	A)	WAILABLE PRIOR TO OMPLETION OF CAUSE
requires that heen signed b of Health an shows any	MEDIC,									_	I 🗆 TES 2	□ но	1	F DEATH?
e law rec has been Dept. of	AN:	DID TOBACCO USE CONTRI	BUTE TO CAUSE	OF DEAT	TH YE	SIN	юП	LUNC	ERTAIN				1	123 2 NO
12 6 8 c	NA I	25. WAS CASE REFERRED TO MEDICAL				TH (Check o	nly one)							
SICIAN: The pertificate h the State I	SICI	4 5 250 4 5 200	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/O	outpatient 3	□ DOA	OTHER 4 - Nursi		• 5 □ Re	sidence 6	☐ Other	(Specify)			
PHYSICIAN: this pertifical with the St.	РНУ	27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Year		26b. TIM	E OF URY	28c. INJU			28d. OES	CRIBE HOW I	NJURY OCCU	JRED	
No PHYS flar this eath with marked	ВУ	1 Netural 5 Pending 2 Accident Investigation	100000 100000	,		M		ES 2	NO					
2		3 Suicide 6 Could not be	28e. PLACE OF INJU building, etc. (S)	JRY — At hor specify)	ne, farm, s	treel, facto	ry, office				TION (Street a	and Number o	r Aural Aou	te Number,
ENS	COMPLETED	4 Homicide determined									· · · · · · · · · · · · · · · · · · ·			
7 1 1 B	립	29a, CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my kno	owledge, des	th occum	d at the tir	ne, data	and placa,	, and due t	a the cau	e(a) and mar	iner as state	d.	
HOSPITAL FUNE WAITHING	Š	one) 2 MEDICAL EXAMINER:	On the beats of examinat	ition and/or li	nvestigatio	n, in my op	dinion, de	eath occur	red at the ti	lme, deta	and place, an	d due to lhe	cause(a) a	nd manner as stated.
THE FU filed wit	w	29b. SIGNATURE AND TITLE OF CERTIFIER	(1.					29c, LICE	ENSE NUME	BER		29d. DATS	SIGNED (M	fonth, Day, Year)
TO THE HOSP TO THE FUNE be filed within IMPORTANT.	TO B) Mulu	en				10	1850	18		▶//	300	25
	-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	OEATH (ITEM	27) (Type,	Print)			-			1	101	
-		S, MILNER	404 E	4ST	ER.	VI	34	VD	4	BA	470.	MI	J. 0	21221
_		31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIG	GNATURE	0.1	1/					1			
		AN AND IS	D your and	maraci	The state of the s	4								



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760, OR ATTENDING PHYSICIAN: The law

IYEMS: 1. & 20b, PER F.H. FILM G-719 1/31/95 t.t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) WILLIAM M. 2. DATE OF DEATH 3. TIME OF DEATH SNYDER SR. YEAR William -44 11:16 12001 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Yee 8. BIRTHPLACE (State or Foreign Country) 705-09-0503 85 YRS. MONTHS DAYS HOURS 1 XM 2 F Maryland Sept. 11,1909 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Howard County General Hospital Columbia DIRECTOR Howard RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Howard Ellicott City 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 4014 Spring Meadow Drive 21042 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 25 NO 14. RACE — American Indian, Black, White, atc. 2XXNO 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES Specify: BY 3 Widowed 4 Divorced White ED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16h KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) COMPLET ntary/Secondary (0-12) College (1-4 or 5 +) Passenger Traffic Manager 12 Railroad 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surneme) Marshall Snyder Grace Young BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 4014 Spring Meadow Drive Ellicott City Maryland 2 Mary Carroll Snyder (Spouse) 20b. PLACE AND DATE OF DISPOSITION (Name of 02-01-95 20e. METHOD OF DISPOSITION 28c. LOCATION - City or Town, State 20e. METHOD OF DISPOSITION

1 Burial 2 Cremation 3 Ramoval from State
4 Donetion 5 Other (Specify) John's Cemetery 01-01 Ellicott City Maryland 21. SIGNATURE OF EUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Leroy M & Russell C Witzke Funeral Homes 1630 Edmondson Avenue Catonsville Maryland 23. PART I. Enter the diseases, or complications that caused the drath. Do not enter the mode of dying, such sa cardiac or respiratory arrest, shock, or heart failure. Use only one cause on each line. Approximate Interval Batween IMMEDIATE CAUSE (Finel **Onset and Death** disease or condition BilATERAL SKAPHIOCOCCAL Pyremodia resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Congestive Heart failure CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE Acute Auterios wall in gocardal Infaction. 1 YES 2 MINO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 1 YES NO lent 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 4 Homicide determined CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 2 __ MEDICAL EXAMINER: Cin the beele of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(e) end menner ee stated. 296. SIGNATURE AND TITL OF CENTERIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D22856 ► 1-27-95 2

11055 Little PATELYOUT

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print,

32. REGISTRAR'S SIGNATURE Shudean Real

LICECONE, NO

Colemba

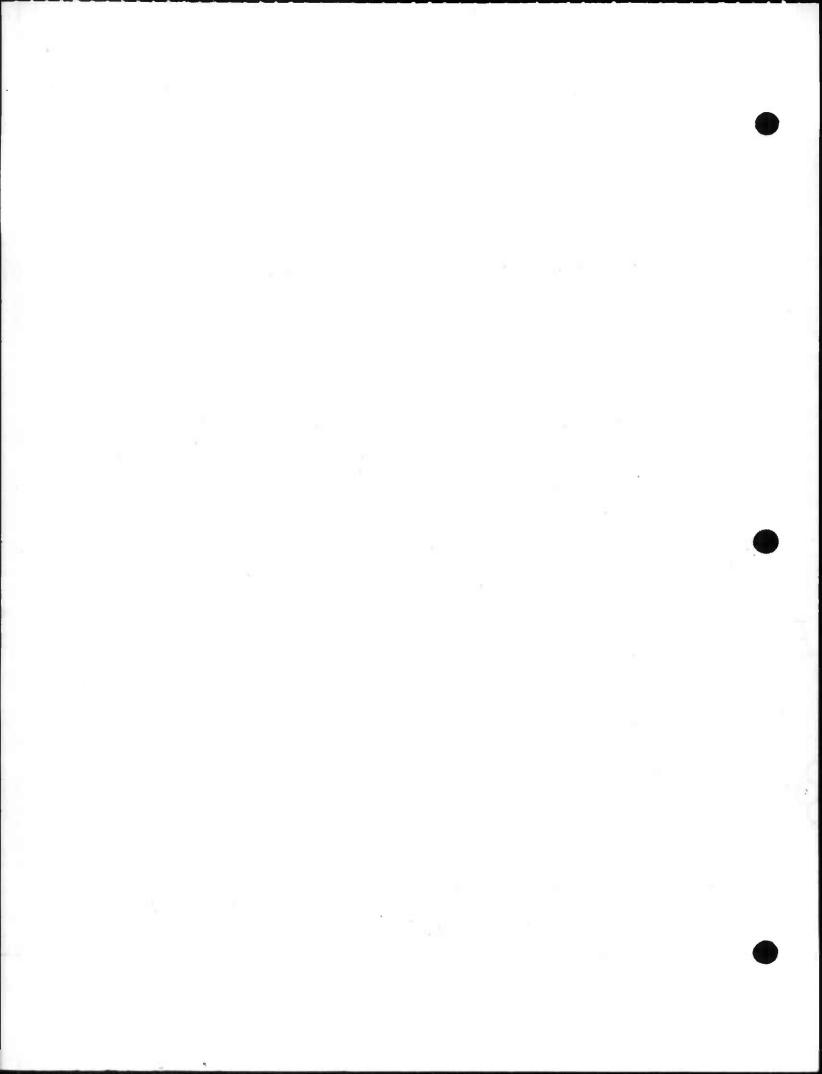
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should make any line of the attending the prior to burial, cremation, or removal.

INPORTING: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	ATE OF MARYLAND / DEPARTM CERTIFIC	IENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)			2, DATE OF DEATH	3. TIME OF DEATH
i i	EUGENE STE	EWART		JANUARY 28	YEAR
	4. SOCIAL SECURITY NUMBER 5. SE		UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign
	219-56-5510 10	M 2 □ F 43 YRS. MO	NTHS DAYS HOURS MIN.	Seof. 19/951	Country)
	9e. FACILITY NAME (If not institution, give street and	od number) 96	CITY, TOWN OR LOCATION OF DI		OUNTY OF DEATH
E	THE JOHNS HOPKINS H			177	
DIRECTOR	RESIDENCE OF DECEDENT	1031 TTAL	BALTIMORE CITY		
8	10e. STATE 10b. COUNTY	10c. CITY, TO	OWN OR LOCATION		10d, INSIDE CITY LIMITS?
	ma	BAK	imore		1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER		10f. ZIP CODE	10g. C	CITIZEN OF WHAT COUNTRY?
單	602 N. Payton =	SHEET	2/217		159
5		AS DECEDENT EVER IN U.S. ARMED ORCES? 1 YES 2 440		NC ORIGIN? (Specify Yes or No-	- 14. RACE American Indian, Black, While, etc.
ВУ		YES, GIVE WAR OR DATES	If yes, specify Cuban, Mexica 1 YES 2 NO Specifi		Specify:
					Hro American
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete	eted) (Give kind of work	done during most of working	16b. KIND OF BUSINESS/	INDUSTRY
	Elementary/Secondary (0-12)	ege (1-4 or 5+) life. Do NOT use rel	Ol 1 0 Call	RAILAM	AD Inspection
ž	7	QUALITY	Control sijet		
	17. FATHER'S NAME (First, Middle, Last)	= 5/2/20/		ME (First, Middle, Maiden Surname	206
BE	cugene trance	s Stewart	Hene		
2	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADI	DRESS (Street and Number or Rural		Z(p Code)
	volle, Steak	ert 63LP	1 auson St	· d1217	
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal fro	om State 20b. PLACE AND DATE OF D		DATE 20c. LOCATION	— City or Town, State
	4 Donation 5 Other (Specify)	- TIETRO C	EMASSRY	195 (Atons	oille M
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		3405 W. Fre	CILITY COACCE 1	Curene Service
	Halley M. Ce	belie	BAHO, Me		
	23. PART I. Enter the diseases, or complication	cations that caused the death. Do not			arrest, Approximata
	ahock, or heart failure. List or IMMEDIATE CAUSE (Fins)	nly one cause on each line.	ALTERNATION OF THE SECOND		intarvai Batween Onset and Death
- 1	disease or condition	Hadikac	Disease		
	resulting in death) a	DUE TO (OR AS A CONSEQUENCE OF):	1212001		246012
-					
₽	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF):			
S	cause. Enter UNDERLYING				
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQUENCE OF):			
CERTIFICATION	resulting in death) LAST				
	DADT II Other elevidions conditions and				
ÄL	PART II. Other algorificant conditions cont	induting to death but not resulting in the	ha underlying cause given in	Part 1. 24s. WAS AN AUTOPS PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă				1 YES 2 NO	COMPLETION OF CAUSE OF DEATH?
ME				_ '	1 TYES 2 NO
z	DID TOBACCO USE CONTRIBUT	TE TO CAUSE OF DEATH YES	🗆 no 🗷 uncertair	۷ 🗆 📗	/ "
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE OF DEATH (C			
Ŝ	(196		FHER; ☐ Nursing Home 5 ☐ Residence	6 Other (Specify)	
£		28e. DATE OF INJURY 28b. TIME OF INJURY INJURY		28d, DESCRIBE HOW INJURY	OCCURED
BY	1 Natural 5 Pending 2 Accident Investigation		M 1 YES 2 NO		
	3 Suicide 6 Could not be	28e. PLACE OF INJURY — At home, lerm, stree building, etc. (Specify)	t, lactory, office	281. LOCATION (Street and Num. City or Town, State)	ber or Rural Route Number,
H	4 Homicide determined			City or lown, State)	
BECOMPLETED	290. CERTIFIER 1 CERTIFYING PHYSICIAN: To	To the bast of my knowledge, death occurred at	the time, date and place, and due	to the cause(s) and menner as a	rielad
١		the basis of examination end/or investigation, in			
2	29b. SIGNATURE AND TITLE OF CERTIFIER				
R.	STATE OF CENTIFIER	10/1 10	29c. LICENSE NUA	294. D	ATE SIGNED (Month, Disk shar)
2	30. NAME AND ADDITIONS OF PERSON WHO COME	PI ETED CAUSE OF DEATH (IVEN AN CO.	1 1 1 6 3		1/20/75
	Grann	M Ca S	600 N. L	rolfe St B.	altirox, ND21707
	31. DATE FILED (Month, Day, Year)	2 TEST LES CONTUIT		, ,	1 18
- 1	IAN 3 1 1995 /4	- The state of the			



		HEGISTRAR		CEI	HIIFICA	IE OF	DEATH	REG. NO			
	7	1. DECEDENT'S NAME (First, Middle, Last)	mas					2. DATE OF DEATH DO	5	YEAR 3.	8:06 PM
-		4. SOCIAL SECURITY NUMBER 210-12-0578 214-18-1324	5 SEX 6. AGE	(in yrs. lest to 79	YRS. IF UN	HS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country)	ACE (State or Foreign
pinous	- 1	98. FACILITY NAME (If not institution, give street and number) 99. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DE									yland H
2, 3 s	СТОВ	Bayview Medical (Center			Bal.t	timore				
- F	E	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,		10c. CITY, TOW	N OR LOC	ATION			100	d. INSIDE CITY
permit. Pages	DIRE(Maryland				imore	9			1 (YES 2 NO
it per	RA	10e. STREET AND NUMBER				1	Of. ZIP CODE		10g. CITIZI	EN OF WHA	T COUNTRY?
ian. trans	FUNERAL	4801 Laurel Avenu					21215			JSA	
11215-0020 or attending physician. r use as the burial-transit	BY	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO		If yea, a	ECENDENT OF HISPAI specify Cuban, Maxica ES 2 NO Specif	NIC ORIGIN? (Specify Yearn, Puarto Rican, etc.)	n or No— 1	4. RACE — Black, W Specify:	American Indian, hita, atc. Black
r attend use as	8	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECE	EDENT'S USUA	L OCCUPAT	TION	16b. KIND OF BU	SINESS/INDU	STRY	DI.aCK
212 Por us		Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give	kind of work do to NOT use retire	ne during ri id.)	nost of working				
the hospital detached to once.	MPI	4th Grade			Truck	Driv	ver	A1.1.s	tate I	easi	na
the host	8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Maiden			
2 2 2 2 2 3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	BE	George Thomas						Widgeon			
MARYLA retained by the 5 should be det notified at on	6	19a. INFORMANT'S NAME (Type/Print)						Route Number, City or Tow	n, State, Zip C	Code)	
	-	Viola Thomas			01 Lau			Baltimore	, Mary	1.and	21215
Page 6 may be al director, page iner must be		20g, METHOD OF DISPOSITION 1 X Burlat 2 Cremation 3 Ramo		metery, creme	D DATE OF DISI	cel		Jan	CATION — CI		
M die		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	- A	rbutu	s Memo	rial	Park	30 Bal.	timore	Coyı	unty, MD
ALTIM death. Page tuneral dire			72 //-			2501	Gwynns Fa	CLUTY Nutter	Funer av	al Ho	omes, Inc
PA		Aserin 7	ackel			Balti	more, Mai	ryland 21:	216		
E = D		23. PART i. Enfar the diseases, or c shock, or heart feliure. I	oπplications that cause List only ona cause on a	d tha daat aach iina.	h. Do not an	ter the m	Oda of dying, auc	h aa cardiac or raapi	iretory arres	st,	Approximata interval Batween
		iMMEDIATE CAUSE (Final disease or condition	11.								Onset and Death
d within 24 ompletely fill cremation, event, the		resulting in death)	DUE TO (De la	DVID							overweeks
B 2 - 5	_		Seining	2 A	OP)						many
a ce E	<u>ō</u>	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQU	ENCE OF):						years
sician prior trau	CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or injury	Possil	ole,	mee	in	pnia				Days
S, P.O. BG death certificate attending physi ental Hygiene pri	E	that initiated events	DUE TO (OR AS	A CONSEQU	NCE OF):						00
ath carried Hy	E	resulting in death) LAST	A								
		PART II. Other aignificant conditions	contributing to death I	but not raa	ulting in the	undariyir	ng cause given in	Part i. 24s. WAS AN		24b. WE	RE AUTOPSY FINDINGS
and the the	EDICAL							PERFOR		CO	MPLETION OF CAUSE
requires that seen signed of Health a shows any	MED							I TES 2	₩.		OEATH?
AL KE law requi has been s Dept. of H 23 shov	AN:	DID TOBACCO USE CONTR	RIBUTE TO CAUSE C	OF DEATH	H YES] NO [UNCERTAIN	<u> </u>			J 120 2 25 110
AN: The lav incate has State Dep	SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE	OF DEATH (Che)				
SICIAN: The Certificate the State 1, or item	YSI	1 TYES 2 NO	1 Inpatient 2 ER/Out				me 5 Rasidence	6 Other (Specify)			
this co	PHY	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	1	28b. TIME OF INJURY	W	JURY AT ORK?	28d. OEŞCRIBE HOW II	NJURY OCCU	REO	
After After the death	E E	2 Accident Investigation	24- PLACE OF IN HUM			, ,	YES 2 NO				
OFFISION OF VITAL RECO OR ATTENDING PHYSICIAN: The law requires DIRECTOR: After this certificate has been sign hours after death with the State Dept. of Heali item 28 is marked, or item 23 shows:	E	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Spe	cify)	i, tarm, atreat, 1	factory, offi	ca	28t. LOCATION (Street a City or Town, State)	and Number or	Rural Floute	Number,
OR AI DIREC Hours	Ē	29a. CERTIFIER									
対対なる	COMPL		CAN: To the best of my known: Con the basis of examination								d manner as stated.
TO THE HOSPI TO THE FUNEF THE Find within	ÁB	SIGNATURE AND TITTLE OF CERTIFIER	Bemudez	, mc)		AP 260	4200 SB	29d. OATE 5	SIGNED (Mo	nth, Day, Year)
	Ĕ	30 NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DE		27) (Type, Print)	, , , ,	1 0	× > 100 = 10	01 0	11	
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	NATURE	10 30	nnsH	opkins be	yurw Med	ictr. 1	salt.st	ND 21224
		JAN 3 1 1995 Ju	by Davolean Ran	dall							
'											DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

of ATENDING PHYSICIAN: The law requires that the death certificate be executed within and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

STATE	OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
R	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATN	
	Mary	y Jane Thaxto	on			Jan. 29 13	95	6:00 A M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. B	IRTNPLACE (State or Foreign	
	579-24-1923	1 □ M 2 🟋 F 69	YRS.	FONTHS DAYS	HOURS MIN.	March 12,1	925 Maryland		
	9e. FACILITY NAME (If not institution, give st	reel end number)		EATN	9c. COUNTY	OF DEATN			
ြို့	1117 Paca Drive Edgewater Anne Aru RESIDENCE OF DECEDENT 108. STATE 109. COUNTY Maryland Prince George Temple Hills								
D	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d, INSIDE CITY	
5	Maryland Prince	e George			Temple 1	Hills		LIMITS2	
A A	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	6526 Beechwood Dri	<u>lve</u>			20748		USA	A	
5	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMED	13. WAS DEC	ENDENT OF NISPAI	NIC ORIGIN? (Specify Years, Puerto Rican, etc.)	or No- 14. F	RACE — American Indien, Black, White, etc.	
₩	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES TE		2 NO Specif			White	
8	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S U			16b. KIND OF BUS			
li,	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo life. Do NOT use	rk done during mo retired.)	st of working	410.100	escape contract		
COMPLET	12 yrs.		Secretar	y/Office	e Mgr.	Patent	Law Of:	fice	
						ME (First, Middle, Meiden			
B B	Wilson Leona 190. INFORMANT'S NAME (Type/Print)	ard Drury				Mary Louis			
일	2 - 1/2 - 1/2 - 27 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					Route Number, City or Tow)	
2	Stephen E. Thaxtor		LIII/ PA			ter, MD 21	CATION — City of	Y	
E E	1 Donation 5 Other (Specify)	wa! from State Gen	retery, cremetory or other tro Crema	or place)	inc. 01/3	30/95 Bal	timore,		
examiner must be notified TO BE	21. SIGNATURE OF FUNERAL SERVICE CO		//	22. NAME AN	D ADORESS OF FA	CILITY			
E	George E, MacNabb Cremation Society of Maryland, Inc. 299 Frederick Road Baltimore, MD 21228								
	23. PART I. Enter the diseases, or c		d the death. Do no					Approximate	
medical	shock, or haart failure. I IMMEDIATE CAUSE (Final	List only one cause on a	ach line.				1	Interval Between	
	disease or condition resulting in death)	V Denn	0 (01)	121	0)	oten, in	Merro	Λ I	
event,	rosunting in country	DUE TO (OR AS	CONSEQUENCE OF:)	, can	as free 10	NUKUK		
	Sequentially list conditions,	A						2	
TIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):						
	CAUSE (Disease or injury that initiated events	DUE TO (OR AS /	CONSEQUENCE OF):						
CERTIFICATION	resulting in death) LAST	t.							
	PART II. Other significant conditions	Contributing to death h	uni mai manulalma la	Marine desk too					
- 12	TANT II. Other significant conditions	cournoring to destin p	ut not resulting in	the underlying	j cause given in	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
AN: MEDIC						1 _ YES 2	NO	OF DEATH?	
Σ .:	DID TOBACCO USE CONTR	PIRITE TO CALISE O	E DEATH VEC	Пиоп	UNCERTAIN			1 YES 2 NO	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH		ONCERIAII	101			
SICI/	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outp	entient 3 DOA 4	OTHER:	5 Sesidence	6 Other (Specify)			
PHYS	27. MANNER OF DEATH	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, INJU	JRY AT	28d. DESCRIBE NOW II	JURY OCCURE		
BY F	1 Natural 5 Pending 2 Accident Investigation	(MONIN, Day, Your)			ES 2 NO				
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	- At home, farm, stri	et, factory, office		28f. LOCATION (Street a City or Town, State)	nd Number or Ru	ral Route Number,	
PLETE									
COMPLETED	29e. CERTIFIER (Check only one)	CIAN: To the best of my know	ledge, death occurred	at the time, date	and place, end due	to the cause(e) end man	ner as atated.		
8		R: On the basie of examination	n end/or investigation,	In my opinion, de	eath occured at the	time, date and place, en	d due to the cau	se(e) end manner ee stated.	
BE	29b. SIGNATURE AND THE OF CENTURES	Dol			29c. LICENSE NUN	MBER		NEO (Month, Day, Year)	
0	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED OF ST	ATN (ITEM OF CO.	riet	/ D/H	XU	JAN	30, 1995	
	17 10	ALM L			ב גמו	.i. 004 4	77	1m 00=5=	
	31. DATE FILED (Months Day Year)	, M. RECHSTRAR'S MIGH	OYZO W	oodyard	ı ka., Sı	nte 201 (linton	MD 20735	
	"JAN 3" 1"1995" Jul	SA RECOSTRAR'S SIGN	all					11	

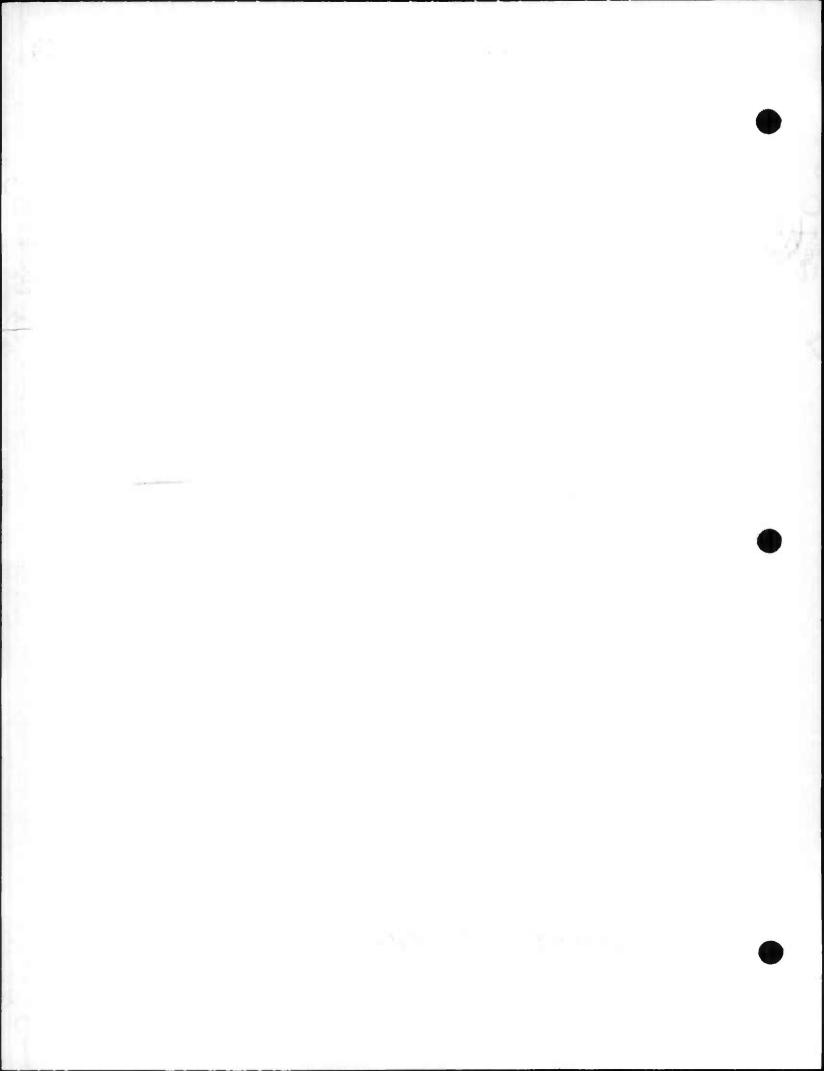


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ROLLIE SOCIAL SECURITY NUMBER 2.15-26-5911 DEFINITION NAME (If not institution, give a 1225 N. DALLA ESIDENCE OF DECEDENT DESIDENCE OF DECEDENT DECEDENT SEDU (Specify only highest grade of the second of the seco	AS STREET NONE AS STREET 12. WAS DECEDENT FORCES? 1.6 If YES, GIVE WAS College (1-4 or 5+) ARD THOMA MAS movul from State Complications that 6 List only one ceuse e. Western	EVER IN U.S. A Z YES 2 THE OFFICIAL STATES AS 18a. E	ARMED NO CHEF	N. TOWN OR LOX BALT 13. WAS D If yes, XXX USUAL OCCUPA Work done during to retired.) ADDRESS (Stree N. C.F. DE DISPOSITION (ther place) E. NAT.1 22. NAME CALV. 1412	TO OR LOCATION OF ALTO. CATION CATION PIMORE 101, ZIP CODE 21213 DECENDENT OF HIS specify Cuban, Ma (ES 2 NO Sp. BAHAMA ATION most of working 16. MOTHER'S DRU et and Number or Re AROLINE (Name of 2- LONAL C LAND ADDRESS OF VIN B. 2 E. PR	PANIC OF CLEAN, Pucked ST. S. T. D. D. C. T. D.	O1-28- ATE OF BIRTH APATA 202 -2 Y BIGIN? (Specify Verto Rican, etc.) LANDS 16b. KIND OF BU HO PSI, Middle, Maiden LA JO! Number, City or Tow BALT(DATE 20c. LO BA UGGS TU UGGS TU UGGS TU ON ST	95 7 9c. COUNT 10g. CITIZI UNIT SINESS/INOU OSPIT Surname) HNSON O, MD. CATION — CI LTO, M DEPAL BALT BALT	21213 ty or Town, State D. HOME O, MD. 21 st, Approxima interval Be interval Be		
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		Sadie	Uhler							Ja	H D		YEAR 95	3:05 A.M
		4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yr	s. last birthday)	IF UNDER	YEAR	IF UNDER	1 24 HRS.	7. DATE	OF BIRTH	T	8. BIRTHPL	ACE (State or Foreign
Pin		579-60-0290	1 M 2 X F				DAYS	HOURS	MIN.	Sept. 21,1898 Maryland			yland	
3 should	œ	Personal Property of the Control of	9e. FACILITY NAME (II not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Roland Park Place Baltimore City											
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Z I S-UUZU attending physician. se as the burial-transit	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		NT EVER IN U.S 1 YES 2 WAR OR DATES	™ NO	11	yes, sp	ENDENT Cooking	ın, Maxicai	n, Puerto	N? (Specify Yes Rican, etc.)	or No —	Black, 1	American Indian, Vhita, etc.
as th	ED E													White
or after		15. DECEDENT'S ED (Specify only highest grad	de completed)	184	(Give kind of life, Do NOT u	work done d	CUPATIO uring mo	on st of world:	ng	168	. KIND OF BU	SINESS/IND	USTRY	
JAND 21215-0 the hospital or attending detached for use as the once.	COMPLET	8th grade	College (1-4 or 5	+)	Retire		***	1			Tadama	1 0-		
he hospit detached once.	M	17. FATHER'S NAME (First, Middle, Last)			Ketire	ed Cle	SLIC				Federa		vernm	ent
ed by the uld be deta	ECC	Abraham Halp	or					_				Surname)		
	00	19a. INFORMANT'S NAME (Type/Print)	Lena Unknown 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
retain 5 sho	2	Mr. Marcus H. U	hler								urgh E		5221	
6 may be rector, page 5		20a. METHOD OF DISPOSITION		20b. PL/	ACE AND DATE	OF DISPOSI	TION /Na	me of		DAT	F 20c, LO		City or Town	State
. Page 6 may bural director, page	П	1 Burial 2 Cremation 3 Red 4 Donation 6 Other (Specify)	moval from Stata	_ cameter	roll (remat	ion	Ser	vice	1/3			ead,	
Page al direct		21. SIONATURE OF FUNERAL SERVICE L	ICENSEE)	/	22. N	IAME AN	D ADDRE	SS OF FAC	YTUIS				
after death. Page 6 m on the funeral director, moval. ical examiner must		· James	BC	4011	1						ral Di			
# > E 3		23. PART Enter the diseases, or	complications the	Constant of	a death. De	87	728	Libe	rty	Road	Rand	lalls	town,	MD 21133
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and and matic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b	OR AS A CO										
eath certificate be attending physician real Hygiene prior to y, or other traur	2	CAUSE (Disease or Injury	C		Taranta da la caracteria de la caracteri									
nding ph Hygiene	≝	that initiated events resulting in death) LAST	DUE TO	OR AS A CO	NSEQUENCE C	F):								
death certificate attending physiental Hygiene print, or other to	崽		d											
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Physician:	РНУ	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF (Month, L		28b. TIN	JURY		RK?		28d. DE	SCRIBE HOW II	NJURY OCC	CURED	
S S S S S S S S S S S S S S S S S S S	B	2 Accident Investigation		OF IN HIEW		— м		ES 2	NO					
2	ETED	3 Suicide 8 Could not be 4 Homicide determined	building,	OF INJURY — A , atc. (Specify)	tr nome, tarm,	street, facto	ry, orrice	•		City	ATION (Street a or Town, Stete)	nd Number	or Rural Rou	e Number,
26V }	2	29a. CERTIFIER CERTIFYINO PHYS	SICIAN: To the beat of	f my knowledge	e, death occum	ed at the tin	ne, dete	and place.	and dua	to the car	use(e) end man	ner aa state	ed.	
THE HOSPITA THE FUNERA Filed within 72 PORTANT	COMPL	one) 2 MEDICAL EXAMIN												nd manner ea stated.
TO THE HOSP TO THE FUNE De find within	BE	296, SIGNATURE AND TITLE OF CERTIFIE	Ph ab.	MT				29c. LICE	NSE NUM	BER		29d, DATE	E SIGNED (M	onth, Pay, Year)
552	10	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAU	SE OF DEATH	(ITEM 27) /5~	. Print1		y =	45 6	6 1		•	1/30	195
		GREG WALKE	R MD	3	333	٨. (il	ציטין	086		21218	g	lute 5	540
		31. DATE FILED (Month, Day, Year)		AR'S SIGNATUR										
		JAN 3 1 1995	yeuga arming	workardo	Щ									

ARE PHYSICIAN: The law requires that the death certificate be executed within—rours after death. Page 6 may be retained by the hospital or attending physician.

ARE THE CENTRICATE HAS been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

Figure 1.2. Shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 WE PHYSICIAN: The law requires that the death certificate be executed within IN OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) ROSE	٧		VAR	VARO	-		2. DATE OF DEATH	5 °1995 °	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-07-9939	5. SEX	6. AGE (In yrs. la:		IF UNDER 1 YE	AR IF UNDE	R 24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give a		_00		9b. CITY, TO	WN OR LOCAT		June26,	9c. COUNTY	Maryland
DIRECTOR	Saint Joseph Medi	cal Center			Т	owson,	Mary	land		altimore
350	10a. STATE 10b. COUNT	Y		10c. CITY,	, TOWN OR L	OCATION				10d. INSIDE CITY
	Maryland				Balt	imore				LIMITS?
FUNERAL	3300 Benson	A = = = = =				10f. ZIP COD				OF WHAT COUNTRY?
ON	3300 Benson i	12. WAS DECEDEN	T EVER IN U.S. AR	IMED	13. WAS		2122 Of HISPAN	IC ORIGIN? (Specify Ye		RACE — American Indian,
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Ë	15. DECEDENT'S EDU (Specify only highest grade	completed)	(G		JSUAL OCCU	PATION g most of work	ing	16b. KIND OF BU	JSINESS/INDUS	FRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 a	,		naker					
Sol	17. FATHER'S NAME (First, Middle, Last)	D= 1		<u>TOME</u>	Maker			ME (First, Middle, Maide	n Surname)	
BE	Anthony 19a. INFORMANT'S NAME (Type/Print)	Palmis							Palmis	
2	Sr. Marie Rose	e Gustai	us 19	3710	Rol	and A	v or Rural R	oute Number, City or To 1e, Balti	wn, Stelle, Zip Cod More, I	Maryland
	20s. METHOD OF DISPOSITION 1 SpBurlel 2 Cremation 3 Rem 4 Donation 5 [/] Other (Specify)	oval from State	cametery, cre	matory or oth				1	OCATION — City	
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	► Lynn l	Burger	Henss)	36	31 Fa	116	s Funer	1 + i mar	oo Mossellas
	23. PART I. Enter the diseeses, or a shock, or heart fallure.	complications the List only one cau	ceused the de ee on each line	eath. Do no	ot enter the	mode of dy	ing, auch	ee cardiac or reep	piratory arrest	Approximate interval Betw
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	resulting in death)		OR AS A CONSE							Z+ Day:
NO O	Sequantially list conditions,	PNEUMC	ONA (OR AS A CONSE	DUENCE OF						
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CERTIFICATION	that initiated events resulting in death) LAST	DUE TO	OR AS A CONSEC	DUENCE OF)	:					
	PART II. Other aignificant condition	s contributing to	death but not r	aaulting In	tha under	lying cause	given in i	Part I. 24s. WAS AF		24b. WERE AUTOPSY FINDI
EDICAL	PANCREATITIS							PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
2	DID TOBACCO USE CONTI	RIBUTE TO CA	USE OF DEA	TH YES	. □ NO		FRTAIN			1 TES 2 NO
2 1	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		E OF DEATH	Check only					
3	1 TES 2 KNO	1 A Inpatient 2		□ DOA			esidenca (B ☐ Other (Specify)		
YSICI			INJURY	28b, TIME INJU	OF 28c	. INJURY AT WORK?		26d. DESCRIBE HOW	INJURY OCCUR	EO
	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28s. DATE OF (Month, De		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	M 1	YES 2	NO			
TED BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, De					NO	281. LOCATION (Street City or Town, State	and Number or F	tural Route Number,
ETED BY	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be detarmined 29s. CERTIFIER (Check only)	28a. PLACE Of building,	F INJURY — At ho	me, farm, str	reet, factory,	office	a, and due	City or Town, State	nner sa stated.	
COMPLETED BY	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be detarmined 29s. CERTIFIER (Check only)	28s. PLACE Of building. CIAN: To the best of ax	F INJURY — At ho	me, farm, str	reet, factory,	office dete and place on, death occu	a, and due	City or Town, State to the cause(a) and ma lime, data and place, a	nner sa stated.	use(a) and manner as state
ETED BY	27. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 4 Homicide 29s. CERTIFIER (Check only) 0ne) 27. MEDICAL EXAMINE	(Month, Di 28a. PLACE OI building,	ry, Year) FINJURY — At home and a control of the c	me, farm, str	eet, factory,	data and place on, death occu	s, and due t	City or Town, State to the cause(a) and ma lime, data and place, a	nner se stated. Ind due to the ce	tural Route Number, suse(a) and manner as state- SNED (Month, Day, Year)

A. Tree

Pages 1, 2, 3 should

permit.

notified at once.

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must

medical examiner

TO BE

286. SIGNATURE AND TITLE OF CHTTY-IE

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

	TO THE HOSPITAL CONTINUATION PHYSICIAN: The law requires that the death certificate be executed within 24 hours at	TO THE FUNERAL DIRECTOR: This certificate has been signed by the attending physician and completely filled in by	mation, or remo	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medic:
28/00	cuted wit	od comple	ourial, cre-	tic even
SCA	ite be exe	ysician an	prior to b	trauma
0.0	h certifica	inding phy	Hygiene	or other
500	the deatl	y the atte	nd Mental	Injury,
OF VITAL RECORDS, P.O. BOX 68/600	puires that	signed by	Health an	ows any
AL M	e law req	has been	Dept. of	n 23 sho
	ICIAN: Th	ertificate	the State	or Iten
5	W PHYS	this o	muth with	marked
Ē	END END	₹ HOLDS	١	1 28 is
5	DIE OF	S DIFF	-	: It Item
	THE HOS	THE FUNE	iled within	PORTANT
	2	5	pe 1	M

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Pearl Roshell Venable 6:30 JANUARY AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 24 HRS. IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 11-19-03 DAYS HOURS 1 M 2 F 121-26-0331 91 YRS. VIRGINIA 9e. FACILITY NAME (If not institution, give strent and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Union Memorial Hospital Baltimore City DIRECTOR NONE RESIDENCE OF DECEDENT 10e. STATE 10h COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND NONE BALTIMORE CITY YES 2 NO FUNERAL 104 STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4800 LANIER AVENUE 21215 UNITED STATES 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rice

1 YES 2 NO Specify: 1 Never Merried 2 Merried B 3 XWidowed 4 Divorced AFRICAN AMERICAN ETED. 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) COMPL 10TH LPN HOSPITAL 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname BERKLEY SMITH RUTH CARTER BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 VIRGINIA ROBINSON 4800 LANIER AVE. BALTO, MD. 21215 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State CALVARY CEMETERY 1/31 /95 balto, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY CALVIN B. SCRUGGS FUNERAL HOME 1412 E. PRESTON ST. BALTO, MD. 21213 23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition DUE TO (OR AS A CONSEQUENCE OF resulting in death) rneumonia CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF If any, leading to immediate cause. Enter UNDERLYING **CAUSE** (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL Dongestive hear 1 TYES 2 NO OF DEATH? 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 YES 2 NO X Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending 1 YES 2 NO BY Investigation 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner ee stated. 2 MEDICAL EXAMINER: On the restigation, in my opinion, death occured at the lime, date end place, and due to the ceuse(e) end manner ee stated,

29c. LICENSE NUMBER

6-A32

29d. DATE SIGNED (Month, Day, Year)

January

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09289	
BOX	
P.O.	
RECORDS,	
OF VITAL	
IVISION (The second of the second of
6	١

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

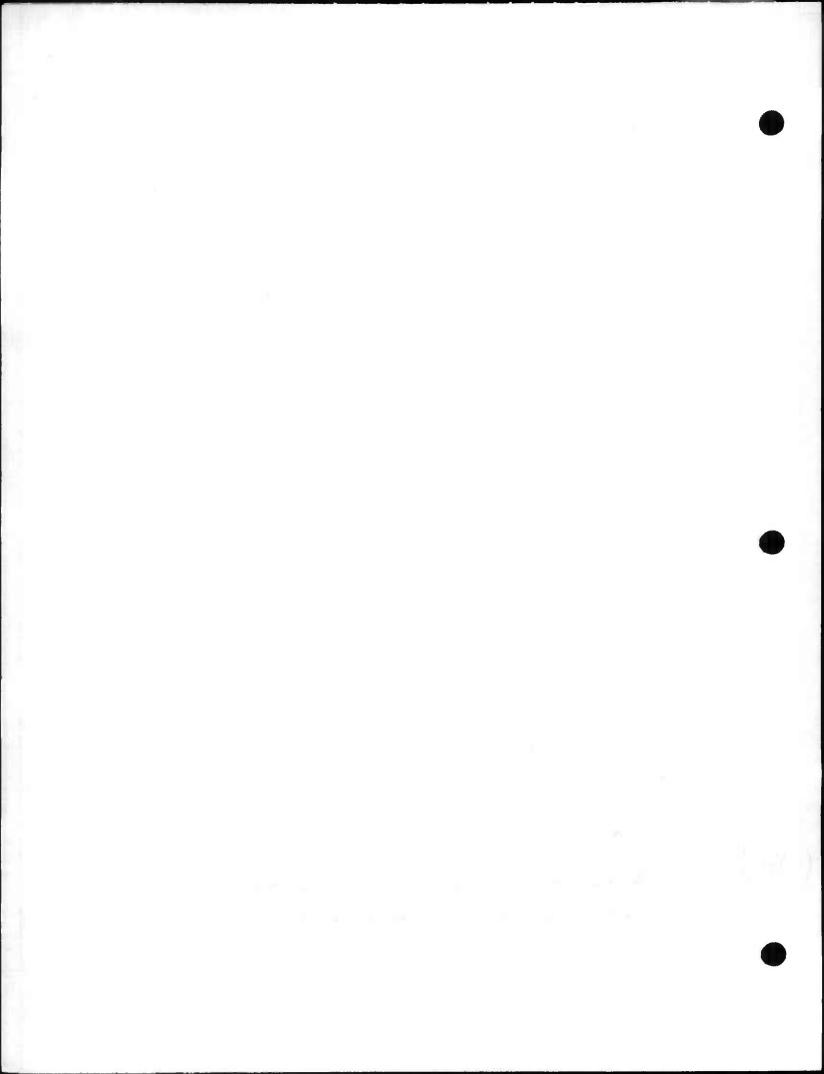
TO SELECTION OR ATTENDING PHYSICIAN: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 house after that the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.

IMPORTANT: If them 28 is marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
AR	CERTIFICATE OF REATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC			MENTAL HYGIEN							
	1. DECEDENT'S NAME (First, Middle, Last) JOHN ANTH	ONY WILL.	TAMSON			2. DATE OF DEATH	·	3. TIME OF DEATH 6:50 am					
	4. SOCIAL SECURITY NUMBER 226-14-6900	5. SEX 6. AGE (F UNDER 24 HRS. OURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	915	BIRTHPLACE (State or Foreign Country) Illinois					
~	9e. FACILITY NAME (if not institution, give st			. CITY, TOWN OR			9c. COUNTY	OF DEATH					
DIRECTOR	GREATER BALTII	MORE MEDICAL	CENTER	TOWSON			BALT	TIMORE					
REC	10e. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCATION				10d. INSIDE CITY					
L D	Maryland Balt	timore		Tow				1 TYES 2 T NO					
FUNERAL	1506 Jeffers Road	d		10f. Zi	21204			N OF WHAT COUNTRY?					
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 XYES IF YES, GIVE WAR OR DO	U.S. ARMED 2 NO ATES		y Cuban, Maxican	IC ORIGIN? (Specify Yes, Puerto Rican, atc.)	1 or No — 14.	RACE — American Indian, Black, Whita, atc. Specify: White					
ED	15. DECEDENT'S EDUC (Specify only highest grade	16b. KIND OF BU	SINESS/INDUS										
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		done during most of tired.)	. Hollang	Clair Dr							
OM	17. FATHER'S NAME (First, Middle, Last)	4	Marine Er	<u> </u>	S. MOTHER'S NAM	Ship Bu		5					
BE C	John Frew W	illiamson				Anthony	Juneme)						
TO B	19a. INFORMANT'S NAME (Type/Print)					oute Number, City or Tow		de)					
	Eleanor Hood Williamson 1506 Jeffers Road Towson, MD 21204 20a. METHOD QE DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State												
	20a. METHOD OF DISPOSITION 1 □ Burlel 2 ☒ Cremation 3 □ Remo 4 □ Donation 5 □ Other (Specify)	yes from State cem	PLACE AND DATE OF D letery, crematory or other T. TO Cremat	place) Orv. In	∘′ c. 01/'	30/95 Ba1	timore	or Town, State					
Ì	l, Inc.												
	> Warnet. 11	Idonald		299 Fr	ederick	Rd. Balt	imore.	, MD 21228					
	23. PART I. Entar the diseases, or conshock, or heart fellure. L	omplications that caused	I the death. Do not	antar tha moda	of dying, such	as cardiac or resp	ratory arrest	Approximats					
	shock, or heart fallura. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition												
	resulting in death) 3. Small Cell leukomia DUE TO (OR AS A CONSEQUENCE OF):												
Z	Sequentially list conditions, b. DUE TO (OR AS A COMPRENIENDE OR												
CERTIFICATION	Sequantially list conditions, f any, leading to immediata cause. Enter UNDERLYING												
S	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):										
ERI	resulting in death) LAST	J											
AL C	PART II. Other significant conditions	contributing to death b	ut not resuiting in t	na underlying c	ause given in F	Part i. 24a. WAS AN		24b, WERE AUTOPSY FINDINGS					
					SOCIADAL SINE	PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE					
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN								OF DEATH?					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		HER:									
ΉX	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OI	28c. INJURY									
ВУ	1 Netural 5 Pending 2 Accident Investigation	(month, Day, rear)	INJURY	M 1 YES	2 🗌 NO	Tool seconds in the seconds							
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, ferm, stree	t, factory, office		261. LOCATION (Street a City or Town, State)	and Number or F	Rural Route Number,					
PLE	29a. CERTIFIER (Check only	CIAN: To the best of my knowl	edga, death occurred at	the time, data and	place, and due t	to the cause(a) and mar	iner as atated.						
SOM								suse(a) and manner as stated.					
BE	296. SIGNATURE AND TITLE OF CERTIFIER			29	c. LICENSE NUME			GNED (Month, Day, Year)					
6	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	TH (ITEM 27) (Time Date	()	00858	3	P 1/2	29 195					
	G. William BE		565 N.C		it B	incts. NO	212	24					
	31. JAN 3 1 1995 Jul	3 REGISTRAR'S GN	YURE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		~ 1						





BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

2, 3 should

e	m20b,Film719,1/3	31/95,lt							95	U	2303	
	1 - FOR STATE REGISTRAR	STATE OF MARYLA				HEALTH AN	D MENTAI	L HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last) GENEUA L	WILKINS					MONTE	OF OEATH DA		YEAR 95	3. TIME OF DEATH 4:50 A M	
	4. SOCIAL SECURITY NUMBER 213-30-1009	5. SEX 6. AGE (III	n yrs. last biri	thday) IF UNI	DER 1 YEAR B DAYS	IF UNDER 24 HR		Country	ryland			
S C	9a. FACILITY NAME (If not institution, give str Howard County	,	spit			on Location of	DEATN		TY OF DE	ATN		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			De. CITY, TOW							10d. INSIDE CITY	
	Maryland Howa	rd	City					LIMITS? 1 YES 2 NO				
FUNERAL	10e. STREET AND NUMBER					H. ZIP CODE			10g. CITIZ	EN OF W	NAT COUNTRY?	
Ę.	3436 Rogers Av					21043			USA			
2	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	'	If yes, s	CENDENT OF HIS pecify Cuban, Ma: S 2 ☑ NO Sp	xican, Puarto F	i? (Specify Yea Rican, alc.)	or No—	14. RACE Black, Specify	- American Indian, White, atc. White	
EIED	15. OECEDENT'S EOUC (Specify only highest grade of		16a. DECED	ENT'S USUAL ind of work do NOT use retired	OCCUPAT	ION ost of working	16b.	. KIND OF BUS	INESS/INDU	JSTRY		
7	Elementary/Secondary (0-12) UNKNOWN	College (1-4 or 5+)		omema				Domes	tic			
COMPL	17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname)											
מ	John Henrey Baer Ethel Blanche Stonesif											
2	Wanda J. Ringley 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21043 3856 New Cut Rd. Ellicott City, Md.											
	20s. METHOD OF DISPOSITION 1 X Burtal 2 Cremetion 3 Ramoval trom Stata 4 Donation 5 Other (Specify) 20b. PLACE AND DATE of OISPOSITION (Name of 2/1/DATE complete) or other place) Complete the complete of the complete o											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	M00544 Slack Funeral Home, P.A. Ellicott City, Md. 21043 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate											
ENTIFICATION	ahock, or heart failure. I	Due to (or as a love to (or as a love to (or as a love to (or as a love to (or as a love to (or as a love to (or as a love to (or as a love to	ch lina. Consequent Consequent Consequent Ce	NOGOF): NOGOF): NOGOF): NOGOF):	er tha m	oda of dying, a	such as card	liac Dr raapli	atory arre	est,	Approximate interval Between Onset and Daeth 2 days	
MEDICAL OF	Diabetes Mellitus, Congestive Heart Failure, Meral Failure. 1 YES 2 XNO										WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
	DID TOBACCO USE CONTR			YES F DEATN (Check			AIN 🔯					
SICIOIS	EXAMINER?	HOSPITAL:		ОТН	ER:	ne 5 🗆 Rasiden	ce 6 🗆 Other	r (Specify)				
	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)		b. TIME OF	28c. IN.	JURY AT	-	CRIBE NOW IN	JURY OCCI	URED		
	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY - building, atc. (Specif	- At home,	M farm, atreet, to		YES 2 NO	281. LOCA	ATION (Street as	nd Number o	or Aural Ao	ute Number,	
	4 Nomicide detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PNYSIC	IAN: To the best of my knowle		occurred at the	time, date	a and place, and o			ner as atate	d.		

29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 046120

De Lean, 5999 Harpers Fam Rd, Suite - 200 E Columbia, MD 21044

31. DATE FILE AND 37 11995

32 AEGISTRAB'S SIGNATURE

STATE REGISTRAR CERTIFICATE OF DEATH MARCELLA ELAINE WILDHORN 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 3,00 Lanuar 5. SEX 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) SEPT. 23,1923 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign DAYS HOURS 1 M 2 F YRS. MARYLAND 108-18-4700 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH DIRECTOR SINAI HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE RANDALLSTOWN 1 YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 101. ZP COS 10g. CITIZEN OF WHAT COUNTRY? 9020 ALLENSWOOD ROAD be detached for use as the burial-transit USA retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 THO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexicen, Puerto Rican, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 1 Never Merried 2 Married BY 3 Widowed 4 Divorced Specify: WHITE WWII Army COMPLETED 15. DECEDENT'S EDUCATION sectly only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5+) PROPRIETOR MEDICAL LABORATORY 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) BE SAMUEL SHEMER **FRANCES** LEIBOWITZ funeral director, page 5 should notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 2 6914-G MARY CAROLINE CIR. ALEXANDRIA, VA 22310 MISS ARLENE WILDHORN Page 6 may be pe 26r. METHOD OF DISPOSITION
1 1 Burlat 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must BETH EL MEMORIAL PARK 1-29-95 RANDALLSTOWN, MD 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY death. SOL LEVINSON & BROS., INC. yermon Mutar 6010 REISTERSTOWN ROAD BALTIMORE, MD 21215 n and completely filled in by the to burial, cremation, or removal. hours after medical 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heert failure. List only one ceuse on each line. Interval Batw IMMEDIATE CAUSE (Fine) **Onset and Death** the disease or condition Ventricular resulting in death) Sturin O DIVISION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEQUENCE OF): Myocardia that the death certificate be executed traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate the attending physician Mental Hygiene prior to . Enter UNDERLYING - Vesse Coronar CAUSE (Disesse or Injury other DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST 6 PART it. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 24s. WAS AN AUTOPSY PERFORMED? MEDICAL n signed by the Health and N Foilure - Hypertonsion Congestic Heart any Cerebral Vocacular 1 - YES 2 NO OF DEATH? Account in Das bonic Obstructue Rilmany Brense 1 TES 25 NO t. of h DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES □¹NO □ UNCERTAIN □ PHYSICIAN: has b 23 25. WAS CASE REFERRED TO MEDICAL OR ATTENDING PHYSICIAN: The I 26. PLACE OF DEATN (Check only one) certificate to the State HOSPITAL: OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Nome 5 Residence 6 Other (Specify) 10 27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c, INJURY AT WORK? marked, 28d, DESCRIBE NOW INJURY OCCURED with C 1 Natural 5 Pending М 1 YES 2 NO BY After death 2 Accident 26e. PLACE OF INJURY — At home, term, street, tectory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) DIRECTOR: A hours after d .00 6 6 Could not be 4 Nomicide 28 determined ET 29e. CERTIFIER 1 🔀 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) end manner as stated. COMPL HOSPITAL C FUNERAL C within 72 h (Check only one) = TO THE HOSPITA
TO THE FUNERAL
DE filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end menner as attend. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Januar 26 1995 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (MONTH), Day, Denci 12016 A REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

TW SWI

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Mark Stromberg
31. DATE FILED (Month, Day, Year)
JAN 31 1995

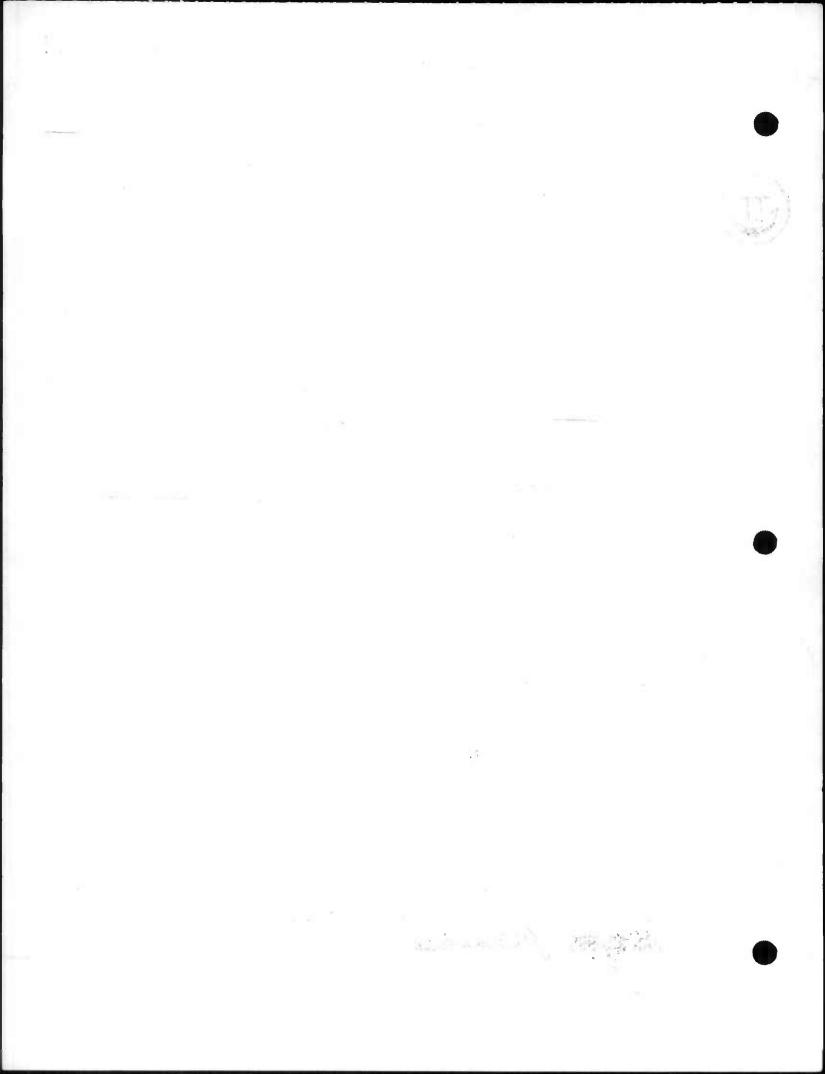
TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 3. 1 - STATE REGISTRAR		STATE OF I	MARYL					HEALTH F DEAT		MENTAL	HYGIEN REG. NO.	E			
1. DECEDENT'S NAME (First	Middle, Lest)										OF DEATH			3. TIME OF DEATH	
GEORGE		SYLVEST	ER			WOL	BER'	T		Janua	ry 29,	1995	YEAR	3:47 #:47 D	М
4. SOCIAL SECURITY NUME		5. SEX	6. AGE (in yrs. lasi	birthday)		R 1 YEAR				OF BIRTH			PLACE (State or Foreign	
218-32-800	1	1 XXM 2 □ F		86	YRS.	MONTHS	DAYS	HOURS	MIN.	Sept.	24, 19	08	Mar	yland	
9a. FACILITY NAME (If not in	stitution, give stre	er and number)				9b. CIT	Y, TOWN	OR LOCATE	ON OF D				NTY OF D		
Greater Balt		dical Cemt	er			7	OWSC	on					Balti	imore	
10a. STATE	10b. COUNTY				10c. CITY			ATION						10d. INSIDE CITY LIMITS?	
Maryland	N/A				Bal ⁻	timo	æ							1 XYES 2 NO	
10e. STREET AND NUMBER							1	of. ZIP CODI	E			10g. CIT	IZEN OF	WHAT COUNTRY?	
129 Fireside	Circle							21212				Uni	ted S	tates	
11. MARITAL STATUS	153.10	12. WAS DECEDEN	T EVER IN	U.S. ARI	MED	13.					? (Specify Yea	or No-	14. RACI	E - American Indian,	
1 Never Married 2 Merried FORCES? 1 YES 2 NO If yes, specify: Specify:															
White															
(Specify only	y highest grade c	ompleted)		(GI	CEDENT'S I ve kind of w Do NOT use	ork done	during n	TION nost of workin	g	16b.	KIND OF BUS	SINESS/INI	DUSTRY		
Elementary/Secondary (0	1-12)	College (1-4 or 5	+)							C	ammerci.	al La	ndscar	oina	
17. FATHER'S NAME (First, M	iddle (act)			COM	racto	r		40 1107					10000	72.19	_
Charles		Wolbert						Hatt		AMPE (FIRST, A	Aiddle, Maiden				
		NOTDEI C		101	MAILING	ADDRES	C (Cton of	_		0 11 1		Lewis			_
198. INFORMANT'S NAME (TyperPrint) 199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 129 Fireside Circle Baltimore MD 21212															
The state of the barolinois in Balaia															
1 Care State 2 Cremation 3 Removuil from State Care S															
4 Donation 5 Other (Specify) Parkwood Cemetery 2/1 Parkville, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY															
Mitchell-Wiedefeld Home MARYLAND 6500 York Road Baltimore, Maryladn 2;212															
23. PART I. Enter the di shock, pr h						ot antei	r tha m	oda of dyl	ng, suc	h ss card	lac or reapl	ratory sr	raet,	Approximats	
shock, Dr heart feilure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) s. Preumain and peath															
resulting in death)	8.				UENCE OF):									-
	- C b														
Sequantially list conditi if any, leading to imme-		DUE TO	(DR AS A	CONSEC	UENCE OF):									
cause. Enter UNDERLY!		C. DUE TO (OR AS A CONSEQUENCE OD)													
that initiated events		DUE TO (OR AS A CONSEQUENCE OF):													
resulting in desth) LAS	d.														
PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY FINDINGS															
to 1						- 1		8			PERFOR	MED?		AMILABLE PRIOR TO COMPLETION OF CAUSE	
Europhysema, Congostive Howt Galive 1- YES 2 MNO COMPLETION OF DEATH?															
DID TOPACCO II	SE CONITRI	DUITE TO CA	LICE	E DEAT	TII VE	c M	NO I	7 11110	EDTAI					1 TYES 3 NO	
DID TOBACCO U		BUIE IO CA				S 🛛			ERTAI	иПТ					_
EXAMINER?	_	HOSPITAL:			E OF DEAT	OTHE	R:								\dashv
1 YES 2 PO NO		Inpatient 2		etlent 3	28b. TIME			ma 5 Ra	eldence						_
	Pending	(Month, D			INJU		W	YES 2	1 40	28d. DE\$	CRIBE HOW II	NJURY OC	CURED		
2 Accident 3 Suicide	Investigation	28a. PLACE O	FINITION	- At hor	no form of	root for			J NO	201 1 000	TION (Creek	and Alicanter	0	2N	_
	Could not be determined	building,	atc. (Spec	ify)	,	illeri, lac	tory, orr				ATION (Street a or Town, State)	nu Numbe	or Murai F	Houte Number,	
29e. CERTIFIER														_	
(Check only		AN: To the best of													
2 MEDI		. On the beals of a	xamination	and/or lo	rvestigation	, in my	opinion,	death occur	ed at the	time, date	and place, an	d due to ti	ra cause(a) and menner as stated.	
29b. SIGNATURE AND TITLE	OF CERTIFIER	1						29c. LICE	NSE NUI	MBER		29d. DAT	E SIGNED	(Month, Day, Year)	
VIvan	man Sten 10 032543 January 30, 1995														

Osler Dr Suite 410 Towson, Maryland 21204

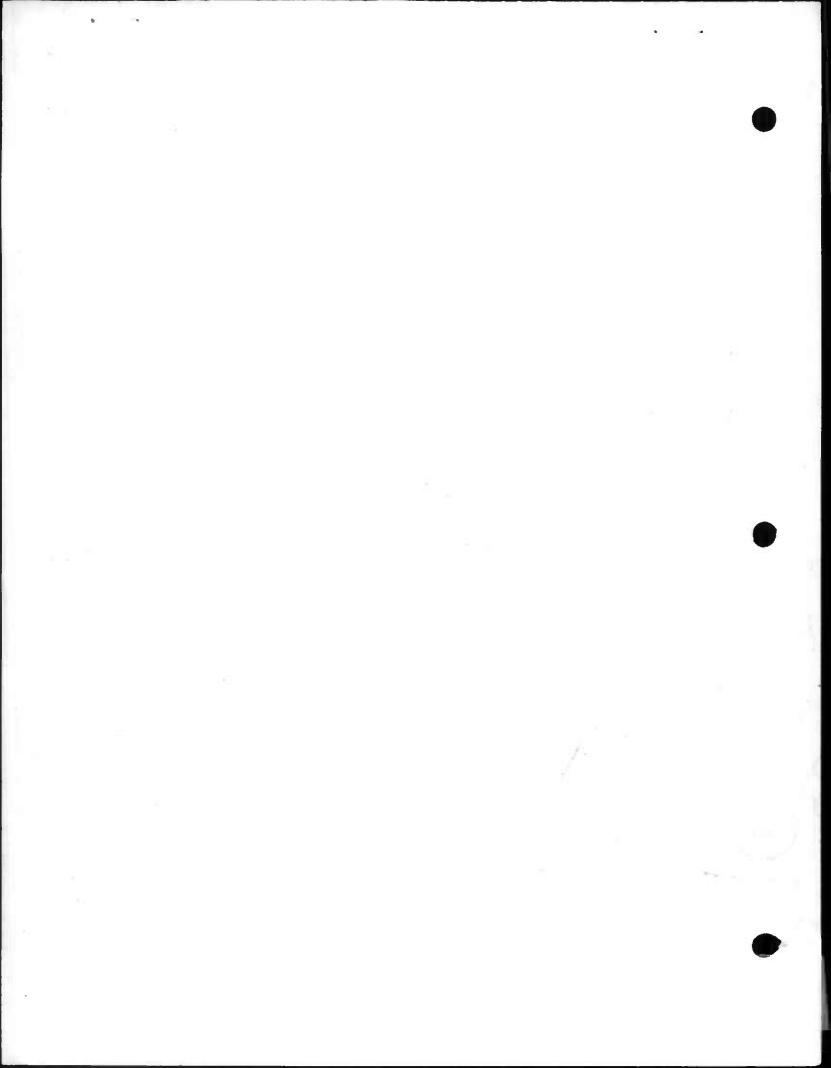
BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



OR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

		REGISTRAR				EKIIF	ICATE	OF DEATH	REG. NO	Э.	
		1. DECEDENT'S NAME (First, A	Aiddle, Last)						2. DATE OF DEATH	DAY YE	3. TIME OF MEATH
		Leslie	Melvi	n Walter	•				1 Snurry	76 18C	AR HOYD W
		4. SOCIAL SECURITY NUMBER	R	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH	179	SIRTHPLACE (State or Foreign
		212-03-6789		1 3/M 2 F	89	YRS.	MONTHS DA		Feb. 19,1	905	IARYLAND
용		9a. FACILITY NAME (If not insti			0)						
3 should	~							WN OR LOCATION OF I	DEATH	9c. COUNTY	
ci.	DIRECTOR	Greater B		Medical	Center	r	TO	WSON		BALT	TIMORE
	ည် [RESIDENCE OF DECE	IDENT	,		100 CIT	Y, TOWN OR LO	CATION			
Page	₾					100. 011					10d. INSIDE CITY LIMITS?
permit. Pages 1,		MARYLAND	DAI	TIMORE			TIMON				1 - YES 2 NO
bed	3AL	10e. STREET AND NUMBER						10f. ZIP CODE		1.77	OF WHAT COUNTRY?
n. ansit	FUNER		38	Norwick	Circle	9		21093		USA	
O sicia	5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED	13. WAS	DECENDENT OF HISPA	ANIC ORIGIN? (Specify Y	es or No 14.	RACE — American Indian, Black, White, etc.
P 3		1 Never Married 2 M		IF YES, GIVE V		ZNO	1 🗆	YES 21 NO Spec	can, Puarto Rican, etc.)		
ding the	BY	3 XWidowed 4 Divorc	ed							WE	fite
21215-0020 If or attending physician, for use as the burial-tran	ETED.	15. DECEE (Specify only it	ENT'S EDU		18a,	DECEDENT'S	USUAL OCCUP	PATION g most of working	16b. KIND OF BI	USINESS/INDUST	RY
21, or us	ш	Elementary/Secondary (0-1)		College (1-4 or 5		life. Do NOT u		entral			
D spirtal	4	10	´		" I _	C &		ice Repair	cman Co	ommunica	ations
AND the hospital detached for	COMPL	17. FATHER'S NAME (First, Mide	tie (ast)				- 011.		AME (First, Middle, Maide	o Summer	
BALTIMORE, MARYLAND 21215-0020 s atter death. Page 6 may be retained by the hospital or attending physician. by the luneral director, page 5 should be detached for use as the bunial-transit removal. dical examiner must be notified at once.		Charle	,	l tros				The second secon	va V. O'La		
	BE			Luer							
	2	19a. INFORMANT'S NAME (Typ							Route Number, City or To		
		William C.		er		38 1	Norwick	Circle,	Timonium,	MD 2109	93
	1	20a. METHOD OF DISPOSITION		oval from State	20b. PLAC	E AND DATE	OF DISPOSITION	N (Neme of	DATE 20c. L	OCATION — City	or Town, Stata
0 e e	1	4 Donation 5 Dether S		Tom State	WOO	dlawi	ther place) n Cemet	ery	JAN Woo	dlawn,	MD
ALTIN death. Pag tuneral dir J. examiner		21. SIGNATURE OF FUNCTION	SERVICE NO	ENSEE ,	Bred		22. NAM	e and address of F	ACILITY		
ami uner	- 1	▶ 8€	an W	Clary	Lang.	8					
BA BE de de de de de de de de de de de de de			-						ia Rd., Ti		
no or or		23. PART I. Enter the disabook, or he	es fallure.	complications that	t caused tha	death. Do i	not entar tha	moda of dying, su	ch es cardiac or res	piratory arrest,	Approximate interval Between
	MMSDIATE CAUSE (Size)										
		disease or condition		sh-to	1- /	4	- A.	1-80.	1//	1. 1.	aich
760, ad with ompletely fille ul, cremation, event, the	- 1	reaulting in death)		DUE TO	OR AS A CONE	SOUTH CE S	A CON	TO Ven	11 dsco	DANS	255
P 2 2 2 2	- I		_				•				
OX 68 e be execut sician and c rior to buni traumatic	CERTIFICATION	Sequentially list condition		DUE TO	(OR AS A CONS	EOUENCE O	Đ:				
BOX	AT	if any, leading to immedia cause. Entar UNDERLYING					,				j
certificate ding physical hygiene pri	윤내	CAUSE (Disease or Injury Due TO (OR AS A CONSEQUENCE OF):									
Certificat ling phy ygiene p	Ē	resulting in dauth) LAST		562.10	(011 AD A 00110	EGOENCE O					i
0 = 5 - 6	点	,		tl							
ORDS, F that the death ed by the atter th and Mental any Injury, o	7	PART ii. Other algnificant	condition	s contributing to	daath but no	resulting	in the under	ving cause alvan is	Part I. Jan. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
CORDS res that the d igned by the ealth and Mer	EDICAL	ha	0 -	1	10		1	DI for a	PERFO	HMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
CO ires thi signed fealth			-	read	~~	ne	neo	Toper	YOLDY CHARLES.	244190	DF DEATH?
교 등 일 등	Σ				1						1 _ YE\$ 2 _ NO
>	ž.	DID TOBACCO US		RIBUTE TO CA	USE OF DE	ATH YE	S NO	☐ UNCERTA	IN 🗆		
N: The law icate has State Dep	SICIAN: M	25. WAS CASE REFERRED TO E	WEDICAL	HOSPITAL:	28. PL	ACE OF DEA	TH (Check only o	one)	15-11-		
F VIT.	Š	1 (1 YES 2 NO		1 Inpetient 2	EN/Outpatlant	3 DOA	OTHER: 4 Nursing	Home 5 - Residence	8 Other (Specify)		
OF VITAL PHYSICIAN: The law this certificate has with the State Dep	PHY	27. MANNER OF DEATH		28a. DATE OF		28b. TIM	E OF 28c.	INJURY AT	28d. DESCRIBE HOW	INJURY OCCURE	:D
		1 Nettrel 5 Pe		(Month, D	ay, rear)	IN.	M 1	WORK?			
	B	2 Sudalda	reatigation	28s. PLACE O	F INJURY — At I	home, farm,	street, factory, o	office	281. LOCATION (Street	and Number or B	tural Bouta Number
-		_ 0 0 00	uld not be termined	building,	atc. (Specify)		,,		City or Town, State	3)	orer Hoote Number,
DOWNER OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	<u> </u>										
AL DIRECTOR	COMPLET		YING PHYSI	CIAN: To the best of	my knowledge,	death occurr	ed at the time,	deta and place, and du	e to the cause(a) and me	enner as stated.	
- F - F - F - F - F - F - F - F - F - F	8	one) 2 MEDIC	L EXAMINE	R: On the basis of a	xamination and/o	r Investigatio	n, in my opinio	n, death occured at th	e time, data and placa, a	ind dua to the car	use(a) and manner as stated.
HE THE CHANTE	0	296. SIGNATURE AND TITLE O	F CENTIFILE					29c. LICENSE NU	MBER	79d DATE SIC	NED (Mogh, Day Year)
- water from the same of the s	an I	Lohon	2	00	- >	1	and)	1 -00	> 120	D 1/	1/0-
5.53.5	2	30 NAME AND ADDRESS OF P	ERSON WIT	COMPLETED CALL	SE OF DEATH UT	EM 277 Char	Profit	109	202	1/2	6/75
		116 1 -	7.	//	1	-11	/	1	150/17	marg.	THE WAY
	1	DI DATE EN EN	100	exe ///	15-40	SAL	Jet	10x4-1	1/4/1/20/	1 1411	RI
	1	JAN 3 1 100	15	1	RCS SIGNATURE		/				
		J 0 I 130	0	may a small	or whole	6					



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BALTIMORE, MARYLAND 21215-0020	ith. Page 6 may be retained by the hospital or attending physician.
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ND 2	hospital
Y	the
Σ	6
MAR	retained
	be
2	may
0	9
<u>∑</u>	Page
AL	death.
m	after
a	hours after death.

this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. narked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

KENDALL

FAULKNER

2300

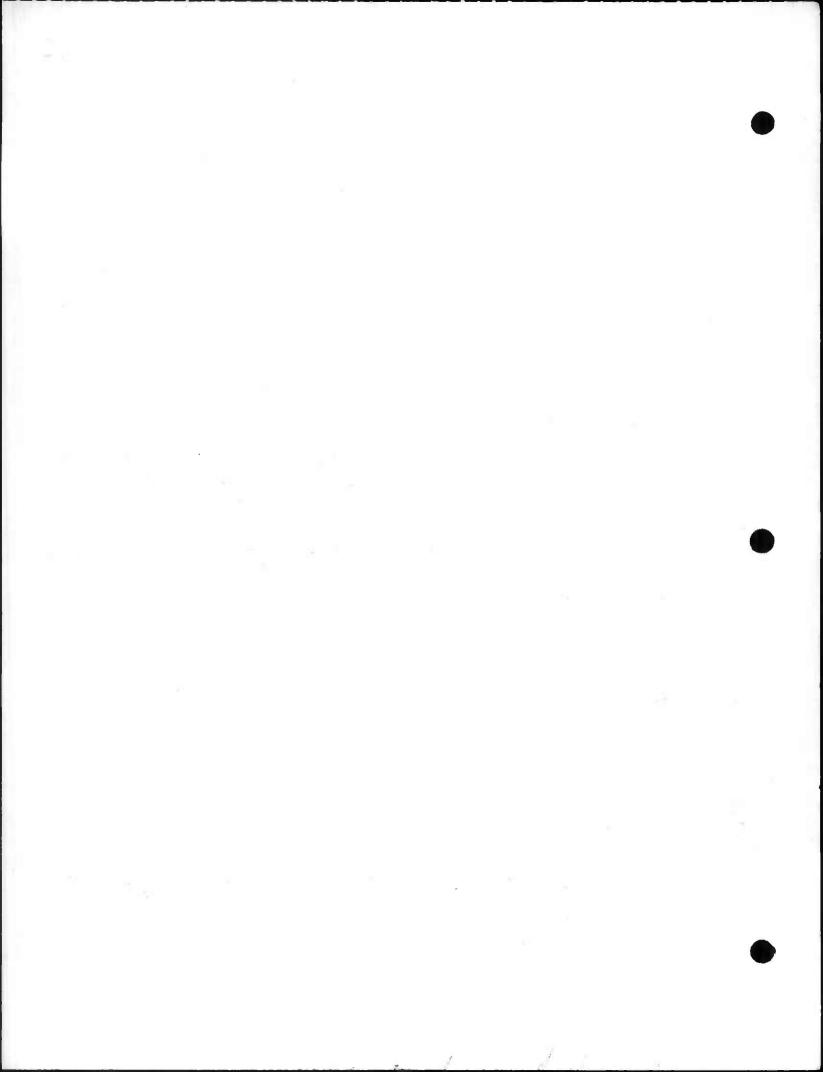
32 REGISTRAR'S SIGNATURE

SION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAI	ND / DEPAI	RTMEN	T OF H	IEALTH DEA	AND	MENTA	L HYGIEN			
	1. DECEOENT'S NAME (First, Middle, Last)									E OF DEATH			. TIME OF GEATH
	MYRTLE ALVERTA W	ATTS							MON	2	7	YEAR 95	12 PM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	yrs. last birthday)		R 1 YEAR		A 24 HRS.		OF BIRTH		a. BIRTHPI	ACE (State or Foreign
- 2	216-01-0568	1 🗆 M 2 💢 F	82	YRS.	MONTHS	DAYS	HOURS	MIN.	10/	16/191:	2	Country)	
	9a. FACILITY NAME (If not institution, give si	treet and number)			9b. CIT	Y, TOWN (DR LOCAT	ION OF D				NTY OF DEA	тн
OR	Stella Maris					noni	ım				Ba1	timor	e
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY												
2	1222			-		OR LOCAT	TION						Od. INSIDE CITY LIMITS?
	Maryland 100, STREET AND NUMBER	Ba	alti								YES 2 NO		
A.						101	. ZIP COD	-					AT COUNTRY?
FUNERAL	3857 Elmley Aven								1213			S.A.	
FU	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS OECEDEN FORCES?			13.					N? (Specify Yes	or No-	14. RACE - Black,	- American Indian, White, atc.
ВҰ	3 X Widowed 4 Divorced	IF YES, GIVE Y	WAR OR DATE	ES			2 X NO			15.00		Specific.	
	15. OECEDENT'S EDUC	CATION	10	6a. DECEOENT'S	LIGUAL	VCCI IDATI	2N		T 46	b. KIND OF BU			WIIICC
E	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5		(Give kind of life. Do NOT u	of work done during most of working					SINE 35/INL	JUSTRY		
7	12	conege (1-4 of 5	"	Housev	rife				- 1				
COMPLETED	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)												
	Burton Lohr								e A11				
BE (19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zlp Code)								Code)				
5	Barbara Czapski									re, Mai			12
	20a. METHOD OF DISPOSITION		20b. PI	LACE AND DATE	OF DISPO	SITION /Ne	me of		_	TE 20c. LO			
	1 Donation 5 ☐ Other (Specify)	oval from State	Par	kwood (ther plece	erv		2	/1/9	5 Bal	timor	e. Ma	ryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	- 0		22.	NAME AN	NO AODRE	SS OF FA	CILITY				
	· a alan	15-4	- ()	1						. Funer			
	23. PART I. Enter the diseases, or c		1 6 7 1	h - 445 D	38	318 E	Rolar	nd Ar	ve.	Baltimo	ore,	Maryl	and 21211
	shock, or heart fallura.	List only one car	se on asci	h lina.	not anta	r tna mo	da of dy	ing, suc	h as car	diac or reapi	ratory arr	eat,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition	CIT	\ \ \ \ \	10-0			C A	. ~	0				Onset and Death
	resulting in death)	EN	100 11	KIR			CA	10C	12	_			4 yrs.
	DUE TO (OR AS A CONSEQUENCE OF):										0		
CERTIFICATION	Sequentially list conditions, oue TO (OR AS A CONSEQUENCE OF):										-		
AT	cause. Enter UNDERLYING									ĺ			
Ĕ	CAUSE (Diseasa or Injury that Initiated events OUE TO (OR AS A CONSEQUENCE OF):									+			
F	reaulting in death] LAST									!			
	DATE II ON THE MET AND THE												
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? AWAILABLE PR									ERE AUTOPSY FINDINGS WAILABLE PRIOR TO			
ă									[1 TYES 2	NO		OMPLETION OF CAUSE F DEATH?
Z										/	•	1	YES 2 NO
ä	DID TOBACCO USE CONTR	IBUTE TO CA				NO X	UNC	ERTAI	N 🗆				
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26.	PLACE OF DEA	TH (Check								
YS	1 TES NO	1 Inpatient 2			4 🗆 Nu	rsing Hom		esidence	8 Xoth	er (Specify)	HOSP	ICE	
						UJURY WORK?				SCRIBE HOW I	NJURY OCC	CURED	
ВҰ	2 Accident Investigation					M 1 TES 2 NO				1			
	3 Suicide 8 Could not be 4 Homicide determined					n, street, factory, office				or Town, State)	nd Number	or Rural Rou	te Number,
COMPLETED	and Opportunity												
MPI	(Check only 1 XI CERTIFYING PHYSIC												
00	2 MEOICAL EXAMINE	T: On the basis of e	xemination a	nd/or investigation	on, in my	opinion, d	eath occu	red at the	time, date	and place, en	d due to th	e cause(a) a	nd manner as stated,
BE (296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)												
10 E	reneall t	1 am	Leo	ulin	0		D	05	643	3	> 1/	30/	95
- W	38. NAME AND ADORESS OF PERSON WHI	LCOMBLETES CALL											

21204

DULANEY VALLEY RD., TOWSON, MD

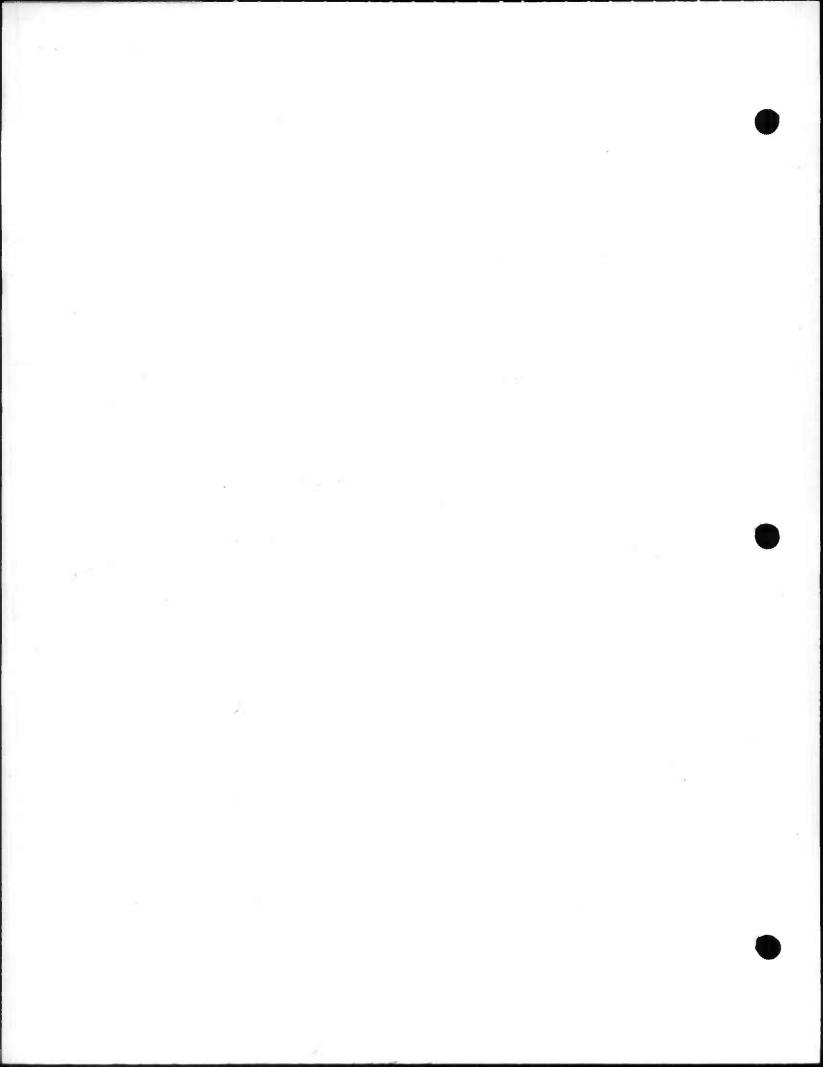


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VITAL RECORDS, P.O. BOX 68760	
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JAN 3 1 1995

32. HEGISTHAR'S SIGNATURE

		1 - STATE REGISTRAR	STATE OF MARYL		ITMENT OF I		MENTAL HYGIEN REG. NO			
		1. DECEDENT'S NAME (First, Middle, Last) D(ROTHY GR	ESSITT	WILLI	AMSON	2. DATE OF DEATH MONTH 01-25	95 °	3. TIME OF DEATH 1:45 A. M	
10		212-12-4722	1 🗆 M 2 🗶 🗶	(In yrs. lest birthday) 83 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 08-17-		BIRTHPLACE (State or Foreign Country) VIRGINIA	
2. 3 should	стов	9e. FACILITY NAME (If not institution, give stre DULANEY—TOWSON		OME		TOWSON	EATH	9c. COUNTY	OF DEATH	
t. Pages 1,	DIREC	10a. STATE MARYLAND 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAL	TIMORE	CITY		10d. INSIDE CITY LIMITS? XXXS 2 □ NO	
n. Insit permit.	FUNERAL	10s. STREET AND NUMBER 5021 ROLAND	AVENUE			ZIP CODE 212		-	J.S.A.	
5-0020 nding physician. is the burlal-transit	BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed XX Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, OIVE WAR OR DA	2 00	If yes, ap	CENDENT OF HISPA ecify Cuban, Maxics XXNO Specia	NIC ORIGIN? (Specify Year, Puerto Rican, etc.) fy:	a or No- 14.	RACE — American Indian, Black, White, atc. Specify: WHITE	
2121 al or atte for use a	PLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12) 12 YEARS	TION Empleted) College (1-4 or 5+)	(Give kind of a life. Do NOT us	USUAL OCCUPATION OF A PARTY OF THE PARTY OF	ost of working	16b, KIND OF BU		OME	
YLA by the be der	E COMPL		LIAMSON			18. MOTHER'S NA	TH MORGA			
ay be retained bage 5 should be notified	TO B	JOHN R. WILLIAMS	SON (SON)	19b. MAILINO 502	ADDRESS (Street a	ID AVEN	Route Number, City or Tow UE, BALTIN	n, State, Zip Co	MD.,21210	
e 6 m rector.		20a. METHOD OF DISPOSITION XX Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	rai from State cam	PLACE AND DATE OF PRINCIPLE OF	ther place)				or Town, Stata	
SALT r death. re funer al. exami		21. SIGNATURE OF FUNERAL SERVICE LICE	ISEE			ND ADDRESS OF FA HENRY 5 YORK	W. JENKI	NS &	SONS E,MD.21212	
quires that the death certificate be executed within the hours in signed by the attending physician and completely filled in the Health and Mental Hygiene prior to burial, cremation, or relows any Injury, or other traumatic event, the mediates		23. PART I. Entar tha diseases, or co- shock, or hasrt failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	Course on a	ach ilna.	ot anter the mo					
	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF						
	MEDICAL CEI	PART II Other algorificant conditions Wallent	contributing to death b	ut not resulting	In the underlying	greause given in	Part I. 24a, WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
law red law red as been bept. of		DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		F DEATH YE		UNCERTAI	NXIX		T TES 2 NO	
ENDING PHYSICIAN: The R. After this certificate his death with the State I is marked, or Item	PHYSICIAN:	1 TYES XX NO 27. MANNER OF DEATH	HOSPITAL: I Inpatient 2 ER/Outp	28b, TIM	E OF 28c. INJ	URY AT	6 Other (Specify) 28d, DESCRIBE HOW I	INJURY OCCUR	ED	
ON OP OF OF OF OF OF OF OF OF OF OF OF OF OF	B	Natural 5 Pending (Month, Day, Year) INJURY 2 Accident Investigation 26a PLACE OF INJURY — At home, farm, street				M 1 YES 2 NO			(Street and Number or Rural Route Number,	
OR ATENDIN OR ATENDIN Out all de len 28 is n	ETED	4 Homicide datarmined	building, etc. (Spec	Hry)			City or Town, State))		
New Property Control of the Pr	COMPLET	(Check only one) 2 MEDICAL EXAMINER:	N: To the best of my knowl	edge, daath occurre	nd at the time, data	end place, and due	to the cause(a) end men time, data and place, an	nner as stated.	suse(a) and manner as stated.	
TO THE P TO THE P The field w	TO BE	296. SIGNATURE AND JUTLE OF CERTIFIER ANGLES	Lane 1	40		A K 200	D26391		GNED (Morith, Day, Year) $1-30-95$	
l		30. NAME AND ADDRESS OF PERSON WHO MARSHA KANE	M.D. 301			DATMT	MODE MAD	WT AMP	21202	



		m signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		
D 21215-0020	pital or attending physician.	ed for use as the burial-transit		
BALTIMORE, MARYLAND 21215-0020	medies that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ctor, page 5 should be detach		nd, or term 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	1 24 hours after death. Page	y filled in by the funeral dire	ttion, or removal.	the medical examiner n
F. W. A. RECORDS, P.O. BOX 68760,	sertificate be executed within	ing physician and completely	saith and Mental Hygiene prior to burial, cremation, or removal.	other traumatic event,
LECORDS, P.	quires that the death of	n signed by the attend	of Health and Mental H	3 shows any Injury, or
SIGNOF	TENDING WITH CITY	THE PARTY	STEP WILL AND STEP	mark
NIC	TO THE HOSPITAL OR AT	TO THE FUNERAL DIREC	be filed within 72 hours after de	IMPORTANT: If item 28 is

RECORDS, P.

3	Service Control	P. Children	WITH THE PERSON
	DMG	Affect	death
	OR ATTENI	30K	after
	OR A	IL DIRECTOR:	be filed within 72 hours after di
,	TAL	JNERAL	27
	THE HOSPITA	FUNE	within
	뿚	TO THE FU	filed
	101	2	2

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Lest) Ethel L. White	<u></u>	2. DATE OF DEATH	DAY YE	3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In your 2007) 1 □ M 2 □ F	7. last birthday) IF UNDER 1 YEAR IF UNDER 24 I	RS. 7. DATE OF BUILTH (Month, Day, Year)	0. 8	BIRTHPLACE (State or Foreign Coupty)					
~	9e. FACILITY NAME (ti not institution, give street end number)	9b. CITY, TOWN OR LOCATION	OF DEATH	9c. COUNTY	OF OEATH					
DIRECTOR	Lan of Evergreed 1V.17 . RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY	BALK	٥.							
	MD	Betto			10d. INSIDE CITY LIMITS? 1 YES 2 NO					
FUNERAL	2527 W. Belverlee A	The. 212	15	10g. CITIZEN	OF WHAT COUNTRY?					
ВУ	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S	If yes, specify Cuberl, N	ISPANIC ORIGIN? (Specify Y lexicen, Puerto Rican, etc.) Specify:	es or No 14.	RACE — American Indien, Black, White, etc.					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) TO USE RELIGIOUS	16b. KINO OF B	usiness/indust	The same					
	17. FATHER'S NAME (First, Middle, Last) Sohn Brice	18. MOTHER	S NAME (First, Middle Maide	n Sumeme)						
TO BE	Mary E. Deloatch	19b. MAILING ADDRESS (Street and Number of	Rural Route Number, City or To		* *					
	20e. METHOD PF DISPOSITION 1 Description 3 Removal from State 4 Donation 5 Other (Second	ACE AND DATE OF DISPOSITION (Name of y, cremetery or other place)		ocation - City	or Town, State					
	21. SIGNATURE OF PUNETRAL SERVICE LICENSEE	22. NAME AND ADDRESS OF VIII	ex F/H	639 1 Bake	V. Broadway					
	23. PART I. Enter the diseases, or complications that ceused the shock, or heert fellure. List only one cause on each IMMEDIATE CAUSE (Finel	Ilna.			Interval Between					
	disease or condition and in deeth)	eleratic Cardia	Mascular	dise	es years					
LION	Sequentially list conditions, If any, leading to immediate	tension			years					
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evants C. DUE TO (OR AS A CO	NSEQUENCE OF):								
CERT	resulting in death) LAST									
DICAL	PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?									
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIBUTE TO CAUSE OF E	DEATH YES NO UNCER	TAIN 🗆		1 YES 2 NO					
SICIA	25. WAS CASE REFERRED TO MEDICAL 26.1	PLACE OF DEATH (Check only one) OTHER: nt 3 □ DOA 4 □ Nursing Nome 5 □ Reelds	nan & Other (Conside)							
	27. MANNER OF DEATH 1 Netural 5 Pending 28e. DATE OF INJURY (Month, Dey, Year)	28b. TIME OF 28c. INJURY AT WORK?	26d. DESCRIBE HOW	INJURY OCCURE	ED					
ED BY	2 Accident Investigation	M 1 YES 2 N	281. LOCATION (Stree City or Town, State	end Number or R	ural Route Number,					
COMPLET	29e. CERTIFIER (Check only one)									
29h SICHATURE AND TITLE OF CERTIFIER										
10 BE	Amatun H. H. Malen 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH		5503	D 01/	30/95					
	AMATUN N MAG	m,501 papi	In Stree	t,Ba	He MAD 7/2/7					
	31. DATE FILED (Month, Doy, Year) 1AN 3 1 1995 Julia Studior Reveal	RE J								

B.K.S

ITEMS: 23 PART I,27,28a,b,c,d,e,f PER MEO G-720 2/9/95 reb

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH AKA Lewis R. Yancey LOUIS YANCEY JAN" 1646 P 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign (Month, Day, OCT.5, 1959 215-72-0629 MARYLAND 1 X X 2 F 35 YRS. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give stre 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH MERCY HOSPITAL E.R. DIRECTOR BALTIMORE CITY n/a RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MARYLAND n/a BALTIMORE 1 YES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? **AVENUE** 1507 Ν. MILTON STATES 21213 UNITED funeral director, page 5 should be detached for use as the burial-transit retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1\(\subseteq \text{YES} 2 \subseteq \text{NO} \) IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 Never Married 2 Married Specify: BLACK BY 3 Wildowed 4 Divorced 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY ET BETHESDA NAVAL College (1-4 or 5+) G.E.D. COMPL GROUNDSKEEPER MEDICAL CENTER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Johnson LOUIS R. JJOHNSON SUSIE YANCEY BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
1507 N. MILTON AVENUE, BALTIMORE, MD 9 SUSIE YANCEY 21213 Page 6 may be å 20a. METHOD OF DISPOSITION
XIX Burlal 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION /Name of 20c. LOCATION Randallstown must KING MEMORIAL PARK 2-2 RANDALLATOWN, MD 4 Donation 8 Donation Other (Specify) _ the medical examiner TE OF FUNERAL SERVICE LICENSEE 21. SIGNATU 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH FH.-1101 E. NORTH **AVENUE** signed by the attending physician and completely filled in by the Health and Mental Hygiene prior to burial, cremation, or removal. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each lina. Interval Betw IMMEDIATE CAUSE (Final Onset and Death disease or condition NARCOTIC AND COCAINE INTOXICATION executed within event. resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DIVISION OF VITAL RECORDS, P.O. BOX 68760 traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate . Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 6 PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? shows any 1 YES 2 NO 1 YES 2 NO t. of P PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square DR ATTENDING PHYSICIAN: The law 23 has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate I HOSPITAL:
1 | Inpetient 2 | PR/Outpetient 3 | ODA OTHER: XXYES 2 NO 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 0 27. MANNER OF DEATH (Month, Day, Year) 1/27/95 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED with c marked. 1 Natural Periding 1 YES 2 NO UNKNOWN After BY 2 Accident 28e. PLACE OF INJURY — At home, term, streat, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Nur City or Town, State) 1726 ST. PAUL BALTIMORE CITY, MD. 3 Suicide .00 DIRECTOR: A COMPLETED Could not be 4 Homicide 28 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. HOSPITAL FUNERAL within 72 I TO THE HOSPITA
TO THE FUNERAL
DE filed within 72
IMPORTANT: II 2XXMEDICAL EXAMINEF: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. ATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

JAN 28, 1995 29c. LICENSE NUMBER BE O.C.M.E Chimi 0 NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DOUPSHOO DIKORELL 111 Penn Street, Baltimore, Maryland 21201 MO 31. DATE FILED (Month, Day, Year) 12. REGISTRAR'S SIGNATURE 1995

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THE HOSP THE FUNE filed withir	RAL DIR 72 hour	ECTOR:	ADING After death	this c with	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with rouns after death. Page 6 may be retained by the hospital or attending physician	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician. TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	ATENDING PHYSICIAN: The law requires that the death certificate be executed with fours after death. Page 6 may be retained by the hospital or attending prescion and completely filled in by the funeral director, page 5 should be detached for use as the teach with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 126 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	IDING PHYSICIAN. The law requires that the death certificate be executed with normal fine factor. Page 6 may be retained by the hospital or attending page 1. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. Is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending p this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the b with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	CIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending penflicate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	hysic	urial		

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1 - FOR STATE OF MARYLAND	DEPARTI			MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	3 - 0	3. TIME OF DEATH				
	Millard Calvin ANGLEBERGER					7, 1995					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLA										
	214-10-1141 1(XM2□F 78	YRS.	ONTHS DAYE	HOURS MIN.	(Month, Day, Year) May 27		arvland				
	99. FACILITY NAME (If not institution, give street and number) 99. FACILITY NAME (If not institution, give street and number) 99. FACILITY NAME (If not institution, give street and number) 99. FACILITY NAME (If not institution, give street and number) 99. FACILITY NAME (If not institution, give street and number)										
5	206 Stouffer Ave. Funkstown Washingt										
DIRECTOR	RESIDENCE OF DECEDENT										
#			TOWN OR LOCAT				10d. INSIDE CITY LIMITS?				
	Maryland Washington	Fu	ınkstowı				1 🔀 YES 2 🗌 NO				
₹ N	10e. STREET AND NUMBER		10f	ZIP CODE			F WHAT COUNTRY?				
FUNERAL	206 Stouffer Avenue			21734			USA				
5	11. MARITAL STATUS 1 Never Merried 2 Merried 12 WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2		13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Yearn, Puerlo Rican, etc.)	or No- 14. R/	ACE — American Indian, lack, White, etc.				
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES		1 TES	2 NO Specify	r:		ecily: ∀hite				
	15. DECEDENT'S EDUCATION 18e.	. DECEDENT'S US	LIAL OCCUPATION	N	165 KIND OF BUI	SINESS/INDUSTRY					
	(Specify only highest grade completed)	(Give kind of worldie. Do NOT use n	k done during mo:	st of working	IOD. KIND OF BO	3114E33/114D031 N1					
2	Elementary/Secondary (0-12) College (1-4 or 5+)				util	ities					
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)			18. MOTHER'S NA	ME (First, Middle, Meiden	Surname)					
	Harry E. Angleberger				V. Crampt						
BE	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DORESS (Street &		Route Number, City or Tow						
5	Arlene Angleberger				Funkstown,						
	20e. METHOD OF DISPOSITION 20b. PLA	CE AND DATE OF	DISPOSITION /Na	me of	OATE 200 LO	CATION — City or	Town State				
1	1 X Buriel 2 Cremation 3 Removal from State cemetery.	dar Law	n Memor	ial Parl	C 1-20 Ha	gerstown	n,Maryland				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AN	D ADDRESS OF FA	CILITY	Belbeomi	a,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	> Say HMM	1	1								
	22 DADY Enter the diseases or complications that several the	-0					wn, Md. 21740				
	23. PART I. Enter the diseases, or complications that caused the shock, or heart fallure. List only one cause on each i	i death. Do not lina.	after the mo	da of dying, suci	h as cardiac or respi	ratory arreat,	Approximata Interval Between				
	IMMEDIATE CAUSE (Finel disease or condition	1 1 1	,				Onset and Death				
	resulting in death) a. OUE TO (OR AS A CON	tope	culo	n (ancer		7 ronts				
	OUE TO (OR AS A CON	ISEOUENCE OF):									
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CON	ISFOUENCE OF:									
A	If any, leading to immediate cause. Enter UNDERLYING										
윤	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):										
E	resulting in deeth) LAST										
	o.										
A	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AMAIL										
음	1 U YES 2 UND COMPLETION OF CAUSE OF DEATH?										
ME							1 TES 2 NO				
ż	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO NO										
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PL	ACE OF DEATH (Ch	eck only one)						
YSI	1 TYES 2 NO 1 Inpetient 2 ER/Outpetient	1 3 🗆 OOA 4	Nursing Hom	5 Reeldence	8 Other (Specify)						
H	27. MANNER OF OEATH 28e. OATE OF INJURY (Month, Day, Year)	26b. TIME C		JRY AT RK?	28d. OEŞCRIBE HOW I	NJURY OCCURED					
BY	1 Vinetural 5 Pending 2 Accident Investigation		M 1 🗆 1								
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, atreet, factory, office City or Town, State)										
	4 Homicide determined										
7	29e. CERTIFIER (Check only 1 EFRTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as attated.										
COMPLETED	one) 2 MEDICAL EXAMINER: On the beels of exemination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(s) and manner ee stated.										
	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)										
BE (michael D. Mchami			0416	67		18.95				
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ((ITEM 27) (Type, Pr	rint)		,						
	Michael J. M. Clormack	1790	How	ell R	d. Hara	retrun	MO. 21740				
	31. DATE FILEO (Month Day, Year) / 82. REGISTRARIS SIGNATUR		.,,			.3,000	1				
	JAN 1 91995 Julia d'aveler Randall										

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1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEOENT'S NAME (First, Middle, Last)						DATE OF DEATH		3. TIME OF DEATH	
	Arthur William AL	LEN					enuary	23.14	995 16:50 M	
	4. SOCIAL SECURITY NUMBER	birthday)	IF UNDER 1 YEA		7.0	ATE OF BIRTH	7.1	6. BIRTHPLACE (State or Foreign Country)		
	220-18-2062	X M 2 □ F 69	YRS.	MONTHS DAY	S HOURS MIN.	00	Womth, Day, Your) t.13,192	2.5	Pennsylvania	
ايا	9a. FACILITY NAME (If not institution, give street			9b. CITY, TOV	N OR LOCATION OF	EATH		9c. COUN	TY OF DEATH	
5	Washington County Hospital Hagerstown Was							shington		
EC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LO	CATION				10d. INSIDE CITY	
E I	Maryland Washi	neton	Mi	lliams	nort				LIMITS?	
A L	10e. STREET AND NUMBER	18011	W 1.	LITAMO	101. ZIP COOE			10g. CITIZ	EN OF WHAT COUNTRY?	
FUNERAL DIRECTOR	16505 Virginia Ave	nue			21795			Į	JSA	
5		2. WAS DECEDENT EVER IN U.S. ARM FORCES? 1X YES 2 NO	IED	13. WAS	DECENDENT OF HISPA	NIC OF	RIGIN? (Specify Yea		14. RACE - American Indian.	
BYF	IF YES, GIVE WAR OR DATES				specify Cuban, Maxic ES 2 NO Speci		erto Rican, etc.)		Black, White, atc. Specify:	
ED E	15. OECEDENT'S EDUCAL	W.W. II							white	
	(Specify only highest grade co	mpleted) (Giv	e kind of w Do NOT use	USUAL OCCUP ork done during a retired 1	MTION most of working		16b. KIND OF BUS	INESS/INOU	USTRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +)			stomer			util	lity	
NO.	17. FATHER'S NAME (First, Middle, Last)	2 puper	LVIS	Se Se		AME /F	irst, Middle, Malden S		,	
ů l	Arthur J. Allen						A. Voor			
) BE	19a. INFORMANT'S NAME (Type/Print)	19b.	MAILING	ADORESS (Stre	et and Number or Rural				Code)	
2	Bonnie J. Allen	16:	505 1	/irgin	ia Ave I	Ji 1	liamspor	t Md	1 21705	
	Bonnie J. Allen 16505 Virginia Ave., Williamsport, Md. 21795 20s. METHOD OF DISPOSITION 1 Burlet 2 XI Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of camalery, cremetory or other place) 20c. LOCATION — City or Town, State									
	4 Donation 5 Other (Specify)	Green	Lawn	Memor:	lal Park	L-2	8-95 Wil	liams	sport, Md.	
ł	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE			AND ADORESS OF F					
	2 CATT	Minne	R					rstow	m,Md.21740	
	23. PART I. Enter the diseases, or con	nplications that caused the des	th. Do n	ot enter the	mode of dying, au	ch sa	cardiac or respir	etory arre	eat, Approximate	
	IMMEDIATE CAUSE (Final	D - 1							Interval Between Onset and Death	
	disease or condition resulting in death)	Lesperatory	· ta	lay					7-10 days	
	1905	DUE TO JOH AS'A CONGECT	ENCE OF	0 -1					4	
No.	Sequentially list conditions, b.	OUE TO (OR AS A CONSEQU	DAUS	relued	1					
ATI	if any, leading to immediate cause. Enter UNDERLYING	CONTROL AS A CONSECU	A.):					10,000	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. UNDERLYING OUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF): d. d.									yay	
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY FINDINGS									
PHYSICIAN: MEDICAL	PERFORMED? AWAILABLE PRIOR TO									
							1 TYES 2	NO	COMPLETION OF CAUSE OF DEATH?	
Σ	DID TOBACCO USE CONTRIB	LITE TO CALISE OF DEAT	U VE		T UNICEDTAL		,		1 TYES 2 NO	
¥	25. WAS CASE REFERRED TO MEDICAL			H (Check only o		N L	1		1	
Sic		OFFITAL: Inpatient 2 ER/Outpatient 3		OTHER:	ome 5 🗆 Residence	• •	Orban (Francis)			
Ä	27. MANNER OF OEATH	28b. TIME	OF 28c.	INJURY AT	4	DESCRIBE HOW IN	JURY OCCL	URED		
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	M 1 YES 2 NO						
- 10	3 Suicide 6 Could not be	28s. PLACE OF INJURY — At hom building, etc. (Specify)	28s. PLACE OF INJURY — At home, farm, street, f building, etc. (Specify)			28f.	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
	4 Homicide determined									
2	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as attend.									
BE C	296. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)									
TO B	Cuin Walt	L MW			2-124	44	-	1-	24-1995	
	30. NAME AND ADDRESS OF PERSON WHO C	The state of the s	27) (Type,		11 01		11	,	/	
	Eric m wags.		19	How	11/4		Hager	stou	wn md	
	JAN 2 5 1995	32. REGISTRAR'S SIGNATURE					/			
JAN 25 1995 Julya consider the stall										

Maria Barana Maria TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compistely filled in by the funeral director, page 5 should be detached for use as the bunal-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician, DIVISION OF VITAL RECORDS, P.O. BOX 68760

DHMH-16 Rev 1/89

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0, BALTIMORE, MARYLAND 21215-0020	ithin 24 hours after death. Page 6 may be retained by the hospital or attending phy	letely filled in by the funeral director, page 5 should be detached for use as the bur emation, or removal.	nt, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-tran be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last) Olin L. A	Adams, Ji				2. DATE OF DEA MONTH	TH DAY	YEAR 24	TIME OF DEATH	
				F UNDER 1 YEAR	IF UNDER 24 HRS.	Jan 7. DATE OF BIRT	16 199		4:05 F M ACE (State or Foreign	
	246-10-2814 9a. FACILITY NAME (If not institution, give stre	1 🔀 M 2 🗆 F	73 YRS. M	ONTHS DAYS	HOURS MIN.	3/20/	1921	Nort	h Carolir	
FUNERAL DIRECTOR	407 Leigh Master's Lane Westminster Carroll								Н	
EC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10	d. INSIDE CITY	
盲	Maryland Carro	11	Wes	stmins	ter			1/	LIMITS?	
¥.	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZ	EN OF WHA	T COUNTRY?	
NER	407 Leigh Maste				21158		Uni	ted	States	
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 1 YES IF YES, GIVE WAR OR DAT	2 NO	If yes, sp		NIC ORIGIN? (Speci in, Puerto Rican, et y:		Black, W Specify:	American Indian, hita, atc.	
	15. OECEOENT'S EDUCA	IIWW	18a. DECEOENT'S US	THAT OCCUPATION	м	Task Kinib o			hite	
COMPLETED	(Specify only highest grade co	Coilege (1-4 or 5+)		k done during mo		160. KIND O	F BUSINESS/IND	JSTRY		
MO	17. FATHER'S NAME (First, Middle, Last)				18 MOTHER'S NA	ME (First, Middle, M	leiden Sumeme)			
BE C	Olin L. Adams,	Sr.			Stella		Roper			
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ODRESS (Street a	nd Number or Rural	Route Number, City of	or Town, State, Zip	Code)		
ř	Juanita Vinson	Adams	407 Le	eigh M	aster's	Lane,	Westm	inst	er, MD	
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Ramovi 4 Donetion 5 Other (Specify)	al from State cemei	PLACEAND DATE OF tery, cremetory or othe	r plece)			LOCATION — C		State Kentucks	
	21. SIGNATURE OF FUNERAL SERVICE LICER	NSEE		22. NAME AN	D ADDRESS OF FA	CILITY				
	* Kasperin 4	2:40 - dusis	ter			eral Ho			l ster, MD	
	23. PART I. Enter the diseases, or con	mplications that caused	tha death. Do not	enter tha mo	de of dylng, suc	h as cardisc or	reapiratory arre	est,	Approximata	
	shock, or heart fallure. Lis IMMEDIATE CAUSE (Final	only one cause on eac	ch line.						interval Between Onset and Death	
	disease or condition reaulting in death)	hepatic 7	failure						2 wk	
	Section 1	resulting in death) a. Nepatic failure Bue to (or as a consequence of):								
NO	Sequentially list conditions, DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF):									
YAT	cause. Enter UNDERLYING COLLA CANLADONA									
CERTIFICATION	that initiated events OUE TO (OR AS A CONSEQUENCE OF):									
ERT	resulting in death) LAST									
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY FINDINGS									
PHYSICIAN: MEDICAL	PERFORMED? AMAILA COMPI								AILABLE PRIOR TO MPLETION DF CAUSE	
								DEATH?		
ä	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO I UNCERTAIN I									
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
YSI	1 YES 2 NO 1	Inpatient 2 ER/Outpat	tient 3 DOA 4	THER:	5 \$ Raeldence 6 □ Other (Specify)					
F	27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)		INJURY WORK?			8d. DESCRIBE HOW INJURY OCCURED			
B₹	2 Accident Investigation	On BLACE OF BUILDIN		M 1 YES 2 NO			N (Street and Number or Rural Prote Number			
	3 Suicide 6 Could not be determined 6 Could not be determined 6 Homicide 6 Could not be determined 7 Suicide 8 Could not be determined 8 Could not be determined 8 Could not be determined 8 Suicide 8 Could not be determined 8 Suicide 8 Could not be determined 8 Suicide 8 Could not be determined 8 Suicide 8 Could not be determined 8 Suicide 8 Sui								Number,	
COMPLETED	298. CERTIFIEN (Check only one) 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.									
BE	Cheen .	hor his -			29c. LICENSE NUI		29d. OATE	. /. /		
2	JOHNS HOOKING HOS OR LOO N. WOREST 21287									
	Johns Hoph		006	00 N	wolf	e St	2128	7		
	31. DATE FILED (Month, Day Nor) 8 19	952. REGISTRAT	MIE PURCE							

retained by the hospital or attending physician. funeral director, page 5 should be detached for Page 6 may be hours after death. completely filled in by the rial, cremation, or removal. 6 executed the attending physician and con Mental Hygiene prior to burial, the death certificate be signed by t Health and requires that been . The law has by Dept. certificate h OR ATTENDING PHYSICIAN: this (After the

use as the burial-transit

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH LOWE VIRGINIA **ADAMS** JAN 14 8:30 A.M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Dey, Year) ar. 15 1915 79 214-76-1817 M HOURS 1 M 2 X F YRS. Mar. Maryland Se. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 210 HENRY STREET CAMBRIDGE DORCHESTER RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Cambridge Maryland Dorchester 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21613 U.S.A. 210 Henry St. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-it yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried 1 YES XX NO Specify BY Specify: white 3 Widowed 4 N Divorced ETED. 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only h Elementary/Secondary (0-12) College (1-4 or 5+) COMPL unknown none once, 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) F Robert Graham Lowe Virginia Manning Anna BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
P.O. Box 236, Cambridge MD 21613 2 Thomas H. Adams Jr. ě 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must OATE East New Market Cemetery 1/17 East New Market Maryland 4 Donation 5 Other (Specify) examiner 21 SIGNATURE OF FUNEBAL SERVICE LICENSEE 22. NAME AND AODRESS OF FACILITY Thomas Funeral Home 700 Locust St., Cambridge MD 21613 medical 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, auch as cerdiac or reapiratory arrest, Approximate shock, or heart fallure. List only one ceuse on each line. interval Between **IMMEDIATE CAUSE /Finel** Onset and Death disesse or condition the "Arteriosclerotic Cardiovascular Disease event, reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO any COMPLETION OF CAUSE 1 YES 2 XNO OF DEATH? shows : 1 _ YES 2 _ NO Inquiry DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN X PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) tem HOSPITAL OTHER: 1 TY YES 2 - NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 X Residence 8 - Other (Specify) 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED XNatural 5 Pending 1 YES 2 NO ВУ 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 60 28t. LOCATION (Street and Number or Rural Route Number City or Town, State) DIRECTOR: / COMPLETED 6 Could not be 4 Homicide 28 determined 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) end manner as stated. FUNERAL 1 within 72 h = MEDICAL EXAMINER: On the basis of ex TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: 1 ition end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE O.C.M.E. ▶ JAN 15,1995 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DAVID FOWLER M.D. 111 Penn Street, Baltimore, Maryland 21201

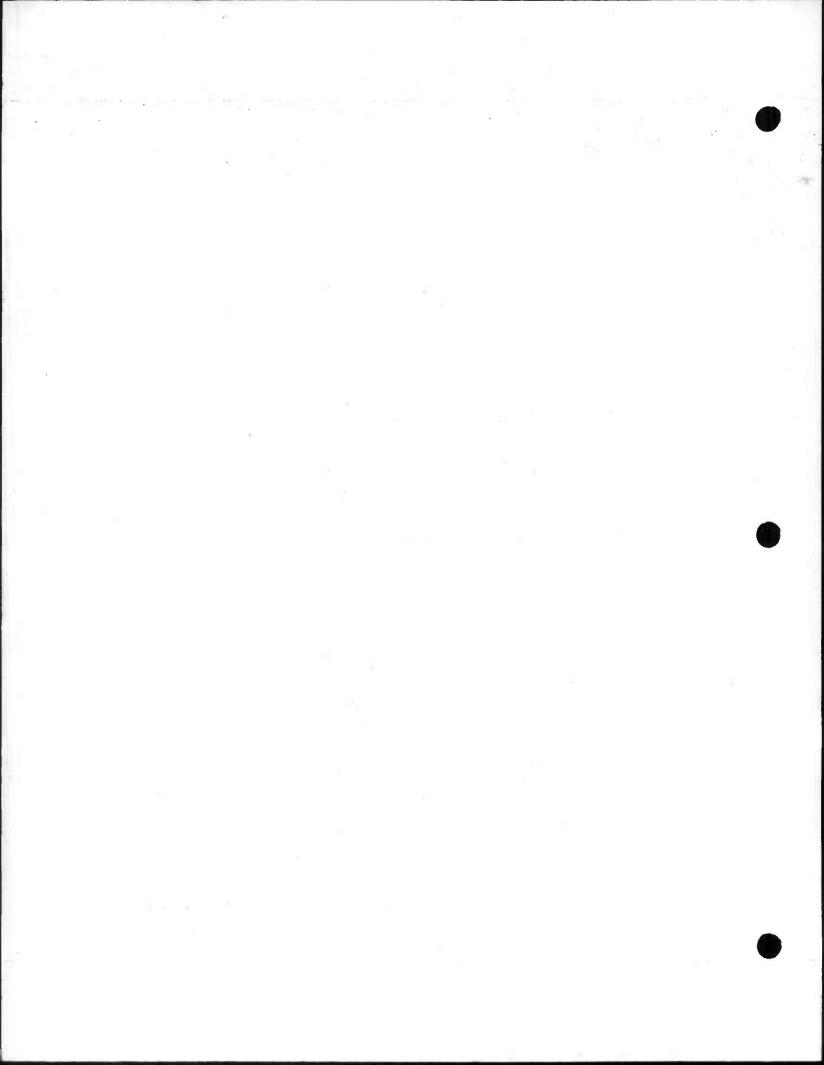
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31. DATE FILEO (Month, Day, Year)

1995

32. REGISTRAR'S SIGNATURE alie d'avelor Rardall

HOSPITAL



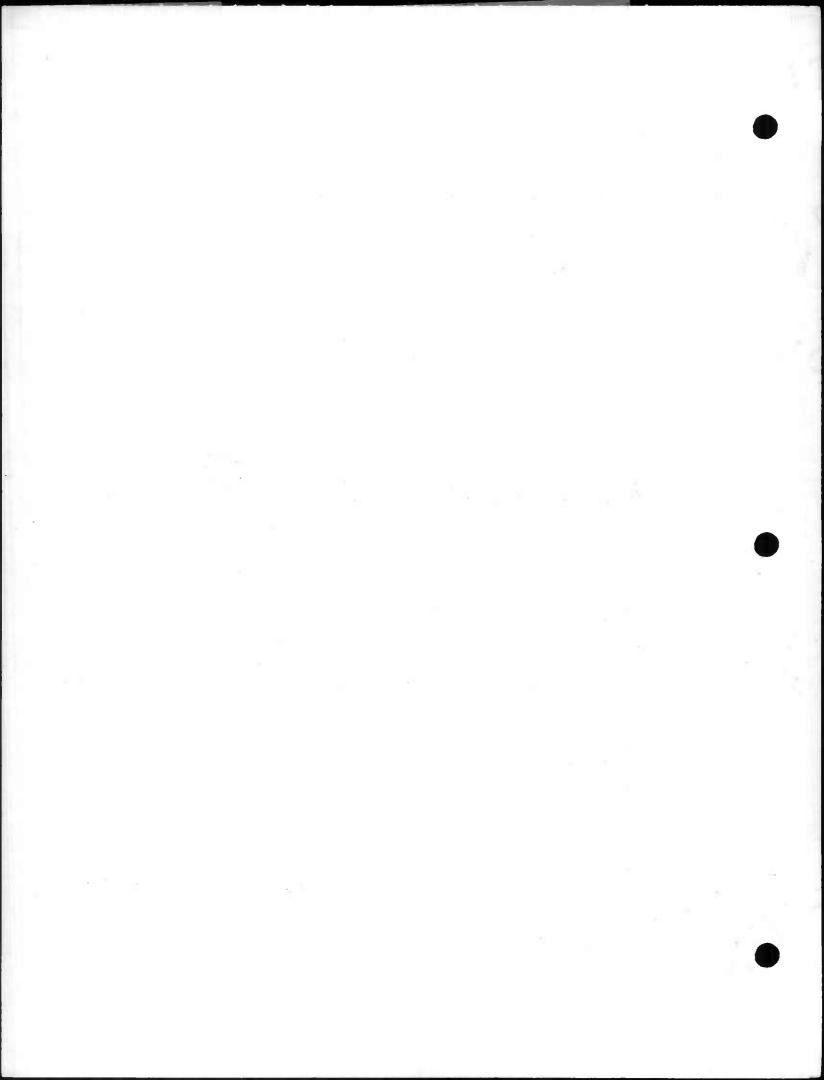
1		STATE REGISTRAF
	-	COCOCUTIO AL

	1 - STATE REGISTRAR	STATE OF MARTE			F HEALIH		MENIAL HY	GIEN G. NO			
	1. DECEDENT'S NAME (First, Middle, Last)				JI BEA		2. DATE OF DE	ATH			3. TIME OF DEATH
- 1	CHARLES AUGUST	IIS ALKIRE					Jan.	1	3.1	9 9 5	11:00 A M
N			(In yrs. lest birthday)	IF UNDER 1 YE	AR IF UNDER	24 HRS.	7 DATE OF BU	TH		6. BIRTI	HPLACE (State or Foreign
L i	214-07-2331	1 [X M 2] F	78 YRS.	MONTHS DA	YS HOURS	MIN.	Dec. 5	19	16	WES	TVIRGINIA
	9a. FACILITY NAME (If not institution, give stre	et and number)		9b. CITY, TO	WN OR LOCATIO	N OF DE		,	_	JNTY OF C	
E	Doylin Manon Nu	incina Hom	0	Cumb	erlan	d			Ι Δ Ι	leg	anv
DIRECTOR	Devlin Manor Nu	II 3 THY HOM	-	Cumb	el lall	u			1 //1	109	ally
R	10a. STATE 10b. COUNTY			Y, TOWN OR LO							10d, INSIDE CITY LIMITS?
		EGANY	P	OTOMA	C PAR	K					1 X YES 2 NO
M	10e. STREET AND NUMBER				10f. ZIP CODE				-		WHAT COUNTRY?
Ä	12029 KITE AVEN				2150	2			U	.S.	Α.
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	2 NO	13. WAS	DECENDENT OF	F HISPAN , Mexica	NIC ORIGIN? (Spe in, Puarto Rican, y:	cify Yar atc.)	n or No—	14. RAC Blac	E — American Indian, k, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 🗆	YES 2 X NO	Specifi	y:			Spec	WHITE
	15. DECEDENT'S EDUCA		16a. DECEDENT'S	USUAL OCCUP	ATION		16b. KIND	OF BU	SINESS/IN	DUSTRY	
	(Specify only highest grade of Elementery/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during se retired.)	most of working RVICE KER	7					
P.	6		FACTOR	Y WORK	KERT		B01	BBI	NS		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTH	ER'S NA	ME (First, Middle,	Maiden	Sumame)		
BE	HOLLIS G. ALKIR	Ł E			KA	THE	RINE F	LA	GNER		
0	19a. INFORMANT'S NAME (Type/Print)						Route Number, Cit				
F	BETTY ALKIRE		12029	KITE	AVEN	UE	POTO	MA	C PA	RK,	MD 21502
	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Remov	val from Stata 20b	PLACE AND DATE	OF DISPOSITION	N (Name of		1/ /		CATION -	City or To	own, State
- 8	4 Donation 5 Dother (Specify)		LLCRES	TBUR	IAL PA	RK	11.16/95	С	UMB	ERLA	ND, MD
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		G F O	RGF-II	S OF FA	CILITY IIRCH F	IINI	FRAI	но	ME, P.A.
	(Moredy 4)	Trochurch)	202	GREE	NE	ST. CU	MBI	FRIA	ND.	MD 21502
	23. PART I. Enter the diseeses, or co	inplications that cause	d the death. Do								Approximate
- 1	ehock, or heart fellure. LI IMMEDIATE CAUSE (Finel	st only one cause on e	ach line.								Onset and Deeth
	disease or condition resulting in death)	Pa	16.00	- 1	des						Mr.
	resulting in deality	DUE TO (OR AS A	CONSEQUENCE O								
z	C b										
일	Sequentielly list conditione, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	F):							
2	CAUSE (Disease or Injury c.										
CERTIFICATION	thet initieted events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):							i
띩	d.										
	PART II. Other significent conditione	contributing to deeth b	out not resulting	in the underl	ying cause g	lven In	Part I. 24a.		AUTOPSY	248	. WERE AUTOPSY FINDINGS
5	asperter you	comes.	delate	Logic				YES 2	NO NO		AVAILABLE PRIOR TO COMPLETION DF CAUSE
YE I	0	,							40		OF DEATH?
5							_				
¥	25. WAS CASE REFERRED TO MEDICAL			20	8. PLACE OF DE	ATH (Ch	eck only one)				
Sic		HOSPITAL: 1 Inpetient 2 ER/Outp	patient 3 DOA	OTHER:	Home 5 🗆 Res	idenca	6 Other (Spec	ify)			
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIM	E OF 28c.	INJURY AT		28d. DESCRIBE		NJURY OC	CUREO	
ВУР	1 Naturel 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN.	M 1	WORK?	NO					
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spec	- At home, farm,	street, factory,	office		26f. LOCATION City or Town	(Street	and Numbe	or or Rural	Route Number,
1	4 Homicide determined						City of 10wi	i, siate)			
2	29a. CERTIFIER (Check only 1. GERTIFYING PHYSICI	IAN: To the beat of my know	ladge, death occurr	ed at the time,	data and place,	end dua	to the cause(s)	and mai	nner as ata	rted.	
COMPLETED		On the basis of examination									e) and manner es stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	1.			29c, LICE				_		(Month, Day, Year)
BE	anse	lan:					565	-			3/55
임	30. NAME AND AGORESS OF PERSON WHO	COMPLETEO CAUSE OF DE	ATH (ITEM 27) (Type	, Print)	1,0						
	AJ1301lino	955 Fr	edevi c	k s	+ C	UM	Sex12	h J		DJ	21501
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE								
	JAN 1 7 1995 1	a distribution for	walk								1

ours after death. Page 6 may be retained by the hospital or attending physician **BALTIMORE, MARYLAND 21215-0020** TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Jours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89



Ex

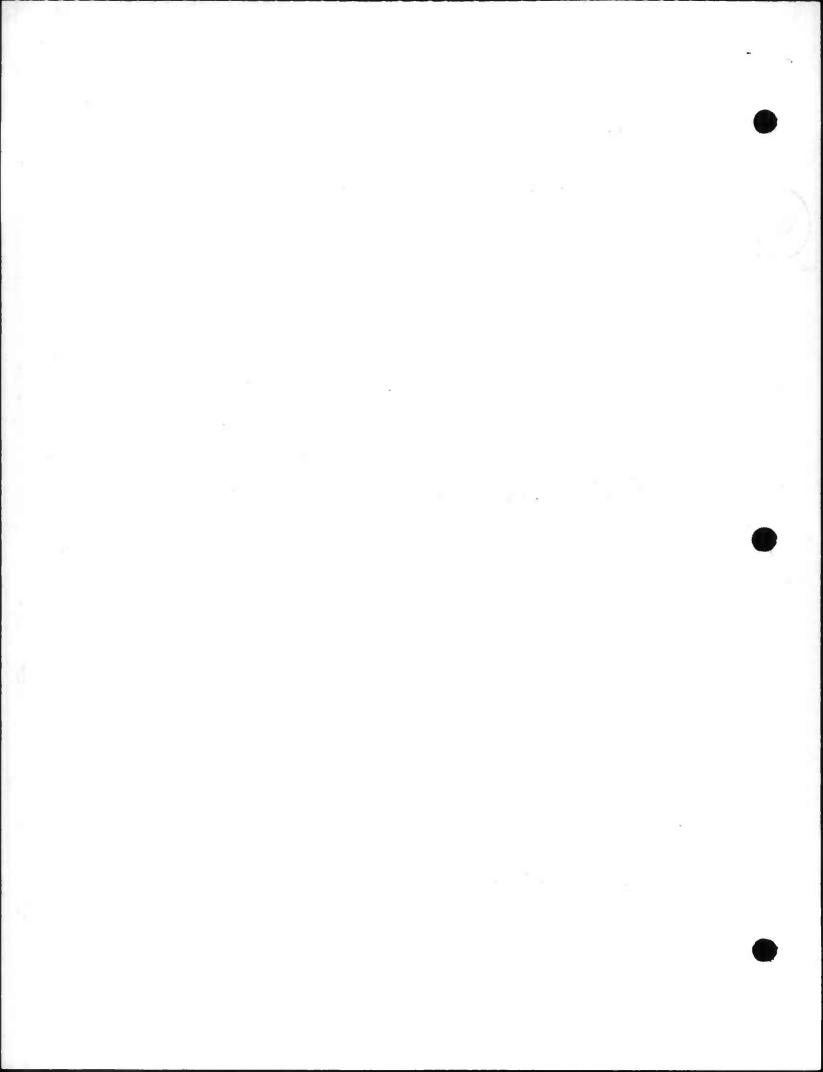
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTR
	1. DECEDENT'S
	4. SOCIAL SEC
	217-7
	9a. FACILITY NA
ĺ	CARROL

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	OTALL OF T	CE		ICATE O			MICIA IA	REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DAT	E OF DEATH		YEAR	3. TIME OF DEATN
	Margaret Love	se Abbo	H					0			75	215 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest b	irthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.		E OF BIRTN		8. BIRTH Country	PLACE (State or Foreign
	217-74-7635	1 M 2 X F	85	YRS.	MONTHS DAYS	HOURS	MITTO.	6/	19/19	09		YLAND
~	9a. FACILITY NAME (If not institution, give s	,			9b. CITY, TOWN	OR LOCATIO	ON OF DE	ATH		9c. COL	INTY OF DE	EATH
5	CARROLL COUNTY	GEN. HO	SPITAL		WEST	INST	CER			C	ARRO	LL
EC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y	- T	10c. CIT	Y, TOWN OR LOC	ATION						10d. INSIDE CITY
DIRECTOR	MARYLAND	CARROI			ESTMINS							LIMITS?
- 1	10e. STREET AND NUMBER					of, ZIP CODE	E			10g. CIT	IZEN OF W	HAT COUNTRY?
ER.	131 HOLLOW REC	K AVE				21	157	,		Ţ	JSA.	
FUNERAL	11. MARITAL STATUS		T EVER IN U.S. ARME						N? (Specify Yes	or No-	14. RACE	- American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V				pecify Cuba S 2 🙀 NO	n, Maxica Specify		Rican, atc.)		Specif	White, etc.
ED B		1										WHITE
1	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Give	kind of v	USUAL OCCUPAT vork done during ri se retired.)	ION lost of workin	g	16	b. KIND OF BUS	SINESS/IN	DUSTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5 -	+)	110, 80	HOUSE	ਬਬਾਨ			HOME	MAR	TNC	
COMPLET	17. FATNER'S NAME (First, Middle, Last)			_	поовы	_	IED'S NA	MF (Elrot	Middle, Maiden		LIVG	
		OHN PET	ER SCHL	ARE	3	10. 10011		, ,	LOUIS		AGNE	R
BE	19s. INFORMANT'S NAME (Type/Print)		19b. I	MAILING	ADDRESS (Street	and Number	or Rural F	Route Nun	nber, City or Town	n. State, Zi	b Code)	
2	JAMES W. ABBOT	T	13	1 F	OLLOW	ROCK	(AV	Έ.,	WESTM	INS	TER,	MD.21157
	20s, METHOD OF DISPOSITION 1 1 Burlel 2 Cremetion 3 Rem	our from State	20b. PLACE ANI	DATE	OF DISPOSITION //	lame of		DA	TE 20c. LO	CATION -	City or Toy	vn. State
	4 Donation 5 Other (Specify)		LAKE	VĨĒ	W MEM.	PAR	RK 1	/19	/95 S	YKES	SVIL	LE, MD.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NAME	AND ADDRES	SS OF FA	F	LETCH	ER I	TUNE	RAL HOME
	1. Lans	123 b	viello		254	E. M	IAIN	ST	. WES	TMI	NSTE	R,MD.21157
	23. PART I. Enter the diseases, or ahock, or heart failure.	complications the	t caused the deat	h. Do r	ot antar the m	ode of dyl	ng, aucl	n aa cal	dlac or respi	ratory ar	reat,	Approximate
	IMMEDIATE CAUSE (Final	List Only Ona Cau	use on aach lina.									Intarval Batween Onset and Daeth
	disease or condition regulting in death)	· Co	ONG OHYE	· He	eart Fa	elure						14000
		DUE TO	(OR AS A CONSEQUI	ENCE OF	F):							17000
NO	Sequentially list conditions,	b										
AŢ	If any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEQUE	ENCE OF	-):							
FIC	CAUSE (Disease or Injury that initiated events	c. DUE TO	(OR AS A CONSEQUE	ENCE OF	٦:							
CERTIFICATION	reaulting in death) LAST				,							İ
		0.										+
DICAL	PART II. Other significant condition	e contributing to	daath but not rea	uiting i	n tha underlyle	ng cause g	iven in	Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
	COPD.							_	1 - YES 2	NO		COMPLETION OF CAUSE OF DEATH?
ME	Read Fell											1 TES 2 THE
AN	DID TOBACCO USE CONTI	RIBUTE TO CA			-		ERTAIN	1 🗆				
PHYSICIAN:	EXAMINER?	HOSPITAL:			N (Check only one OTHER:		2000					
H	27. MANNER-OF DEATH	28a, DATE OF	ER/Outpatient 3 INJURY 2	Bb. TIM	4 Nursing No	me 5 Ra	sidence		er (Specify) SCRIBE NOW IN	HIRV OC	CUBED	
N N	1 Natural 5 Pending	(Month, D	ay, Year)	INJ	URY W	ORK?	NO	200. 04	SCHIBE NOW II	NORT OC	CORED	
BÁ	2 Accident Investigation 3 Suicide 8 Could not be		F INJURY — At home	, form, a			-	26t. LO	CATION (Street a	nd Numbe	r or Rumi R	oute Number
	4 Nomicide determined	building,	etc. (Specify)					City	or Town, State)			
Ë	29a. CERTIFIER 1 CERTIFYING PNYSI	CIAN: To the heat of	my knowledge, death	0000	d at the time de	a and alone						
COMPLETED	(Check only one) 2 MEDICAL EXAMINE											and manner as stated
	290. SIGRAFURE AND TITLE OF CERTIFIES				. ,							
H H	Norman Sels	Ether had)			29c. LICE	63		.	Z9d. DAT	E SIGNED	(Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WN	O COMPLETED CAUS	SE OF DEATH (ITEM 2	7) (Type.	Print)		_			-	1/17	173
												100
	31. DATE FILED (Month, Day, Year)		R'S SIGNATURE									
- 1	JAN 1 9 1995 July	Dhudleon	Road-11									l l



TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG NO

1. DECEDENT'S NAME (First									2. DATE OF DEATH	v	YEAR	3. TIME OF DEATN
LILLI		М.		RTHUR					JANUARY 5	1995		7:30 Pm
4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs.		IF UNDER 1 Y		IF UNDER	24 HRS. MIN.	7. DATE OF BIRTN (Month, Day, Year)		Countr	
578-07-199		1 M 2 F	76	YRS.					March 22,			hington, DC
96. FACILITY NAME (If not in				ļ	96. CITY, TO			ON OF DE	EATN		NTY OF D	
Prince Geor	ge's	Hospital			Cheve	rly		_		Prin	nce (George's
10s. STATE	10b. COUNT	1		10c. CITY	, TOWN OR	LOCATIO	ON					10d. INSIDE CITY
Maryland	Prin	ce George	e's	Cott	age C	City	,					LIMITS? 1 TYES 2 NO
10e. STREET AND NUMBER				7		10f.	ZIP CODE			10g. CITI	ZEN OF V	VHAT COUNTRY?
3802 38th 9	Street					2	0722	2		U.S	S.A.	
11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S.		13. WA	S DECE	NDENT OF	F NISPAN	IIC ORIGIN? (Specify Yes in, Puerto Ricen, etc.)	or No-	14. RACE Black	— American Indian, t, White, stc.
3 🖔 Widowed 4 🗌 Divo	orced	IF YES, GIVE Y			1 [YES 2	≥ X NO	Specify	y:		Speci	White
(Specify onl	EDENT'S EDU y highest grade		1	DECEDENT'S I (Give kind of w life. Do NOT use	rork done duri	JPATION ing most	of working	g	16b. KIND OF BUS			•
Elementary/Secondary (0	0-12)	College (1-4 or 5	+)	nior A	,				Departm Prince			
17. FATHER'S NAME (First, M	liddle Last)		36	IIIOI A	itue		10 MOTH	ED'S NA	ME (First, Middle, Maiden		ge s	County
William B.									Rowe	Surmentie)		
196. INFORMANT'S NAME (7				19b. MAILING	ADDRESS (S	itreet sno			Route Number, City or Town	n, State, Zio	Code)	
Rose M. Art				3802 3	8th S	tre	et A		#4, Cottag	e Cit	ty, l	
20a METNOD OF DISPOSIT 1 N Buriel 2 Crematic 4 Donation 5 Other	n 3 🗌 Rem	oval from State	cemetery,	crematory or oth	her plecel			0.1	/09/95 Bre	ntwo	-	
21. SIGNATURE OF FUNERA	L SERVICE LIC	EHSEE			22. NA	ME AND	ADDRES	S OF FA	CILITY			
PW.T	5.6	Loesô			473	39 B	alti	lmor	's Sons Fu	atts	/ille	me, P.A. e, MD 20781
23. PART I. Enter the d shock, or h	iseeses, pro	omplications the	t caused the	death. Do n	ot enter th	e mod	e of dyle	ng, auc	h es cerdiac or respi	ratory arr	eat,	Approximate Interval Between
IMMEDIATE CAUSE (Fir	nel											Onset and Death
disease or condition resulting in deeth)	\rightarrow	. डक्ग	c stro	CK !	& R	BI	PIR	ATO	RY FAIL	URL	5	
		DUE TO	(OR AS A CONS	SEOUENCE OF):							
Sequentially list condit		bDUE TO	(OR AS A CONS	SEQUENCE OF):							
If any, leading to imme ceuse. Enter UNDERLY	ING											
CAUSE (Disesse or Inju		DUE TO	(OR AS A CONS	SEOUENCE OF):							
resulting in death) LAS		d										
PART II. Other algolfica	int condition	a contributing to	deeth but no	t resulting in	n the unde	rlyina	çause q	iven in	Part I. 24s, WAS AN	AUTOPSY	24h	WERE AUTOPSY FINDINGS
						,	3		PERFOR	MED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
									1 YES 2	□ NO		OF DEATH?
DID TOBACCO U	SE CONTI	RIBUTE TO CA	USE OF DE	ATH YE	S \square NC	0 🗆	UNC	FDTAIR	<u>, </u>			1 TYES 2 NO
25. WAS CASE REFERRED TO	-			ACE OF DEATI			OIAC	-KIMII	141			
EXAMINER?		HOSPITAL:			OTHER:		5 Res	Idencs	6 Other (Specify)			
27. MANNER OF DEATN		28s. DATE OF (Month, D	INJURY	28b. TIME	OF 28	ic. INJU	RY AT		28d. DESCRIBE NOW IP	JURY OCC	CURED	
	Pending Investigation	(ment), e					S 2 [NO				
3 Suicide 8	Could not be	28s. PLACE C building,	F INJURY — At atc. (Specify)	home, farm, at	treet, factory	office			28f. LOCATION (Street a City or Town, State)	nd Number	or Rural R	loute Number,
20a CERTIFIER	determined	CIAN: To the 1	and he and	d	4 14 27							
(Check only									to the cause(s) and man time, data and place, end) and manner as stated,
29b. SIGNATURE AND TITLE						T	29c. LICE	NSE NUN	IBER	29d. DATE	E SIGNED	(Month, Day, Year)
	Non						D -	-17	874	•		
30. NAME AND ADDRESS OF		COMPLETED CAU	SE OF DEATH (I	TEM 27) (Type,	Print)	BR	.EN1	Wo	up, mp	2	07-	22
31. DATE FILED (Month, Day,		32. REGISTRA	R'S SIGNATURE						1		,	
JAN	11 199	16 6 0	Davelson	-Rardall	,							
THIL	41 177	0										

FOR

	1 - STATE REGISTRAR	SIAIE UP I		CERTIF	ICAT	E OF	DEAT	AND I	WEN IA	REG. NO.	Ŀ		
	1. DECEDENT'S NAME (First, Middle, Last) LEONA JEAN	BARKL		_					2. DATE	OF DEATH	is.	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	Inst hirthday)	IE LIMIDE	ER 1 YEAR	IF UNDER	24 MDC	7 DATE	OF BIRTH	> [°]	15	PLACE (State or Foreign
	217-42-9044	1 🗆 M 2 💢 F	48	YRS.	MONTHS	-	HOURS	MIN.	(Mon	th, Day, Year)	i	Country	Y)
	9s. FACILITY NAME (If not institution, give s	street and number)	40		9b. CIT	Y, TOWN C	R LOCATIO	ON OF DE	_	-1946	9c. COU	Mar TY OF D	ryland
R	Washington Count	v Hospita	al		Н	agers	stowr	1					gton
رخ	RESIDENCE OF DECEDENT			l o o									
E I				- 1		OR LOCAT	ION						10d. INSIDE CITY LIMITS?
1	Maryland Wash 100. STREET AND NUMBER	ington		Пас	gers	town	ZIP CODE	-			10a CITI	ZEN OF W	1 ✓ YES 2 ☐ NO
ERA	235 South Mulber	ry Street	_			1.0	217					.S.A	
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDEN			13.	. WAS DEC	ENDENT O	F HISPAN	IC ORIGI	N7 (Specify Yea		14. RACE	- American Indian.
ВУ Е	1 Never Married 2 1 Married 3 Widowed 4 Divorced	FORCES? 1		Žио		If yes, spe				Rican, atc.)		Specif	White, atc.
													White
E	15. DECEDENT'S EDU (Specify only highest grade	completed)		OECEDENT'S (Give kind of a life. Do NOT us	work done	during mos	N st of workin	g	16	b. KIND OF BUS	INESS/IND	USTRY	
<u>ا ۳</u>	12 years	College (1-4 or 5	F)	Data 1	,				C	redit (Card	Proc	essing
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NAI		Middle, Maiden			
BE C	Russell Lloyd Zim	merman								rine Sl		ltz	
	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	SS (Street a	nd Number	or Rural R	loute Nun	ber, City or Town	, State, Zip	Code)	
임	James Robert Bar	k.low		235 \$	Sout	h Mul	lberi	cy St	ree	t Hager	rstow	m, Mo	1. 21740
	20a, METHOD OF DISPOSITION 1 Sp Burial 2 Cremation 3 Rem	oval from State		E AND DATE			me of		DAT	7E 20c. LOC	CATION —	City or Tox	wn, Stats
	4 Donation 5 Other (Specify)		Rose	Hill	Cem	eter				Hage	ersto	wn,	Maryland
	21. SIGNATURE OF UNERAL SERVICE LIC	DELISEE				NAME AN				Funera	al Ho	me	
	1 Jourson	8 FUE	re		1	331 I	Caste	ern F	31 vā	- North	Hac	erst	own, Md.
	23. PART I. Enter the diseeses or a shock, or heart failure.	Complications the	t caused tha	daath. Do r	not anta	r tha mo	da of dyl	ng, auch	aa car	dlac or reapli	ratory arm	eat,	Approximata Interval Between
	IMMEDIATE CAUSE (Final	n - n			1	0.1	1	0		cino			Onset and Death
	disease or condition resulting in death)	. me				Ce	ion	(CVC	ino	ma	_	4V5.
		DUE TO	(OR AS A CONS	SEOUENCE O	F):								
CERTIFICATION	Sequentially list conditions,	b DUE TO	(OR AS A CONS	SEQUENCE OF	FI:		_						
Ä	if any, leading to immediata cause. Entar UNDERLYING				,								İ
Ĕ	CAUSE (Disease or Injury that initiated eventa	DUE TO	(OR AS A CONS	SEQUENCE OF	F):								
	reaulting in death) LAST	d											
	PART II. Other algnificant condition	a contributing to	deeth but no	t resulting	In tha u	nderlying	cause o	ivan in I	Part i.	24s. WAS AN	AUTOPSY	24h	WERE AUTOPSY FINDINGS
<u>১</u>										PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL										1 YES 2	XNO	1	OF DEATH?
ž	DID TOBACCO USE CONTI	RIBUTE TO CA	USE OF DE	ATH YE	s 🗆	NO 🗆	UNC	ERTAIN	1 🗆				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ACE OF DEAT	TH (Check	only one)							
KS	1 TES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHE	R: raing Home	5 🗆 Ra	sidence (B 🗆 Othe	or (Specify)			110
표	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF (Month, D.		28b. TIM INJ	E OF URY	28c. INJU			28d. DE	SCRIBE HOW IN	JURY OCC	URED	
À	1 Natural 5 Pending 2 Accident Investigation				M		ES 2 [NO NO	<u> </u>				
ا ۵	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE O building,	F INJURY — At atc. (Specify)	home, farm, s	street, fac	ctory, offica			28f. LOC City	CATION (Street as or Town, State)	nd Number	or Rural A	oute Number,
<u>.</u>							-						
COMPLETE	(Check only												
ខ្ល			A series	or investigatio	n, in my	opinion, de	ath occur	ed at the t	lime, date	and place, and	due to the	cause(a)	and manner as stated.
H	296. SHINATURE AND TITLE OF CERTIFIER	WL	and	2/	11/	2	290 LICE	NSE NUM	BER C	7	29d. DATE	SIGNED /	(Month, Day, Year)
၀	30. NAME AND ADDRESS OF PERSON WHO	O.COMPLETED CALIS	E OF DEATH OF	271 /7600	Print1		1	7 -	- / 8		/	123	/75
	3635.0	evel	ando	Av	····	H	aa	ers	50	rin,	M	24/	land 1740
	AL DATE SU SO	1	\leftarrow	7,			1					/	, , ;

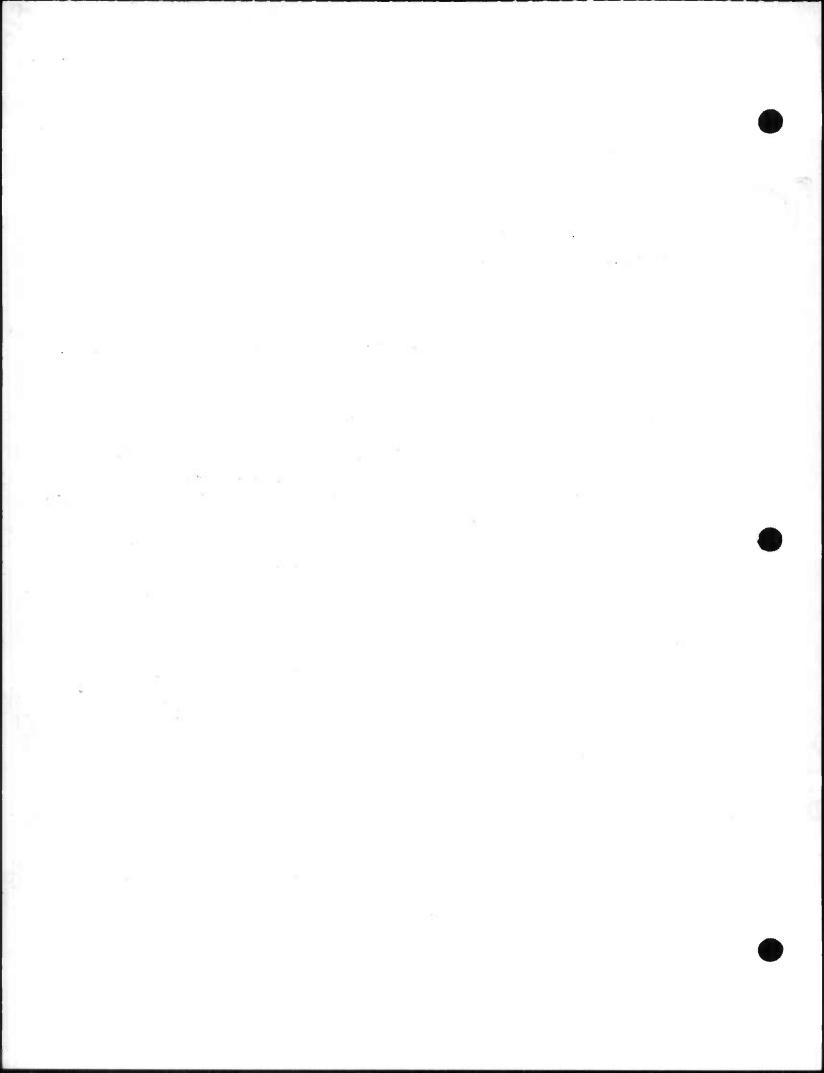


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-travell be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89



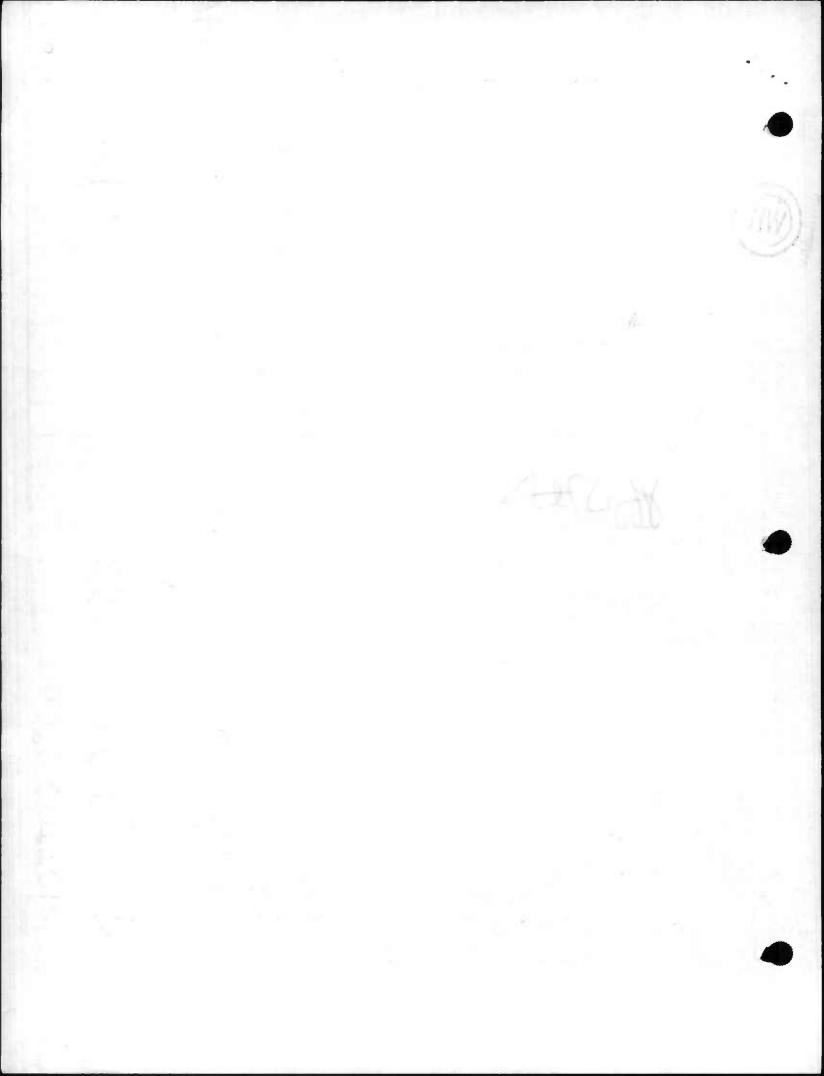
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	1 - STATE REGISTRAR	OF MAR	YLAND / DEP. CERT					MENTAL HYGIEN REG. NO.	_			
	1, DECEDENT'S NAME (First, Middle, Last)		V	1071.	L 0.	DEA	''	2. DATE OF DEATH		:	3. TIME OF DEA	TH
	Mary S. Borchers							Ol 11	19	995°	1:45	D M
	4. SOCIAL SECURITY NUMBER 5. SEX	6. A	GE (In yrs. last birthde		DER 1 YEAR	IF UNDER		7. DATE OF BIRTH (Month, Day, Year)			LACE (State or F	oreign
	216-14-9534 1 N 2	_	73 YRS	B. MONTHS	B DAYS	HOURS	MIN.	11/4/1921		Mary:		
	9e. FACILITY NAME (If not institution, give street and num	aber)		9b. CF	TY, TOWN	OR LOCATIO	ON OF DE		9c, COU	NTY OF DEA		
OR	323 Winterquarters Dr	ive		Po	como]	ke Ci	.ty		Wor	rceste	er	
EC	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c.	CITY, TOWN	OB LOCA	TION					10d. INSIDE CIT	
DIRECTOR	Maryland Worcester			ocomo							LIMITS?	
	10e. STREET AND NUMBER					f. ZIP CODE			10g. CITI		AT COUNTRY?	NO
ER/	323 Winterquarters Dri	ve				2185	51		, 12.60,	USA		
FUNERAL	11. MARITAL STATUS 12. WAS DI	ECEDENT EVE	R IN U.S. ARMED	1:	3. WAS DEC	ENDENT O	F HISPAN	IC ORIGIN? (Specify Yes	or No-	14. RACE -	- American Ind	llen,
BY F		GIVE WAR O	ES 2 NO R DATES		If yes, sp	ecity Cube	n, Mexicen Specify:	, Puerto Rican, etc.)		Specify:		
	15. DECEDENT'S EDUCATION		T exerces								WHITE	
TE	(Specify only highest grade completed)		16a. DECEDEN (Give kind life. Do NO	T'S USUAL of work don T use retired	ne durina mo	ON ost of workin	g	16b. KIND OF BUS	HNESS/INC	JUSTRY		
PL	Elementary/Secondary (0-12) College (1	-4 or 5+)		ewife	•							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTI	IER'S NAM	ME (First, Middle, Maiden	Sumeme)			
BE C	Joseph Clarence Steven	son				Viv	rian	E. Stevens	son			
10 B	19e. INFORMANT'S NAME (Type/Print)							oute Number, City or Tow	n, State, Zip	Code)		
۲	Richard H. Borchers		1 Be.	Lman	Cour	t, Ki	.ngsv	ille, Md.	218	307		
	20a. METHOD OF DISPOSITION 1 □ Burlal 2 1 Cremetion 3 □ Removal from S	tate	20b. PLACE AND DA	or other plec	(e)			(City or Town		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE		Salisbur		emato:	_		1/13 Sa1	isbur	.y, Mo	<u>d</u>	
1	140 11	0			Me.	1son	Fune	eral Home				
\dashv	Scott S. Me	love						comoke Cit			1851	
	23. PART i. Enter the diseases, or complication shock, or heart fellure. List only of	ns that cou ne couse or	sed the death. D	o not ent	ar the mo	ode of dyl	ng, such	as cerdiac or respi	ratory arr	reat,	Approxin	
	IMMEDIATE CAUSE (Final disease or condition	tools	tii B	7	7	/	Klei				Onset an	d Death
	resulting in death)	DUE TO (OR A	AS A CONSEQUENCE	E OF:	/	0	reer			_	7 yr.	5
z			90 000000000								į	
9	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	AS A CONSEQUENCE	E OF):							+	
<u>S</u>	cause. Enter UNDERLYING CAUSE (Disease or injury											
	that initiated events resulting in death) LAST	DUE TO (OR A	AS A CONSEQUENCE	i OF):								
CERTIFICATION	d										1	
CAL	PART II. Other significent conditions contribute	ting to deet	h but not resultir	ig in the	underiyin	g cause g	jiven in F	Part I. 24a. WAS AN PERFOR			WERE AUTOPSY I	
								1 YES 2		0	COMPLETION OF DF DEATH?	
ME									1		YES 2	NO
ä												
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ОТН		LACE OF O	EATH (Che	ck only one)				
14S		OATE OF INJUS	Outpatient 3 DO/		ursing Hon	IURY AT		6 Other (Specify)	111111111111111111111111111111111111111			
	Natural 5 Pending	Month, Day, Yes		INJURY	1	PRK?		28d. DEŞCRIBE HOW II	IJUHY OCC	JUNEO		
ЭВУ	2 Accident Investigation 3 Suicide 8 Could not be	LACE OF INJ	URY — Al home, fari	m, street, fr				281. LOCATION (Street e	and Number	or Rural Ro	ute Number,	
COMPLETED	4 Homicide determined	uliding, etc. (S	specny)					City or Town, Stete)				
7	29e. CERTIFIER CERTIFYING PHYSICIAN: To the	bast of my kr	nowledge, death occ	urred at the	e time, date	end place,	end due f	to the cause(e) end men	ner as stat	ied.		
MO	one) 2 MEDICAL EXAMINER: On the be										end menner ee	stated.
DE C	295. SIGNATURE AND THE OF CENTIFIER					29c. LICE	NSE NUM	BER	29d. DAT	E SIGNED (Month, Day, Year))
TO B	A HAND					100	268	778	1	-12	-95	
F	30. NAME AND ADDRESS OF PERSON WHO COMPLET	EO CAUSE OF	OEATH (ITEM 27) (7	ype, Print)			1.)	4.0		()		
	Cand Ocall ND 1	95 E	- Canoll	57		00/	15/	(141)	218	0		
15		GISTRAR'S S	IGNATURE				()				
んしゅ	144 1 7 1995 9	Line De	iden - Park	4.0								

ITEM:	23	PART	Ι,	(B)	PER	DR.	FILM	G-720	2/22/	95 1.

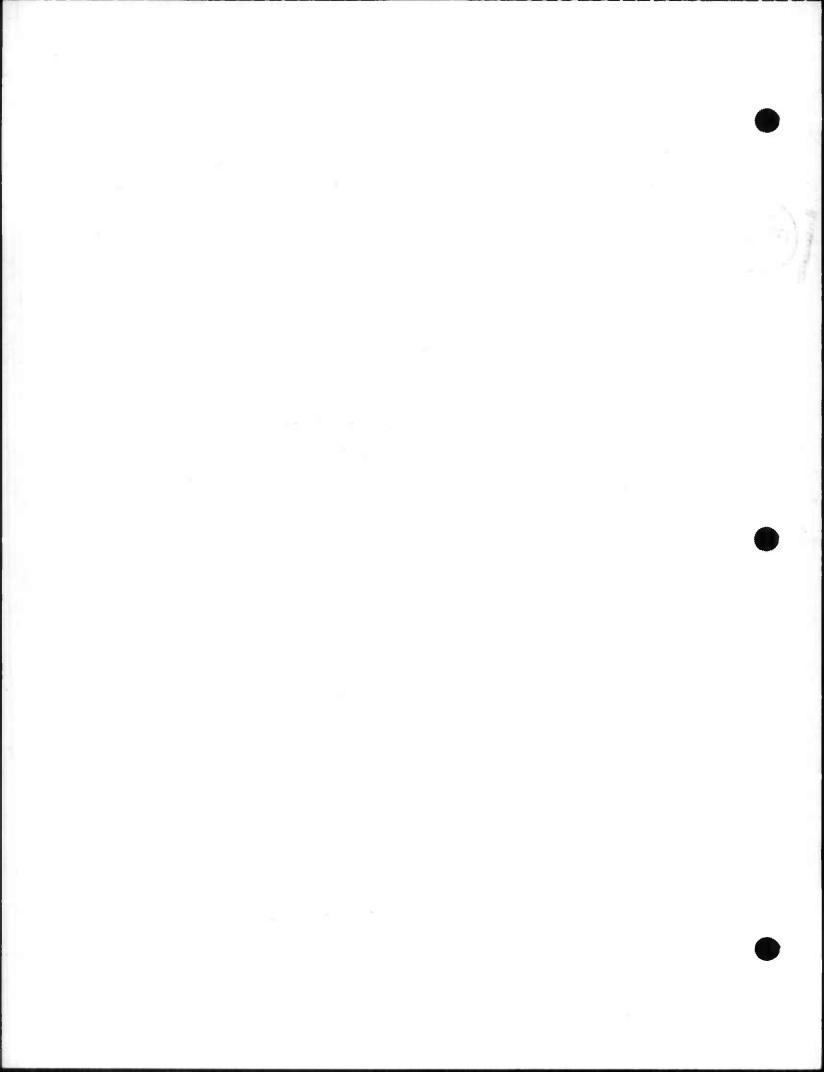
. DECEDENT'S NAME (Firs	st, Middle, Last)						2	DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	Jan	nes Asto	n Ba	rker					_	1995	2:10 A
I. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. 70	. last birthday) YRS.	IF UNDER 1 YEAR		MIN.	DATE OF BIRTH (Month, Day, Year	7)	Countr	
415 16 7473		street and number)			9b. CITY, TOV	N OR LOCATIO		arch 24		INTY OF D	
Villa Rosa	Nursin	ng Home			Mit	chellvi	lle		Prin	ce G	eorges
Oe. STATE	10b. COUNT				TY, TOWN OR LO						10d. INSIDE CITY LIMITS?
Maryland	_	tgomery		В	ethesd	10f. ZIP CODE	-		10a CIT	IZEN OF V	1 ☐ YES 2 € NO
7700 Winter		Place			- 1	20817					States
11. MARITAL STATUS	ветту	12. WAS DECEDE	NT EVER IN U.S.	. ARMED	13, WAS			ORIGIN? (Specify			E — American Indian, k, White, etc.
Never Married 2 🙀			WAR OR DATES		If yes		Mexican, F	uerto Rican, etc.		Speci	
3 Widowed 4 Div	vorced	World				20 10	ороспу.				hite
	CEDENT'S ED		18a.	DECEDENT'S	B USUAL OCCUP work done during use retired.)	ATION most of working		1000	BUSINESS/IN		
Elementary/Secondery		College (1-4 or 5 5+		<i>‱. ю. мот і</i> Propri					rcial kerage		Estate m
17. FATHER'S NAME (First,	Middle, Last)					16. MOTH	R'S NAME	(First, Middle, Ma	iden Sumame)		
James Madi		arker, Jr	•				aret	Asto			
190. INFORMANT'S NAME				4.5	- The second			te Number, City or			
Cozette H.		r					тасе			_	and 20817
20a. METHOD OF DISPOSI		moval from State			y or other place)				LOCATION -		
Donation 5 Oth			_ Glen	wood	Cemeter		/21/9				nnessee
H, SIGNATURE OF FUNER	INT REHALCE T	TOEKSEE!									
IMMEDIATE CAUSE (F	haart failure	complications the	MOOG at caused the	daath. Do	Hom Wis	e/Bethe consin	asda- Aven	Chevy C ue, Bet	nase, hesda,	MD	20814-350 Approximate interval Betw
IMMEDIATE CAUSE (F	haert failure	a. DUE'T	at causad the	a death. Do line. NSEQUENCE (SEASE) NSEQUENCE (HOM Wis not anter the	e/Bethe consin	asda- Aven	Chevy C ue, Bet	nase, hesda,	MD	20814-350 Approximate interval Betw
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ith. Page 6 may be retained by the hose	neral director, page 5 should be detached	miner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death, Page 6 may be minimed by the mean	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
IYSICIAN: The law requires that the death of	is certificate has been signed by the attend ith the State Dept, of Health and Mental Hy	ed, or Item 23 shows any Injury, or
TO THE HOSPITAL DR ATTENDING PH	TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death with	IMPORTANT: if Item 28 is marke

	1 - STATE REGISTRAR			CE		ICATE				IVILIV I	AL HYGIEN REG. NO.	_			
	1. DECEDENT'S NAME (First	L		BEE	CHE			JAN 12 DAY 19			9 9 5	3. TIME OF DEATH 1216 HR	RS _M		
	4. SOCIAL SECURITY NUMB 214 05 89	155	5. SEX 1 M 2 F	8. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year) Apr 6, 19		4	8. BIRTI Count	THPLACE (State or Foreign ntry) MD	
FOR	98. FACILITY NAME (If not institution, give street and number CAL MEMORIAL HOSPITAL & CENTER							ERLA		EATN			LEG/		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY				10c. CIT	Y, TOWN O	R LOCAT	TION						10d. INSIDE CITY	-
	MD	Alle	gany		Cun	mberl								LIMITS? YES 2 NO	0
FUNERAL	408 Park St	reet 2					2	21502				USA		WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 X Never Married 2 3 Widowed 4 Divor			IT EVER IN U.S. AR YES 2X N WAR OR DATES		- 11	WAS DECENDENT OF HISPANIC (If yes, specify Cuban, Mexican, P 1 YES 2 X NO Specify:			n, Puarl	BIN? (Specify Yes o Rican, etc.)	or No-	Spec	E — American Indian, k, Whita, atc. #//: vhite	
COMPLETED	15. DECI (Specify only Elementary/Secondary (0- 12	EDENT'S EDUC highest grade	CATION completed) College (1-4 or 5	+) (Gi	No NOT us	,	luring mo	ON est of working	ng	1	66. KIND OF BUS				
OMP	17. FATHER'S NAME (First, Mi	iddle, Last)		Sa	ites	Clerk		18. MOT	HER'S NA	ME (First	Clothi		TOLE		_
BE C	Louis Be										Taylor)	,			
5	190. INFORMANT'S NAME (7) Margaret G.		S						or Rural	Ploute Nu	mber, City or Town	n, State, Zip	Code)		
	Margaret G. Davis Cumberland, MD 21502 20s. METHOD OF DISPOSITION 1A Burlal 2 Cremation 3 Ramoval from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Neme of cemelary, cyemetory of other place) St. Luke's Cemetery 20c. LOCATION - City or Town, State 01/17 Cumberland, MD														
	21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Scarpelli Funer Cumberland, MD							era. D	21502						
	23. PART I. Enter the di- ahock, or he	seasea, or c	complications the	caused the de	ath Do			-							
- 1			Liat only one call	ae on each line		not enter	the mo	de of dy	ing, suc	th ea ca	irdiac or reapi	ratory arr	eat,	Approximate interval Bety	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 5 hours after death. Date 5 may be retained by the bocories or an executed within 5 hours after death. Date 5 may be retained by the bocories or an executed within 5 hours after death. Date 5 may be retained by the bocories or an executed within 5 hours after death. Date 5 may be retained by the bocories or an executed within 5 hours after death. Date 5 may be retained by the bocories or an executed within 5 hours after death. Date 5 may be retained by the bocories or an executed within 5 hours after death. Date 5 may be retained by the bocories or an executed within 5 hours after death. Date 5 may be retained by the bocories or an executed within 5 hours after death. Date 5 may be retained by the bocories or an executed within 5 hours after death. Date 5 may be retained by the bocories or an executed within 5 hours after death. Date 5 may be retained by the bocories or an executed within 5 hours after death. Date 5 may be retained by the bocories or an executed within 5 hours after death. Date 5 may be retained by the bocories or an executed within 5 may be required by the control of the bocories or an executed within 5 may be required by the control of the c	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burst be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.
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BALTIMORE, MARYLAND 21215-0029

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1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE DF DEATH MONTH DAY YEAR 3. TIME OF DEATH													
			H. BOYER						January 12,1995			95	6:40 P M	
	4. SOCIAL SECURITY NUMBER		5. SEX 6. AGE (In yrs. lest		est birthday)			IF UNDER 24 HRS.				8. BIRTH	IPLACE (State or Foreign	
	212-01-9636					87 YRS. MONTHS			July		07		vland	
_	9e. FACILITY NAME (If not institution, give street end number)					96. CITY,	TOWN	OR LOCATION OF D				NTY OF D	The second secon	
BY FUNERAL DIRECTOR	Franklin RESIDENCE OF DEC	Franklin Square Hospital					Baltimore Baltimor							
H	10a. STATE		10c. CIT	Y, TOWN O	R LOCA	TION					10d. INSIDE CITY LIMITS?			
ā	Maryland			Fros	tbu	rg					1 XYES 2 NO			
₹ I	10e. STREET AND NUMBER		-		10	H. ZIP CODE			10g. CITI	ZEN OF V	WHAT COUNTRY?			
当	3 Federal	Street						21532			U	.S.A		
2	11. MARITAL STATUS 1 Never Married 2 1	Minte	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. A	RMED	13. \	MAS DE	CENDENT DF HISPA	NIC ORIGIN?	(Specify Yes	or No-	14. RACE	E — American Indian, k, White, atc.	
×	3 Widowed 4 Divor		IF YES, GIVE V	WAR OR DATES				S 2 NO Specil			1	Speci	tty:	
	15. DECE	DENT'S EDUC	CATION	180 [DECEDENT'S	IISIIAI OO	Y LIDATI	ON	105 1	(IND DF BU	DIVIEGO (1915	Hermi	White	
	(Specify only Elementary/Secondary (0-	highest grade	completed) College (1-4 or 5		Give kind of vie. Do NOT us	vork done o	during me	ost of working	100. 1	UND DE BU	SIMESS/INU	USTHY		
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COMPLETED	17. FATHER'S NAME (First, Mic	ddle, Last)			000.100		_	18. MOTHER'S NA	ME (First, Mic			acto.	T. A	
BE C	Robert	Hill							E. E					
	19e. INFORMANT'S NAME (7)	pe/Print)		1	9b. MAILING	ADDRESS	(Street	end Number or Rural				Code)		
일	Evan Bone							., Frost						
	20e. METHOD OF DISPOSITIO	20b. PLACE	EANDDATE	OF DISPOSI	-		-	20c. LO			wn, State			
	4 Donation 6 Other	- Fros	tburg	Memo	oria	al Park		Fr	ostb	urg,	Md.			
	21. SIGNATURE OF FUNERAL		22. 1	NAME A	ND ADDRESS DF FA	CILITY	57 F	rost	Ave					
	1 John	1.7	Jorn			Durst Funeral Home, Frostburg, Md. 21532								
	23. PART I. Enter the dis	seases, or o	omplicatione tha	t caused the c	leeth. Do n	ot enter	the mo	ode of dylng, suc	h ee cerdie	c or reepl	ratory err	est,	Approximate	
	shock, or he	ert tellure.	List only one cau	ise on each lir	ie.								Interval Between Onset end Death	
	disease or condition resulting in death)		Congest	tive hea	heart failure							6 weeks		
	resulting in death)	•	DUE TO	(OR AS A CDNS	EDUENCE OF	T):							0 CORD	
z I	Convention list conduct				t disease								10years	
	Sequentially list condition if any, leading to immed	late		(OR AS A CONSI										
2	cause. Enter UNDERLYIN CAUSE (Disease or Injur		tery disease								15years			
Ë	that initiated events resulting in death) LAST	or as a consi ension							25					
CERTIFICATION			1PCI C	113 1011						25years				
	PART II. Other significen						deriyin	g ceuee given in	Part I. 2	4a. WAS AN		24b.	WERE AUTOPSY FINDINGS	
EDICAL	Chronic asp	nanit	ion			PERFORMED?				AVAILABLE PRIOR TO COMPLETION OF CAUSE				
WE	Peripheral								DF DEATH?					
_ 1	DID TOBACCO US	SE CONTR	RIBUTE TO CA	USE OF DE	ATH YE	SDN	10 E	UNCERTAIL	N 🖼					
증	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	26. PL/	CE DF DEAT	· .								
PHYSICIAN:	1 TES 2 NO		t Cinpatient 2	ER/Outpatient	3 DOA	OTHER		ne 5 🗆 Residence	6 🗆 Other (Specify)				
	27. MANNER OF DEATH 1 N Natural 6 P	Pending	26e. DATE OF (Month, D	tNJURY ey, Yesr)	28b. TIMI INJ	URY	WC	JURY AT ORK?	28d. DESCI	RIBE HOW I	NJURY OCC	CURED		
β	2 Accident	rvestigation				M		YES 2 ND						
		Could not be	25e. PLACE O building,	F INJURY — At h etc. (Specify)	ome, farm, a	treet, fecto	ory, offic	20	28f. LOCAT City or	IDN (Street a Town, State)	and Number	or Rural F	Route Number,	
							-							
MP.								end place, end due						
COMPLETED	2 MEDIC	AL EXAMINE	R: On the baels of e	camination and/or	r Investigatio	n, In my op	pinion, d	leath occured at the	time, date ar	nd place, en	d due to th	a cause(a) and menner ea stated.	
шШ	296. SIGNATURE AND TITLE	OF CERTIFIER						29c. LICENSE NUI					(Month, Day, Year)	
2	Myan		7					R D 17	77		▶ Ja	nuar	ry 12,1995	
- 1	30/ NAME AND ADDRESS OF						_							
	Dr. Monique		ton 9000	Frank	Lin Sc	luare	Dr	. Baltim	ore, N	lary1	and 2	1237	7	
	JAN 1 7 19	105	32. Aggist PA	e's dayle										
_][SHIT I IS	130												

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pro. * To the state of IN PER X CH. -97 , 1-• 6 * 100% · I was a si iman, and

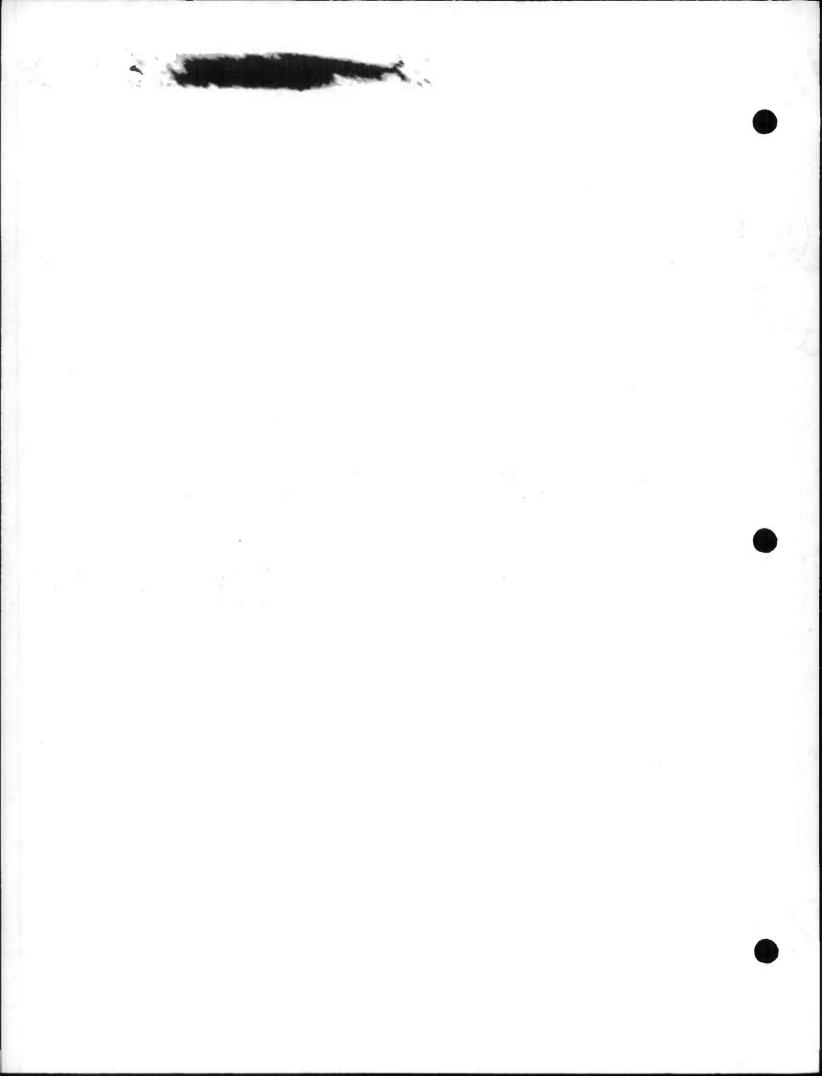
	1 - STATE REGISTRAR	STATE OF I		ERTIF						REG. NO.	_			
	1. DECEDENT'S NAME (First, Middle, Last)	-							2. DATE OF	DEATH		25	3. TIME OF DEATH	
	STANLEY SASS		11					JANUARY 11 1995			12:45 P.M.m			
	4. SOCIAL SECURITY NUMBER				6. AGE (In yrs. last birthday) IF UNDER t YEAR					BIRTH ay, Year)		6. BIRTH	PLACE (State or Foreign	
- 8	219-03-8909	1 X XM 2 □ F	78	YRS.	MONTHS	DAYS	HOURS	MIN.	FEB 2	, 191	16	Country	PA.	
	9a. FACILITY NAME (If not institution, give s		9b. CITY	, TOWN C	R LOCATIO	ON OF DE				INTY OF DE	EATH			
OR	FROSTBURG VILLAG		FR	OSTB	URG				ALI	LEGAN	Y			
	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT		10c CI7	Y. TOWN (OR LOCAT	ION						10d. INSIDE CITY		
DIRECTOR	MARYLAND ALL			ALE	JII 20011							LIMITS?		
	10a. STREET AND NUMBER	Litty		101	ZIP CODE				the CIT	IZEN OF W	HAT COUNTRY?			
H.	506 MARYLAND STRE	ET					215					S.A.		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED	13.	WAS DEC			IIC ORIGIN? (Specify Yea			— American Indian.	
	1 Never Married 2 XX Married		XYES 2 WAR OR DATES]NO		If yea, spe		n, Maxicar	n, Puerto Rica				- American Indian, , White, etc.	
ВУ	3 Widowed 4 Divorced	U.S.NAV	Y WWII				YM	,					WILLE	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	1 (Give kind of	work done	CCUPATIO	N st of workin	19	16b. KI	ND OF BUS	INESS/IN	DUSTRY		
Ä	Elementary/Secondary (0-12)	College (1-4 or 5	+)	fe. Do NOT u	,	DO 4	D D 0			017 6				
M	8 17. FATHER'S NAME (First, Middle, Last)		ALL	EGANY	CO.	BOA			UCATI			DIAN		
							ts. MOTI		ME (First, Mide	1000	Sumame)			
BE	CHARLES BARMOY 19a. INFORMANT'S NAME (Type/Print)		Т.	Ob MAII IN	ADDRESS	0.4044			LICE Route Number,					
2	EDITH BARMOY								AVALE				1502	
	20a. METHOD OF DISPOSITION			EANDDATE			-	EI L	OATE	-		- City or Tox		
	1 Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from Stata	cemetery, c	remetory or o	ther place)	V TA	N 14	199	15					
- II	Comparison Com													
	MY W	and the							FUNER					
	23 PART Enter the diseases or	e/w	t anunad the r	teeth De	40	4 DE	CATU	R ST	REET	CUMBE	ERLAN	ND MA	RYLAND	
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failura. List only one cause on sech line. Approximate interval Between											intarvai Between		
	iMMEDIATE CAUSE (Final disease or condition	(0	nm	10-	n	-	X	6_	.80	2	. >	1900	Onset and Death	
	reaulting in death)	DUE TO	IOR AS A CONT	EQUENCE O	n.	-(/V	-	- V	cc	u	ny	mo	
-	_	D	08	10 1	1	n	de	Me	nego (ne	02		700	
0	Sequentially list conditions, if any, leading to immediate	b. Due to	EQUENCE OF):							7.				
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	wordentie Grovan							years 10%					
E	thet initiated events	EQUENCE OF):						/						
CERTIFICATION	resulting in death) LAST	d												
2	PART ii. Other significant condition	s contributing to	death but not	resulting	In the ur	nderivino	cause o	ivan in	Part I. 24	Ia. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
CAL										PERFORMED?			AMAILABLE PRIOR TO COMPLETION OF CAUSE	
							_ [1	OF			OF DEATH?			
2	1 _ YES									1 YES 2 NO				
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF O	EATH (Che	eck only one)					
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient	3 DOA	ACX Mur				6 Other (S	Conside)				
主	27. MANNER OF OEATH	28a. OATE OF	tNJURY	28b. TIN	E OF	28c. INJ	URY AT	T	28d. OEŞCR	Per de la companya della companya de	NJURY OC	CUREO		
ВУР	Natural 5 Pending 2 Accident Investigation	(Month, E	ay, rear)	IN.	M		RK? 'ES 2	NO						
	3 Suicide 8 Could not be	28a. PLACE C	F INJURY - At I	nome, farm,	atreet, faci	lory, office			28f. LOCATI	ON (Street a	nd Numbe	r or Rural R	oute Number,	
	4 Homicide datarmined								City Of 1	own, state)				
5 1	29a. CERTIFIER 1 CERTIFYING PHYS	CIAR: To the best of	my knowledge, o	death occurr	ed at the t	ime, data	and placa,	and dua	to the cause	(a) and man	ner aa sta	rted,		
0	(Check only 1 M CERTIFYING PHYSICIAI: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												and manner as stated.	
OMP	2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.													
E COMPLETED	2 MEDICAL EXAMINE		-5		296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 1/295									
BE	2 MEDICAL EXAMINE		-5	346	rec	n	29c. LICE	NSE NUM		5	29d. DAT	TE SIGNED	(Month, Day, Year)	
ш	2 MEDICAL EXAMINE	٤- :	ma			n	29c, LICE	NSE NUM		5	29d. DAT	TE SIGNED	(Month, Dey, Year)	
BE	29b. SIGNATURE AND TATLE OF CERTIFIED 30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	ma	DRIVE	, Print)) L	007	7/3	5	29d. DAT	re signed	(Month, Day, Year)	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nouns after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation. or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

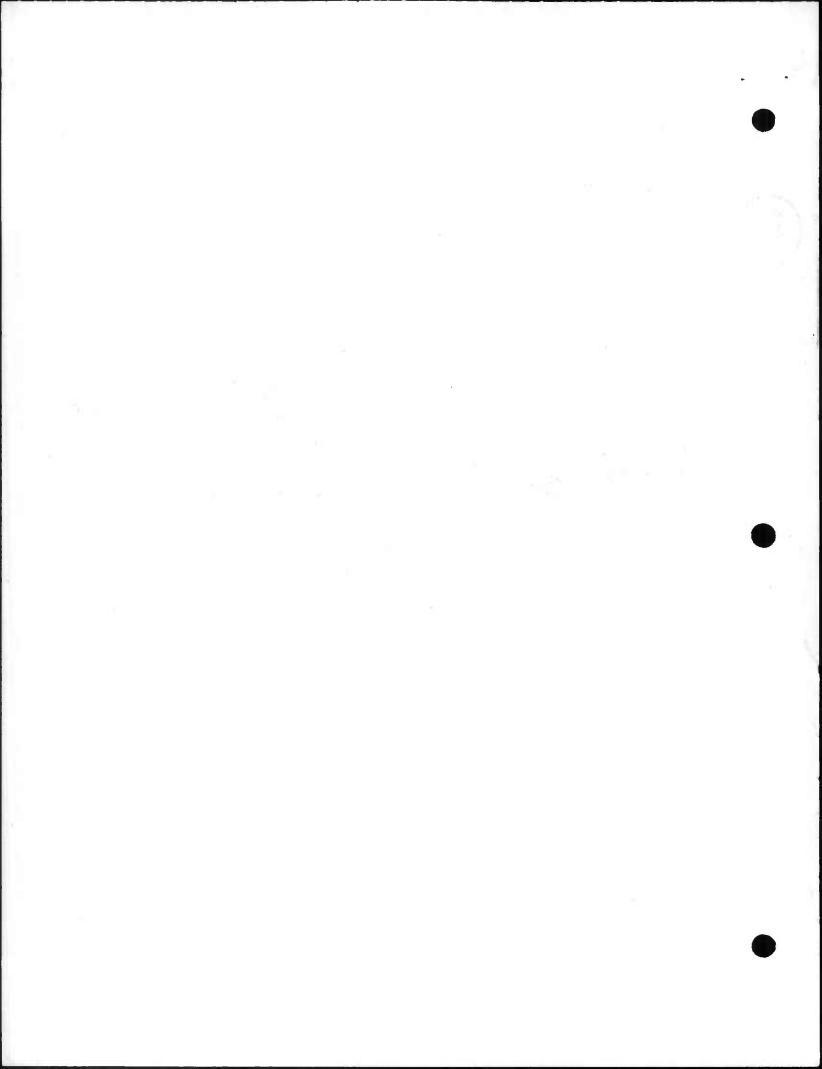
hours after death. Page 6 may be retained by the hospital or attending physician

BALTIMORE, MARYLAND 21215-0020



FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIF	ICATE OF I	DEATH	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)	Q.	-		2. DATE OF DEATH MONTH DA		3. TIME OF DEATH				
	Harold Burnell	DIXC	er		JAN. 18,	5 12;15 A					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (III	n yrs. laat birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		B. BIRTHPLACE (State or Foreign				
	213-16-0621 1½M2□F	77 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	917	Country) MARYLAND				
	9e. FACILITY NAME (If not institution, give street and number)	,,	9b. CITY, TOWN OR				Y OF DEATH				
Œ	CARROLL COUNTY GEN. HOSPI	TOT	WESTMIN								
16	RESIDENCE OF DECEDENT	IAL	MESIMII	NSIER		CA	RROLL				
DIRECTOR	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOCATIO	ON			10d. INSIDE CITY				
1 1	MARYLAND Carrol	1 1	westmins	ster			LIMITS?				
	10e. STREET AND NUMBER			ZIP CODE		10a. CITIZE	EN OF WHAT COUNTRY?				
FUNERAL	733 OLD WESTMINSTER PIKE			21151	7		JSA.				
N	11. MARITAL STATUS 12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECE		C ORIGIN? (Specify Yes		4. RACE — American Indian,				
	1 Never Married 2 Merried FORCES? 1 YES	2 XNO	If yes, spec	ify Cuben, Mexicen	, Puerto Rican, atc.)	I OI NO	Black, White, etc.				
В	3 Wildowed 4 Divorced	1169	1 U YES 2	NO Specify:			Specify: WHITE				
COMPLETED	15. DECEDENT'S EDUCATION	16e. DECEDENT'S	USUAL OCCUPATION		16b. KIND OF BUS	SINESS/INDUS	STRY				
	(Specify only highest grade completed) Elementary/Secondary (0-12) (College (1-4 or 5 +)	(Give kind of v	vork done during most e retired.)	of working	2.500.000						
급	10	PIPE	FITTER		MANUF	ACTUR	TNG				
ŏ	17. FATHER'S NAME (First, Middle, Last)				IE (First, Middle, Meiden		11110				
	HERBERT CARE	ROLL BT		CARI	1	ROH					
BE	19e. INFORMANT'S NAME (Type/Print)				oute Number, City or Tow		Sadel and district				
임	KATHRYN H. BIXLER						NSTER, MD.				
	20m. METHOD OF DISPOSITION		OF DISPOSITION /Nem								
		etery, cremetory or of	her place)	DN 1/1	OATE 20c. LO	CATION — CH	ISTER, MD.				
	21. SIGNATURE OF TUNERAL SERVICE LETTINE	TADOM B	RANCH C	ADDRESS OF FAC	2/1/95 WES	STMIN	STER, MD.				
1	11111111		22. NAME AND	ADDRESS OF FAC	FLETCH	HER F	UNERAL HOME				
ш	1 1100		254 E	. MAIN	ST., WEST	rmins	TER, MD. 2115				
	23 PART I. Enter the diseases, or complications that caused	the death. Do n	ot enter the mode	e of dying, auch	as cardiac or respi	ratory arres	st, Approximate				
	ahock, or heer failure List only one cause on each line. IMMEDIATE CAUSE (Fine) Onset and Dea										
	disease or condition										
	resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF):										
-	- Pango	2/17/00	4001	I De	Sirlly	0.9	i ·				
<u>ō</u>	Sequentielly list conditions, if any, leeding to immediate b. Due To (OR/AS A CONSEQUENCE OF):										
CERTIFICATION	ceuse. Enter UNDERLYING	Seler	- luc 6	lead	dixe	ane					
🖺	CAUSE (Disease or Injury that initiated events	CONSEQUENCE OF):	4							
	reaulting in death) LAST										
DICAL	PART II. Other algnificent conditions contributing to deeth but	it not resulting i	n the underlying	cause given in P	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
음					1 YES 2	IJ-MO	COMPLETION OF CAUSE OF DEATH?				
M							1 TYES 2 NO				
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF	DEATH YE	S 🗆 NO 🗆	UNCERTAIN							
PHYSICIAN:		6. PLACE OF OEAT	H (Check only one)								
Sic	1 YES 2 TO HOSPITAL: 14 Inpatient 2 ER/Outpa	itlent 3 🗆 DOA	OTHER: 4 Nursing Home	5 Residence 6	Other (Specify)						
主	27. MANNER OF DEATH 280. DATE OF INJURY	28b. TIM			28d. OESCRIBE HOW IF	NJURY OCCU	RED				
	1 Ratural 5 Pending (Month, Day, Year)	INJ	M 1 YE	8 2 NO							
BY	3 Suicide 280. PLACE OF INJURY	At home, farm, s	treet, factory, office		28f. LOCATION (Street a	and Number or	Rural Route Number				
邑	4 Homicide determined building, etc. (Specif	fy)			City or Town, Stete)						
Ш	29a. CERTIFIER										
MP	(Check only one)										
COMPLETED	One) 2 MEDICAL EXAMINER: On the basis of examination	and/or investigation	n, in my opinion, dea	th occured at the II	lme, date end place, en	d due to the o	ceuse(s) end manner es stated.				
ш	296 SIGNATURE AND TITLE OF CERTIFIER	0.5 (0 . 62	1	29c. LICENSE NUME	BER	29d. DATE S	SIGNED (Month, Day, Year)				
TO B	Johnson Marie	unix		D18:	200		-18-91				
F	30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEA		Print)	0-0-	010000	And	MOTO MID				
	CHITRACTEDY NAGA	VNA	TOOA	11000	ia we	81mm	27116				
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNA						113/				
	JAN 2 0 1005 Julia Davidson Re	dall									



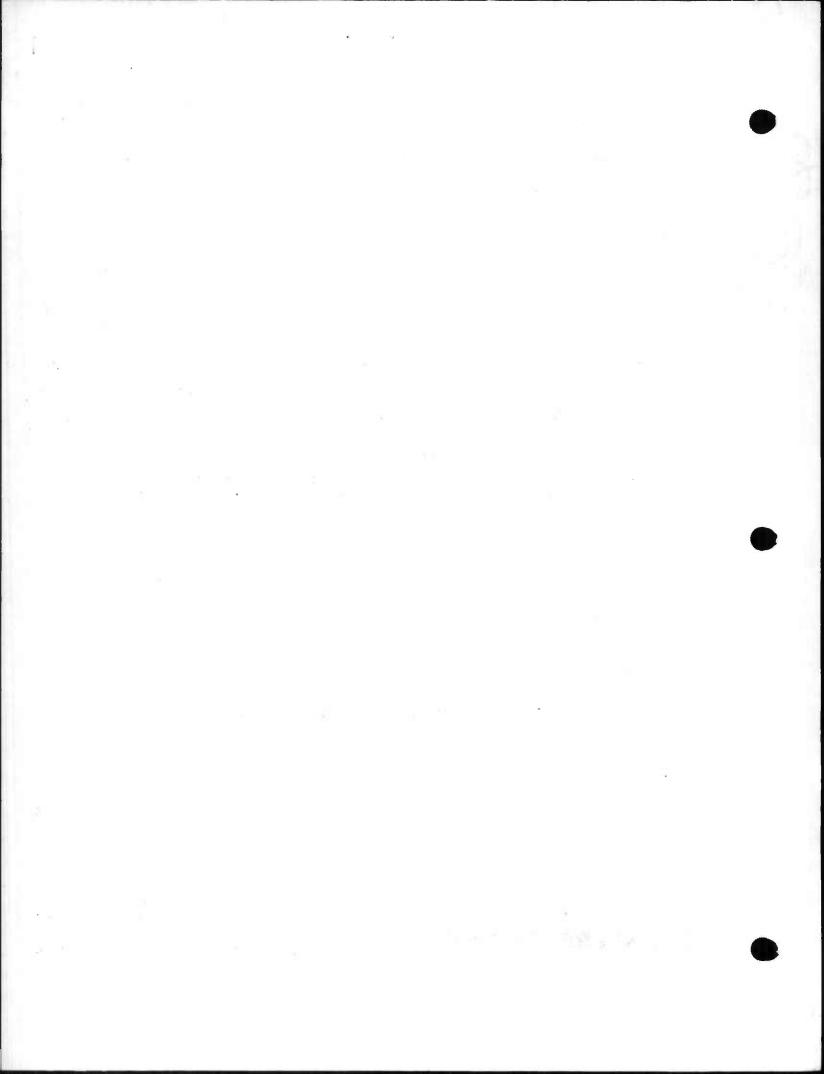
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within the Care death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal to be filled within 72 hours after death with the State Debt. of Health and Mental Hyplene prior to burlar, comation, or entroned. BERDICIAN IN THE CONTRACT OF THE PROPERTY OF THE PR
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BALTIMORE, MARYLAND 21215-0020

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	RTIFIC	ATE O	F DEATH	REG. N	0.			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH	
	Louise Lockhart Baker				January	18,	1995	SWAN	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest b		UNDER t YEAR	7	7. DATE OF BIRTH		8. BIRT	HPLACE (State or Foreign	
	220_32_3133	YRS. MON	THE DAYS	HOURS MIN.	Feb. 13,	1899	Mic	chigan	
	9e. FACILITY NAME (If not institution, give street and number)	OR LOCATION OF DE							
OR	1425 Old Stepney Road Aberdeen Harford								
E I		10c CITY TO	WN OR LOC	ATION				10d, INSIDE CITY	
E	The same of the sa							LIMITS?	
	Maryland Harford	Abe	rdeen					1 YES 2 NO	
FUNERAL DIRECTOR				21001		10g. Ci	U.S.	WHAT COUNTRY?	
3	11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARME	ED	13. WAS D		NIC ORIGIN? (Specify	fee or No			
BY F	1		If yes,	specify Cuben, Mexica ES 2 NO Specif	n, Puarto Rican, etc.)		Spec		
		DENTIO NO.						hite	
쁘	(Specify only highest grade completed) (Give	kind of work	done during i	TION most of working	16b. KIND OF E	USINESS/IN	IDUSTRY		
ا ت	College (1-4 or 5 +)	o NOT use ret	,						
₹		emake	r		In ho	me			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTNER'S NA	ME (First, Middle, Maid	en Surneme)			
BE	Hugh Lockhart	_		Imoge	ne Bellow	7S			
2		MAILING ADI	ORESS (Stree	t and Number or Rural	Route Number, City or 1	own, State, Z	(ip Code)		
-	Mr. George H. Baker, Jr. 3	10 Ca	rter	Street, A	berdeen,	Maryl	Land	21001	
				Name of	DATE 20c.	LOCATION -	- City or T	own, State	
	20b. PLACE AND DATE OF DISPOSITION 12 Burlai 2 Cremetion 3 Removal from State 41 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) Baker Cemetery 1/21 Aberdeen, Maryland								
	1. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Tarring—Cargo Funeral Home, P.A.								
	► Chan. (2 1). H.	(Funeral yland 21			•	
	23. PART I. Enter the diseases, or complications that caused the dest	h Do not							
	shock, or beart fallure. List only one cause on each line.	ii. Do iide	onter the r	lode of dying, add	in all cardiac or rei	piratory a	rrant,	Approximata Interval Between	
	iMMEDIATE CAUSE (Figure disease or condition		12.	t				Onset and Death	
	resulting in death) a. / Lulu	ply (Kul	ente				G tous	
	DUE TO (OR AS A CONSEQU	ENCE OF):							
Z	Sequentially list conditions,								
CERTIFICATION	If any, leading to immediate	ENCE OF):							
2	Cause. Enter UNDERLYING CAUSE (Disease or Injury								
#	that initiated events DUE TO (OR AS A CONSEQU	ENCE OF):							
H	resulting in death) LAST								
	PART II. Other significant conditions contributing togdesth but not res	sulting in th	an underly	ing cours alves in	Port I as uno	AN AUTOPSY		D. WERE AUTOPSY FINDINGS	
EDICAL	Conseque heart raily	t .	ie underly	ing cause given in	PERF	ORMED?	24	AVAILABLE PRIOR TO	
ă	Caryonia vara prant	и			1 YES	2 NO		COMPLETION OF CAUSE OF DEATN?	
ME						()		1 TES 2 NO	
ä	DID TOBACCO USE CONTRIBUTE TO CAUSE	OF DE	ATH '	YES 🔲 NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			PLACE OF DEATH (Ch	eck only one)				
SIC	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3		THER: Nursing N	ome 5 KRaeldence	6 Other (Specify)				
Ŧ	27, MANNER OF DEATH 28e. DATE OF INJURY	28b. TIME OF	28c. I	NJURY AT	28d. DESCRIBE NO	V INJURY O	CCURED		
	1 Natural 5 Pending (Month, Day, Year) 2 Applicant Investigation	INJURY		VORK? YES 2 NO					
B	2 Pulate - At home	e, farm, stree	t, factory, of	lica	28f. LOCATION (Stre	at and Numb	er or Burel	Boute Number	
	8 Could not be determined building, etc. (Specify)				City or Town, Sta				
	29e. CERTIFIER						_		
COMPLETED	(Check only CERTIFYING PHYSIGAN: To the best of my knowledge, desti								
Ö	2 MEDICAL EXAMINER: On the beele of examination end/or inv	restigation, in	my opinion	, death occured at the	time, date and place,	end due to	the ceuse(s) and manner ee stated.	
BE C	296. SIGNATURE AND TITLE OF CERTIFIEF			29c. LICENSE NUI	MBER	29d. DA	TE SIGNE	(Month, Day, Year)	
	(Stre			1030	712	•	1/19	195	
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM)	27) Type, Prin	0			1		1.0	
	CHILLES EUG 219 W Be	VAC	R/	UE A	\$40LD\$	ŒU	10	UE 21001	
	31. DATE FILED (Month, Day, Year) JAN 1 9 1995 The Church Parish	4							

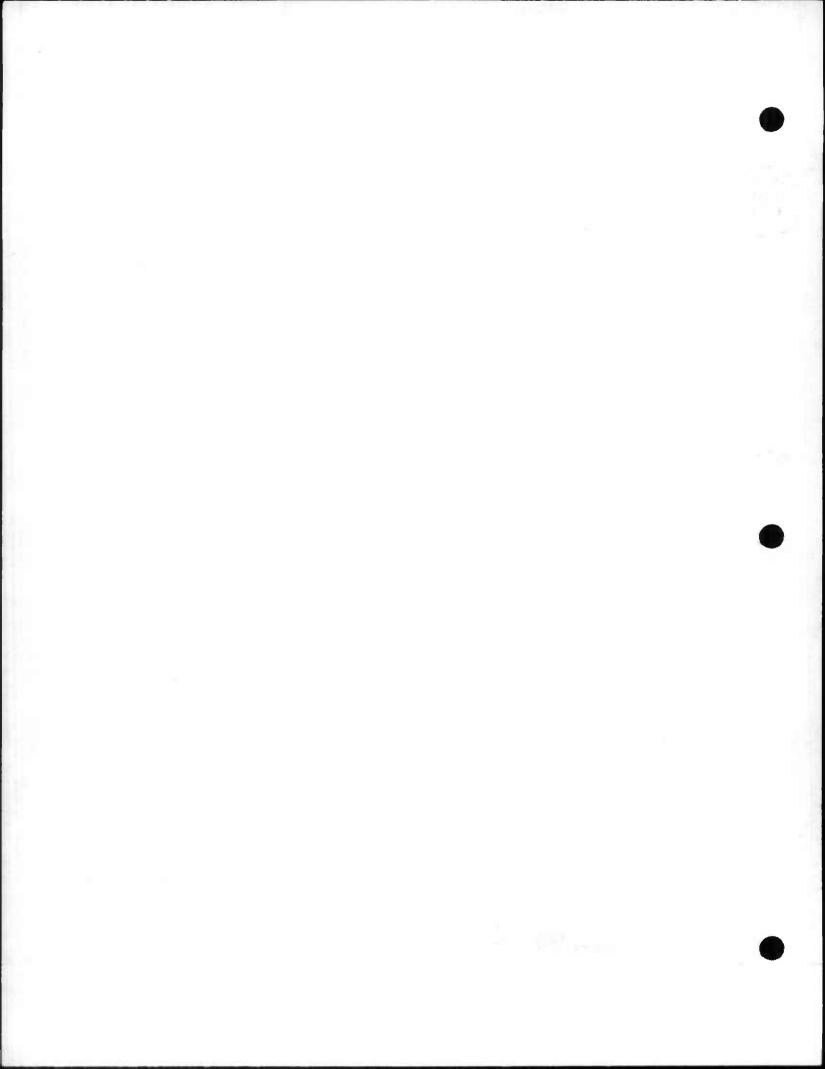


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OF	
DIVISION	

	1		1
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	/TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	iMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
HOSPITAL (UNERAL E	ANT: It I	
THE !	TO THE P	IMPORT	

•	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
. D	ECEDENT'S NAME (First, Middle, Leat)			C 0 C 4 T 1 4

	REGISTRAR			CKIII	ICATE	OF	DEATH		REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Lest)							2. DATE O				3. TIME OF D	EATH	_
	AGNES ROSE	BOSHER						Janu	ary 6	. 19	95	1/2	P	м
	4. SOCIAL SECURITY NUMBER		AGE (In yrs.	last birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE OF		, 1)		HPLACE (State of	or Comion	_
	233-05-7660	1 M 2 V F	75	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, i	Day, Year)	1010	Coun	(ry)		
	9a. FACILITY NAME (If not institution, give stre	A	- 75		AL 0177				21,			t Virg	ınıa	_
œ	The state of the s	or and number					R LOCATION OF D	EATH			INTY OF			
<u>ē</u>	6114 Main Street				Lanh	am				Pri	nce	George	s	
E I	10a. STATE 10b. COUNTY			10c CI	Y, TOWN OR	LOCATI	ION							_
DIRECTOR	Maryland Prince	George's				LOGAII						10d. INSIDE (alt	
	10e. STREET AND NUMBER	George S		Lan	nam	To all						1 YES 2	A	_
M.						1	ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTR	Y?	
則	6114 Main Street					20	0706			U.S	.A.			
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT E	VER IN U.S.	ARMED ZINO	13. W	S DECE	ENDENT OF HISPA	NIC ORIGIN?	(Specify Yes	or No —	14. RAC	E — American i	Indian,	
84	3 Widowed 4 Divorced	IF YES, GIVE WAR		¥			2 NO Speci		en, etc.j		Spec	·W·	4 4 4	
	A second - total										White			
	15. DECEDENT'S EDUCA (Specify only highest grade of	NTON ompleted)	- 1	(Give kind of	USUAL OCC work done du	UPATION ring mos	N st of working	16b. K	IND OF BUS	BINESS/INC	DUSTRY			
	Elementary/Secondary (0-12)	College (1-4 or 5+)		ille. Do NOT u	se retired.)	-								
MP	12		Ho	memak	er			Ow:	n Hom	e				
COMPLET	17. FATHER'S NAME (First, Middle, Last)				-		16. MOTHER'S N	AME (First, Mic	ldle, Maiden	Sumame)				Τ
BE							Ann Ha	yden						
	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street an	nd Number or Rural	Route Number	City or Town	n, State, Zip	Code)			-
2	George Bosher			2504	Sympho	onv	Lane, G	Gambri	11s.	Marv	land	21054		
	204. METHOD OF DISPOSITION		20h PLAC	F AND DATE	DE DISPOSITI	ON /Non	me of	DATE	200 100	CATION	City on T	Ctot-		_
	1 Donation 5 Other (Specify)	nal Irom Stata	Metro	remetory or o	ther place)	ema	tory 01	109/95	Alox	andr	10	Vircin	io	
í	21. SIGNATURE OF FUNERAL SERVICE LICE	IISEE	110010	POLL	22. NA	ME AN	D ADDRESS OF F	CILITY	Lyrey	anui	ıa,	vilgin	Ia	_
	12/				Fra	anci	o address of FA	's So	ns Fu	nera.	1 Ho	me, P.	Α.	
-31	WAGE	eda			1.7'	39 I	Baltimor	e ave	. Hv	atts	vill	e, MD	20781	
-					47.								COLOI	
	23. PART i. Enter the diseases, or co	mplicationa that co	oused tha	death. Do	not anier th	e mod	de of dying, suc	ch aa cardie	c or reepi	ratory an	rest,	Approx	imate	_
	anock, or heart failure. Li	st only ona cause	on each lie	ne.	not anier th	e mod	de of dying, suc	ch aa cardie	c or reepi	ratory an	rest,	Approx	imate i Between	
	iMMEDIATE CAUSE (Final disease or condition	st only ona cause	on each lie	ne.	not anier th	e mod	de of dying, suc	ch aa cardie	c or reepi	ratory an	rest,	Approx	imate	
	immediate cause (Final	st only ona cause	on each lie	ne.	not anier th	e mod	de of dying, suc	ch aa cardie	c or reepi	ratory an	rest,	Approx	imate i Between	
7	iMMEDIATE CAUSE (Final disease or condition	st only ona cause	on each lie	ne.	not anier th	e mod	de of dying, suc	ch aa cardie	c or reepi	ratory an	rest,	Approx	imate i Between	
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ATION	anock, or heart failure. Li iMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	st only ona cause	on each lie	ne.	not anier th	e mod	de of dying, suc	ch aa cardie	c or reepi	ratory an	rest,	Approx	imate i Between	
FICATION	shock, or heart failure. LI IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR	on each lie	EQUENCE O	lery are are	e mod	de of dying, such	ch aa cardie	c or reepi	ratory an	rest,	Approx	imate i Between	
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CAL CE	shock, or heart failure. Li IMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inflieted events resulting in death) LAST	DUE TO (OR	AS A CONS	EQUENCE O	ley ar	te mod	de of dying, such	Part i. 2	c or reapli	Lar	de	Approximaterya Onset Onset D. WERE AUTOPS MARLABLE PRI COMPLETION COMPLETION COMPLETION	rimate i Between and Death Y FINDINGS OR TO	
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BE COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initioted eventa resulting in death) LAST DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 29 Accident Investigation 3 Suicide 8 Could not be detarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	DUE TO (OR DUE TO	AS A CONS AS A CONS AS A CONS Eth but not E OF DE 28. PL Voulpatient URY knowledge, instien and/o	EQUENCE O EQUENCE O Tresulting ATH YE ACE OF DEA 3 DOA 28b. TIM INJ Home, larm, i	The in the under	per mode mode mode mode mode mode mode mode	Cause given in Cause given in Cause given in Cause given in Cause given in Cause given in Cause given in Cause given in	Part I. 2. Part I. 2. 6 Other (S. 28d. DESCR. 1 to the cause Ilme, data an	4a. WAS AN / PERFORI YES 2 Specify) HISE HOW IN ON (Street as fown, State)	AUTOPSY MED? S yo IJURY Occ Ind Number	24b CURED or Rural is seed, as cause(as	Approximatery of the second of	Y FINDINGS OR TO DEP CAUSE NO	



BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician	illed in by the funeral director, page 5 should be detached for use as the burial-transition or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	70 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-terment for filed within 72 hours after death with the State Debt. of Nealth and Mental Mysiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL

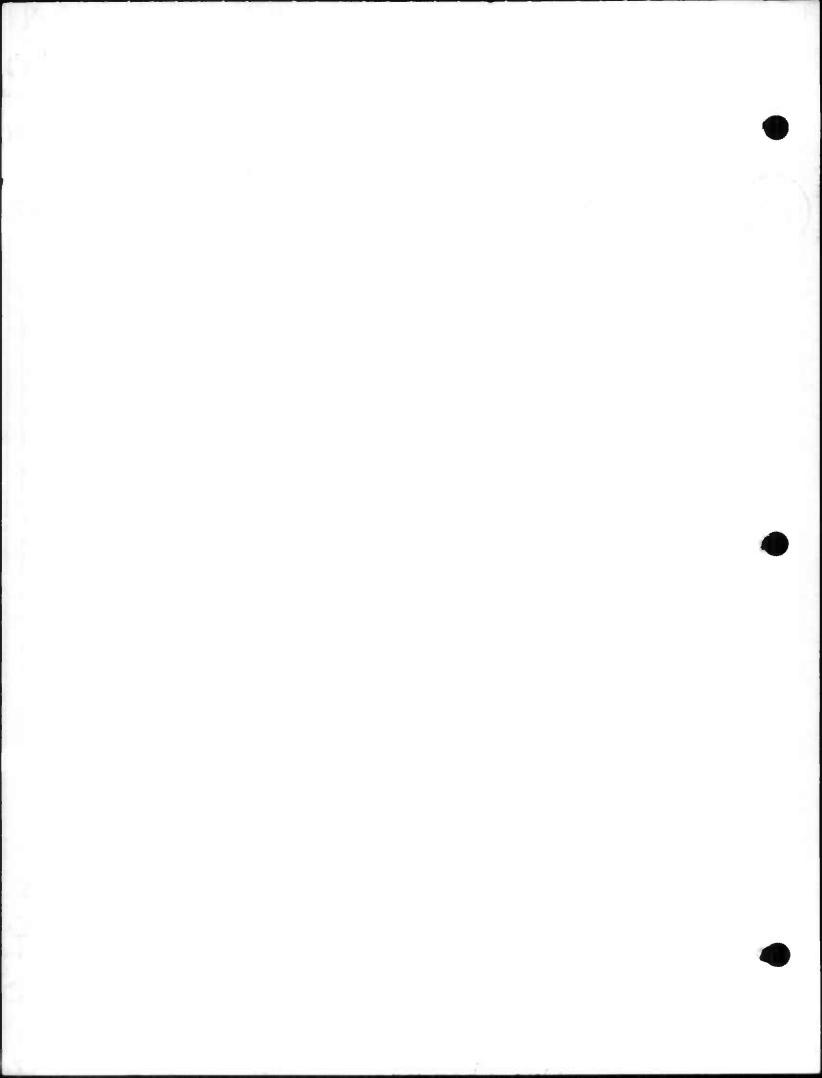
S	TATE OF MARYLAND				HYGIENE
		CERTIFICATE	OF DEAT	Н	REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTA	L HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH		3.	TIME OF DEATH
	CRESCENTIA	TOMASHA	BE	LL		JO	1/1.	7 .	YEAR	9:301 m
	4. SOCIAL SECURITY NUMBER	The second secon	77	F UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH		8. BIRTHPL	ACE (State or Foreign
	214-70-1699 Ba. FACILITY NAME (If not institution, give a)	1 M XX F 37 YRS. MONTHS DAYS HOURS MIN.			May	1, 19			ngton, DC	
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT				PRINCE GEORGE'S					
DIRE	MARYLAND PRINCE	IDC. CITY, YOW			OR LOCATION					d. INSIDE CITY LIMITS?
AL	10e. STREET AND NUMBER			101	ZIP CODE			10g. CITIZI		T COUNTRY?
E	4905 CHURCH	I ROAD			2072	20		US	SA	
Ę	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN	17 (Specify Yes	or No- 1	14. RACE —	American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			2 NO Speci		Ricen, etc.)		Specify:	filte, etc.
	10011-011 7.2									BLACK
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	k done durina mo:	N st of working	166	KIND OF BU	SINESS/INDU	STRY	
12	Elementary/Secondary (0-12)	College (1-4 or 5+)	CLERK	oured.)			PVT.			
WC	12th 17. FATHER'S NAME (First, Middle, Leat)		CLERK		16. MOTHER'S NA					
	RICHARD E. N	IFWMAN					NDSOR	Sumame)		
BE	19a. INFORMANT'S NAME (Type/Print)		10h MAII ING AF	MBESS /Stmar a	nd Number or Rural			- Ohne Tir (
5	GRACE NEWMAN/	MO'THER	4905 CH	URCH RO	DAD BOWI	E, M	ARYLAN	D 20	720	
	20a. METHOD OF DISPOSITION	206	PLACE AND DATE OF	DISPOSITION (No.	me of	DAT	E 200 LO	CATION — CI	the as Tawa	Paret
	1 Buriel 2 Cremation 3 Remo		SURRECTIO			1/9				RYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIC		BOILLEGIZO						.,	
	Juawan	each. Vol	acton	7474 1		ROA	D LAND	OVER,		LAND20785
	23. PART I. Enter the diseases, or c	omplications that caused	the deeth. Do not	anter the mod	de of dying, suc	ch sa card	lisc or reapi	ratory srre	st,	Approximata
	IMMEDIATE CAUSE (Final					4. 6.				Interval Between Onsat and Death
	disesse or condition resulting in death)	Aco	vired	1 mm	une,	deti	ciekcy	synd	rume	
		DUE TO (OR AS A	CONSEQUENCE OF):							
N	Sequentially list conditions,)								
Ĕ	If any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):							
	CAUSE (Disease or Injury CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	resulting in death) LAST	502 10 (611 A5 A	CONSEQUENCE OF).							
E		J								
A	PART II. Other aignificent conditions	contributing to death b	ut not resulting in t	the underlying	ceuse given in	Part I.	24a. WAS AN PERFOR			RE AUTOPSY FINDINGS
MEDICAL	Decubitus	ulcer, so	cium				1 TES 2	1	CO	MPLETION OF CAUSE
WE						_		1		DEATH? ☐ YES 2 ☐ NO
ä	DID TOBACCO USE CONTR	IBUTE TO CAUSE O	F DEATH YES	□ NO 🌣	UNCERTAI	N 🗆			1	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH							
ĮŠ.	1 - YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outp	atient 3 DOA 4	THER: Nursing Home	5 🗆 Residence	6 🗆 Othe	r (Specify)			
E	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME O			26d. DES	CRIBE HOW II	NJURY OCCU	RED	
BY	1 Natural 5 Pending 2 Accident Investigation				ES 2 NO					
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Spec	— At home, farm, streetfy)	et, factory, office		261. LOC City	ATION (Street a	nd Number or	Aural Route	Number,
COMPLETED										
립	29a. CERTIFIER (Check only 1) CERTIFYING PHYSIC	IAN: To the best of my knowl	edga, death occurred a	t the time, data	and place, and due	to the cau	ee(a) and man	ner sa stated	1	
S S	one) 2 MEDICAL EXAMINER	: On the beals of examination	and/or investigation, i	n my opinion, de	ath occured at the	time, data	and place, an	d due to the	cause(a) an	d manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	20		T	29c. LICENSE NU			29d. DATE S	SIGNED (Mo	onth, Day, Year)
	Alty C. ly	Jan, ym			D395	50		> 1	-5-	95
10	30. NAME AND ADDRESS OF PERSON WHO		TH (ITEM 27) (Type, Pril 111 - 0 - 48	150 Fo	rbes B	lud.	Lark	am, t	Nd.	20706
	31. DATE FILED (Month, Day, Year)	32. RECIGITEARY SIGN								

TO THE HIGHLAN LIR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hosy TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.		hosp	ache		CG.
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ID THE HUSPIAL OR ATTENDING PHYSIC TO THE FUNERAL DIRECTOR: After this ce be filed within 72 hours after death with 11 IMPORTANT: If Item 28 Is marked,		JAN	rtific	Je S	10
TO THE HISSTEM. OR ATTENDING PH TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death wi IMPORTANT: If Item 28 is marke		YSIC	S Ce	th th	Ď,
TO THE FUNERAL DIRECTOR: After TO THE FUNERAL DIRECTOR: After the filed within 72 hours after deat IMPORTANT: If Item 28 is m		F	F	h w	arke
TO THE FUNERAL OR ATTENION THE FUNERAL DIRECTOR: De filed within 72 hours after IMPORTANT: If Item 28 is		OING	Affe	deat	Ē
TO THE HUSPITAL OR AT TO THE FUNERAL DIRECT De filed within 72 hours a IMPORTANT: If Item 2		TEN	OB:	fter	8
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TO THE HESPITAL TO THE FUNERAL BE filed within 72 IMPORTANT: If	9	8	P	P	ite.
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STATE OF MARYLAND / DEPARTM	ENT OF HE	ALTH AND N	IENTAL HYGIENE
CERTIFICA	ATE OF [DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AN			
	1. DECEDENT'S NAME (First, Middle, Last)			THE OF BEATT	2. DATE OF DEATH	·	3. TIME OF DEATH
	MARJORIE BAIF	ED BILLI	NGSLEY			ll, 199	EAR
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday) #	UNDER 1 YEAR IF UNDER 24 H	RS. 7. DATE OF BURTH	8.	BIRTHPLACE (State or Foreign
	215-38-3102	1 🗆 M 2 💢 F	83 YRS. MOI	THE DAYS HOURS M	Jan. 2,		ashington, DC
	9a. FACILITY NAME (If not institution, give st	reet end number)	96	CITY, TOWN OR LOCATION		9c. COUNTY	
OR	Atlantic General	Hospital	В	erlin		Word	ester
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY					1 11020	
E	100 00011			OWN OR LOCATION			10d. INSIDE CITY LIMITS?
	Maryland Princ	ce George's	Hyat	tsville 101, ZIP CODE			1 X YES 2 NO
A.	4006 Hamilton Str	cot		20781		1	OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED		SPANIC ORIGIN? (Specify Ye	U.S.A	RACE — American Indian,
	1 Never Married 2 Merried	FORCES? 1 YES	2 XNO	If yes, specify Cuban, M	exicen, Puerto Rican, atc.)	NE OF NO.	Black, White, atc.
BY	3 🔀 Widowed 4 🗌 Divorced			T TES 2 MAN S	респу.		Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	16a. DECEDENT'S USU	AL OCCUPATION done during most of working	16b. KIND OF BU	JSINESS/INDUS	TRY
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use rei	ired.)			
₩ I	12		Administra	ative Secret			
8	17. FATHER'S NAME (First, Middle, Last)	1			S NAME (First, Middle, Maide		
BE	Frederick E. Bair	d			ie M. Miller		
2	19a. INFORMANT'S NAME (Type/Print)	1	1	ORESS (Street and Number or F			
	James B. Billings			ean Pines,			
	1 N Buriel 2 Cremetion 3 Remo	oval from State Cen	PLACE AND DATE OF Di netery, crematory or other p	Macal			or Town, State
	4 Donation 5 Other (Specify)	ENSEE	ort Lincol	Cemetery 0	1/13/95 Bre	entwood	, Maryland
	100 0 t	RMI		Francis Gas	ch's Sons Fu	neral	Home, P.A.
	Macles 1	1360	,	4739 Baltime	ore Ave., Hy	attsvi	lle, MD 20781
}	23. PART I. Enter the diseases, or coshock, or heart failure. I	omplications that cause List only one cause on c	the death. Do not a	enter the mode of dying,	such as cardiac or resp	piratory arrest	Approximate interval Between
	IMMEDIATE CAUSE (Final		0	V 4/ V			Onset and Death
	disease or condition resulting in death))>e	were U	elyduat.			
		DUE TO (OR AS A	CONSEQUENCE OF):	2 1 2			
CERTIFICATION	Sequentially list conditions,	DISE TO COR AS	CONSEQUENCE OF	Lewoole	mce		
AT	if any, leading to immediate cause. Enter UNDERLYING	502 10 (011 A3 A	teveno	Dengat	·A.		
FIG	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):	G-Crocket.	66		
	resulting in death) LAST	(-ordian	Satur	Drease		
	DADT II. Oshoo shouldoon and distance			1			
¥.	PART ii. Other aignificant conditions	i contributing to death b	ut not resulting in th	e underlying cause give	n in Part i. 24a. WAS AI PERFO		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
ă					1 YES	NO	COMPLETION OF CAUSE OF DEATH?
×	-						1 [] YES 2 [] NO
PHYSICIAN: MEDIC	as the over extreme to the over						
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	01	26. PLACE OF DEATH	(Check only one)		
¥.	1 YES 2 NO	1 Inpatient 2 ER/Outp		Nursing Home 5 - Reside			
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	WORK?	28d. DESCRIBE HOW	INJURY OCCUR	ED
B	2 Accident Investigation 3 Suicide & Could not be	28s. PLACE OF INJURY	— Al home, farm, street	M 1 YES 2 NO	28t. LOCATION (Street	and Mumber of	2
	4 Homicide 6 Could not be determined	building, etc. (Spec	cify)	, ractory, ornea	City or Town, State		Hurel Houle Number,
COMPLETED	29a. CERTIFIER	NAME TO the bank of an Area			G III		
M M		CIAN: To the best of my know					Buse(a) end manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER						
201 [THE OF CENTIFIER			29c. LICENSE		29d. DATE S	GNED (Month, Day, Year)
8	A. L. T	10.4	it	1 (2)			11.05
TO BE	Stephent.	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Torse Drive	125_	1993		-11-95
	Stephent. 30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin		144 3		-11-95
	30. NAME AND ADDRESS OF PERSON WHO 31. DATE FILED (Month, One, Year) JAN 13 1995	D COMPLETED CAUSE OF DE			144 3		-11-95



(W	H)	-
du		ormit.	
	-0050	ding physician. the burial-transit permit	
	9	ding the	

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21215

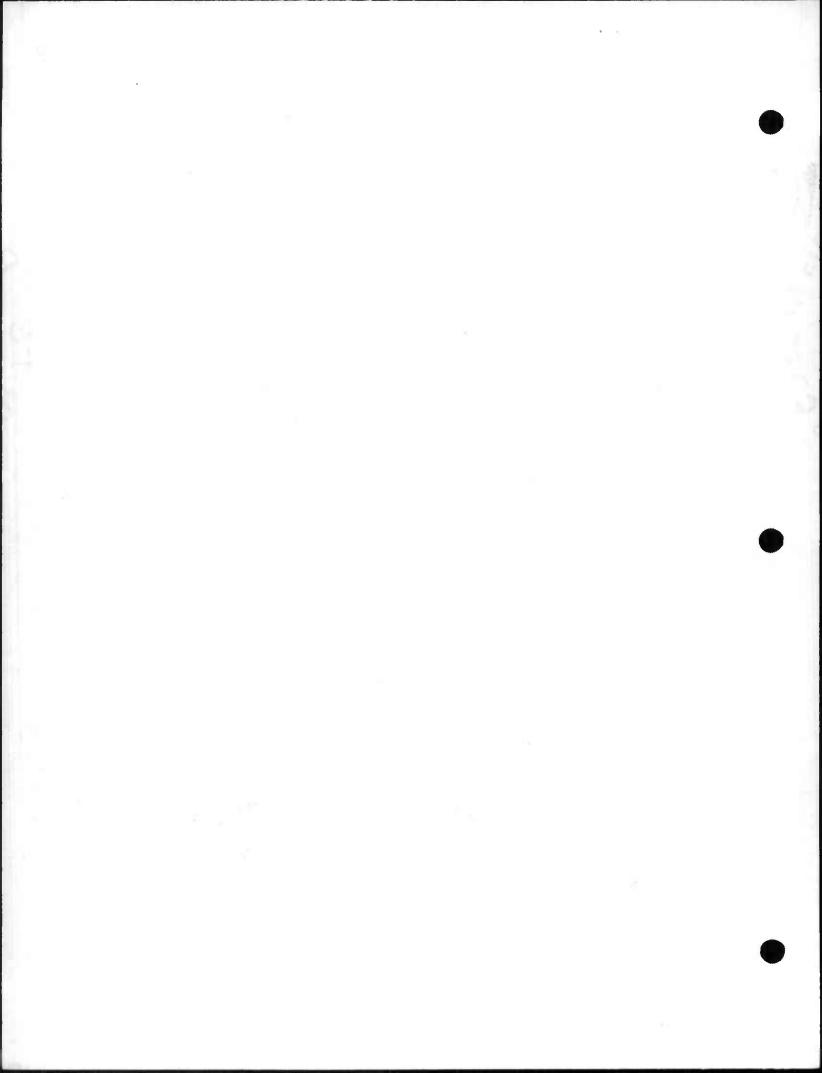
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSTIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attends of TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as it be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

1 - STATE REGISTRAR			ICATE C			MENIAL HYGIEN REG. NO	_		
1. OECEDENT'S NAME (First, Middle, Last)			10/11/2	J. DEA	•	2. DATE OF OEATH			3. TIME OF DEATN
VIRGINIA IRE	NE BAKE	R				January 1	AY 1. 1	YEAR QQ5	1:55 P M
4. SOCIAL SECURITY NUMBER	5. SEX 8. AG	E (in yrs. lest birthday)	IF UNDER 1 YE	AR IF UNDER	24 HRS.	7. DATE OF BIRTH	1, 1	8. BIRTI	IPLACE (State or Foreign
577-22-9439	t □ M 2 💢 F	72 YRS.	MONTHS DAY	YS HOURS	MIN.	(Month, Day, Year)	1922	Wash	ington, DC
9e. FACILITY NAME (If not institution, give a	trest end number)		9b. CITY, TOV	WN OR LOCATIO	N OF DE			UNTY OF D	
Doctor's Commun	ty Hospital		Lanha	m			Pr.	ince	George's
RESIDENCE OF DECEDENT							1	Incc	000160 8
			TY, TOWN OR LO						10d. INSIDE CITY LIMITS?
Maryland Princ	e George's	Hy.	attsvil						1 X YES 2 NO
				101. ZIP CODE			10g. Cl	TIZEN OF Y	WHAT COUNTRY?
4901 Gallatin St	12. WAS DECEDENT EVER			20781				S.A.	
1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YE	S 2 X NO	If yes		, Mexican	IC ORIGIN? (Specify Yes i, Puerto Rican, atc.)	s or No—	14. RACI Bleck Spec	E — American Indian, k, White, atc. White
15. DECEDENT'S EDU (Specify only highest grade		16a. OECEDENT'S	S USUAL OCCUP			16b. KINO OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	ise retired.)	I most or working	,				
12		Homema	ker			Own Hor			
17. FATNER'S NAME (First, Middle, Last)				18. MOTN	ER'S NA	ME (First, Middle, Meiden Gr	Sumame)	Г	Tra A
George E. Seuss				-Val	erie	-Faber	ace .	trene	vincent
19e. INFORMANT'S NAME (Type/Print)						oute Number, City or Tow			
Valerie Faber		53K R:	idge Ro	ad, Gr	eenb	elt, Mary	land	2077	0
20e. METHOD OF DISPOSITION 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Ram	oval from State	0b. PLACE AND DATE	other placel			1		- City or To	
4 Donation 5 Other (Specify)	I	ort Line	<u>oln Cem</u>			14/95 Bre	ntwo	od, M	Maryland
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	0 1		E AND ADDRES		s Sons Fu	noro	1 Uon	no P 4
Cuarles	7.1300	///							e, MD 20781
ahock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions,	SER		DF):	of.	تمل				intervei Batween Onset and Death
if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST		A CONSEQUENCE O							
PART II. Other aignificant condition	e contributing to death	but not resulting	in the underl	ying ceuse gl	ven in F	Part i. 24s. WAS AN		24b.	WERE AUTOPSY FINDINGS
FRACTU	at HIF	le}	- 0	Since	ite	PERFOR			AWAILABLE PRIOR TO COMPLETION OF CAUSE
chronic	obstrue	tion P.	Juste	300-0	Oil	5000	W -4		OF DEATH?
DID TOBACCO USE CONTI			ES NO	□ UNC	RTAIN				
25. WAS CASE REFERRED TO MEDICAL EXAMINERT		26. PLACE OF DEA							
1 (9 YES , 2 €) NO	HOSPITAL:	itpatiant 3 🗆 DOA	OTHER:	Nome 5 🗆 Rea	idence f	Other (Specify)			
27. MANNEY OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year	26b. TIN	JURY 1 28c.	INJURY AT WORK? YES 2		26d. DESCRIBE HOW II	NJURY OC	CURED	2 Suntain
3 Buicide 8 Could first be 4 Homicide desirmined	28e. PLACE OF INJUI building, etc. (Se	At home, farm, hocky)	street, factory, o	office		281. LOCATION (Street of Physics Town, Physics)	0 0 6	or Rural F	Noute Number,
	CIAN: To the best of my kno								
		for end/or investigation	In my opinion	n, deth occurs	d at the	ime date end place, en	d due to t	he ceuse(s) and menner es stated.
296. SIGNATURE AND THELE OF CERTIFIE	in le			29c. LICEN	ISE NUM	BER	29d. DAT	E SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WH	COMPLETED CALISE OF	DEATH (ITEM 27) /5~	Print)	DIA	- ブ	47		1	15/42
KUSHKA	CO P THE	w	5	10 4	3	dices	6 8	HT2	646
31. DATE FILED (Month, Day, Year)	32. REGISTRARIS SIC	0 0							



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	NEGISTRAN			CENTIF	CALL	. Ог	DEA	ın		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Leah	Bess		CLIPP					2. DATE MONTE	OF DEATH	9,19	YEAR 195	3. TIME OF DEATH 0830 A M
	4. SOCIAL SECURITY NUMBER 216- 22- 1946	5. SEX 1 M 2 X F	8. AGE (In yr.	s. lest birthday)	IF UNDER	DAYS	IF UNDER	MIN.	(Month	of BIFTH h, Day, Year) ch 2,19	914	Country)	LACE (State or Foreign /SVille, Md
TOR	98. FACILITY NAME (If not institution, give st Washington Count		al				OR LOCATI		ATH			hingt	
DIRECTOR	nesidence of decedent 10a. STATE 10b. COUNTY Maryland Wash	ington			r, town of							- 1	IOd. INSIDE CITY LIMITS? I VES 2 NO
FUNERAL (100. STREET AND NUMBER 116 West Ar		t.		or po	101	21782						IAT COUNTRY?
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	NO	- 11	yes, sp	ENDENT Code 2 X NO	ın, Mexica	n, Puerto I	i? (Specify Yes Rican, etc.)	<u></u>	14. RACE - Black,	- American Indian, White, atc. White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)			Give kind of us	vork done d	luring mo	ON Ist of working	ng	16b.	. KIND OF BUS		DUSTRY	
OMP	17. FATHER'S NAME (First, Middle, Last)			ПОПЕ	make.	Ľ	18. MOT			OWN I			
BE	Geary Taylor 19a, INFORMANT'S NAME (Type/Print)								h Jo				
욘	Geary L. Clipp)								ber, city or fow Sharpsk			21782
1	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	ovat from State	cemeters	CEAND DATE (her place)			23-95	DAT			City or Town	n, State Md. 21756
	21. SIGNATURE OF FUNERAL SERVICE DC	John H			22, N	AME AN	ND ADDRE	SS OF FA	CHLITY	7606	5 Old	Nati	onal Pike
	23. PART I. Enter the diseases, or c shock, or heart fellure. I iMMEDIATE CAUSE (Finsi disease or condition resulting in death)	let only one cau	ee on eech	a daath. Do riina.								rest,	Approximats interval Batween Onset and Death
NO	Sequantially list conditions,	Im	20 C	RAU NSEQUENCE OF	ial	2/	36	eed	Cin	9			
ICATI	if sny, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Hy	yer	ten	Su	200	_						
CERTIFICATION	that initiated events resulting in death) LAST	At	her	O SC	le	20	sis	?					
MEDICAL	PART II. Other significant condition								_	24a. WAS AN PERFOR 1 TYES 2	MED?	6	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
PHYSICIAN:	DID TOBACCO USE CONTI	RIBUTE TO CA		PLACE OF DEAT			UNC	ERTAIN	4 🗆		_		
YSIC	1 VES 2 NO	NOSPITAL:	ER/Outpatier	nt 3 🗆 DOA	OTHER 4 Nurs		e 5 □ R	saldence	8 🗆 Othe	r (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D	ay, Year)		M	1 🗌 1	PRK?	□ NO	28d. DES	CRIBE HOW I	NJURY OC	CURED	
8	3 Suicida 8 Could not be detarmined	28s. PLACE O building,	F INJURY — // atc. (Specify)	At homa, farm, s	treet, facto	ry, offic	•		28f. LOC. City	ATION (Street a or Town, State)	and Number	or Rural Ro	ute Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DISCRETE CONTROL OF CONTR												and manner as stated.
7						_							
O BE C	296. SIGNATURE AND TITLE OF CERTIFIER	MAD				ų,	29c. LICI	S S	197	7	29d. DAT	1 /7	Month, Day, Year)

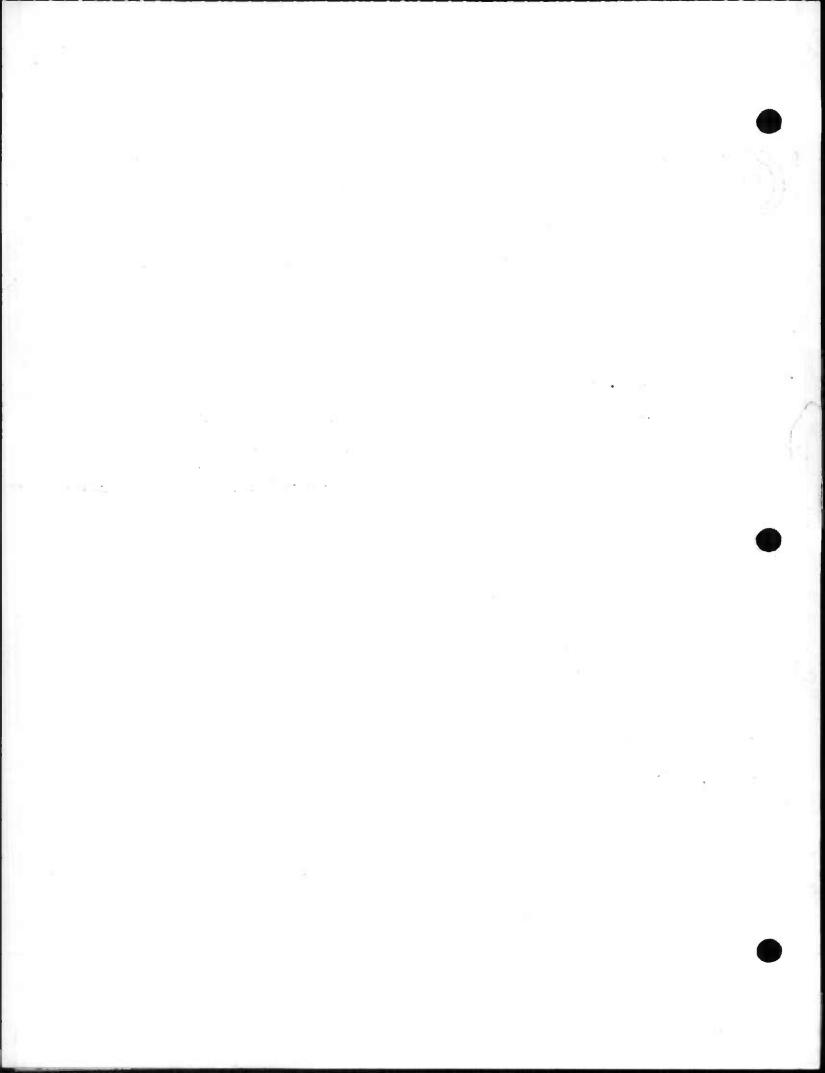
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

> 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WIIO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (M. JAN 2 3 32. REGISTRANS SIGNATURE



ours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completel be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crema IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760

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retached for use as the		once.
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D COLLON	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
2	DVal.	<u>e</u>
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BALTIMORE, MARYLAND 21215-0020

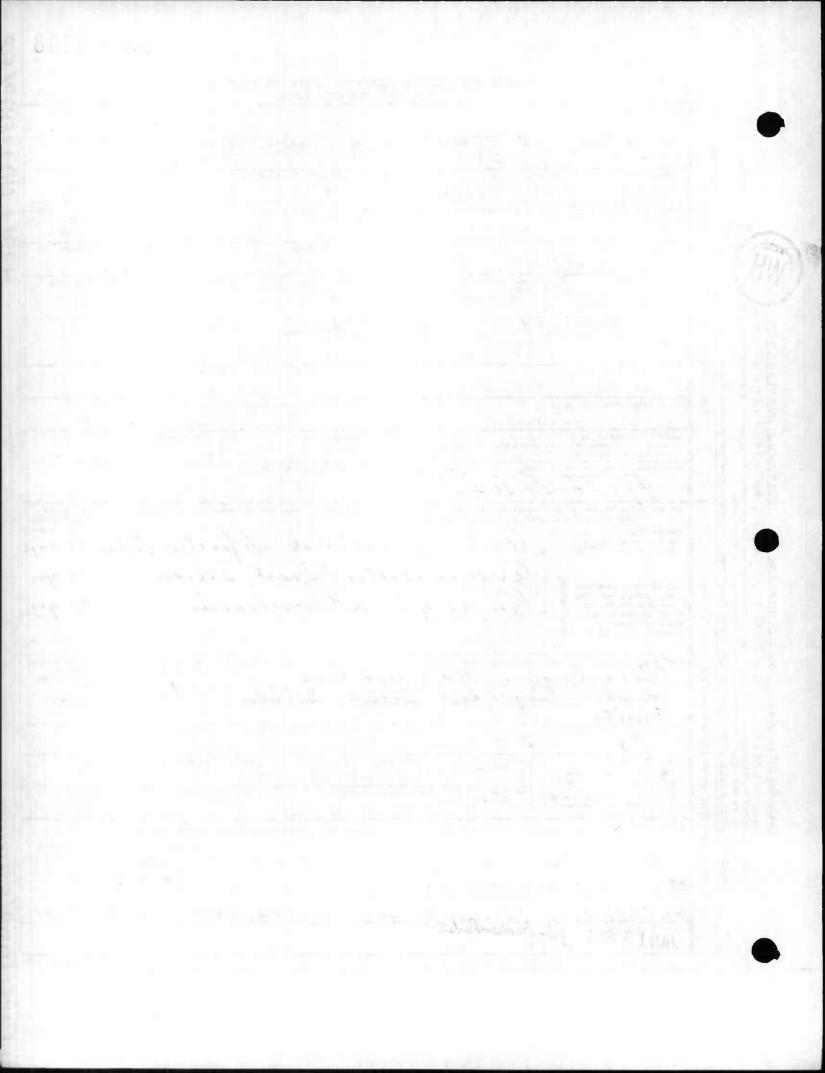
	1 - STATE OF MAR			F HEALTH AND NOF DEATH	MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Lest)	(^		2. DATE OF OEATH	Y Y	3. TIME OF DEATH
	DOROTHY FLEMING 4. SOCIAL SECURITY NUMBER 5. SEX 6.	COOTES			1 1	7 9	5 0812 A M
	214103129 10M2 DE	AGE (IT YES, IEST DIFTER	MONTHS D	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TO	WN OR LOCATION OF DE		9c. COUNTY	Maryland OF DEATH
OR	Carroll County General	Hospit	a. We	stminster		Carr	011
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c.	. CITY, TOWN OR I	OCATION			10d, INSIDE CITY
H	Maryland Carroll	-	Westm	inster			1 YES 2 NO
7	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL DIRECTOR	201 St. Mark Way, Apt.			21158			ed States
	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVEN FORCES? 1 IF YES, GIVE WAR	YES 2 100	If yo	DECENDENT OF HISPAN es, specify Cuban, Maxicar	n, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc.
B	3 M Widowed 4 Divorced	OR DATES	_ ''	YES 2 X NO Specify	:		white
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kin	NT'S USUAL OCCL	IPATION ng most of working	16b. KIND OF BUS	INESS/INDUS	TRY
1	Elamentary/Secondary (0-12) College (1-4 or 5+)		ot use retired.) maker		n/a		
O.	17. FATHER'S NAME (First, Middle, Lest)	Home	marci	18. MOTHER'S NAM	ME (First, Middle, Maiden	Surname)	
BE C	Charles David Fleming			Minnie	Mae Tuc	ker	
0	19a. INFORMANT'S NAME (Type/Print)			treet and Number or Rural R			
	Audrey Servas						NJ 07878
	1 K Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	centerery, cremetory	or other prace;	N(Named/21/9 Cemetery	'		ter, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	NCSOMI	22. NAI	ME AND ADDRESS OF FAC	CILITY		
	* Katherine Prites - Nurth	20		itts Fune			minster, MD
	23. PART i. Entar tha diseases, or complications that see ahock, or heart feiture. List only one cause	uaed tha daath.	Do not anter the	a moda of dying, such	ss cardiac or raapi	ratory arrest	, Approximsta
	IMMEDIATE CAUSE (Final						Intarvsi Between Onset and Daath
	disease or condition resulting in death)	estali	c ca	Rinam	ad l	em u	23 months
-	DUE TO (OR	AS A CONSEQUENC	E OF):		·	110	
CERTIFICATION	if any, laading to immediata	AS A CONSEQUENC	CE OF):				
FICA	CAUSE (Disease or injury	AS A CONSEQUENC	TE OFD:				
F	that initiated events resulting in death) LAST	AS A CONSCOULAGE	E OF).				
	PART ii. Other algnificant conditions contributing to dea	th hut not require	las in the unde	their same about to	Pale t Les une su		
PHYSICIAN: MEDICAL	Emple continue control of the contro		ing in the unda	riying cause given in i	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
G					1 YES 2	DING	OF DEATH? 1 ☐ YES 2 ☐ NO
ä	DID TOBACCO USE CONTRIBUTE TO CAUS	E OF DEATH	YES NO	UNCERTAIN	10		1
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	28. PLACE OF	OTHER:	one)			
IXSI	1 YES 2 NO 1 Properient 2 ER 27. MANNER OF DEATH 288. DATE OF INJ		DA 4 Nursing	Home 5 - Residence			
	1 Natural 5 Pending (Month, Day, W		INJURY	WORK?	26d. DEŞCRIBE HOW IN	IJURY OCCUR	EO
D BY	3 Suicide 6 Could not be 28e. PLACE OF IN.	JURY — Al home, fa	rm, atreet, tactory,	office	281. LOCATION (Street a City or Town, State)	nd Number or I	Rural Route Number,
ELE	4 Homicide detarmined	(0,200.))			City or lowit, State)		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my l						
00	MEDICAL EXAMINER: On the basis of axami	nation and/or investi	gation, in my opini	on, death occured at the t	time, data and placa, and	d dua to the co	ause(a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	me		29c. LICENSE NUM	BER C	29d. OATE SI	GNED (Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE O	F DEATH (ITEM 27) (Type, Print)	10100	0 1	1	1= 50.05=
	CHITRACITEDY NACE	A . 1 . / 1	700	A poole	Rd CVEY	min	eter HDAMJ7
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S	SIGNATURE					
	JAN 1 8 1995 Juli Structure Re	lath					DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1, DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH
	01	ethia	M Cole	2						January 13	, 19	995	4:44 p. M
	4. SOCIAL SECURITY NUMB	BER	5, SEX	6. AGE (In yrs. la		IF UNDER		IF UNDER	24 HRS.	7. DATE OF BIRTH		·	IPLACE (State or Foreign
	218-34-78	87	1 🗆 M 2 🖵 F		6 YRS.	MONTHS	DAYS	HOURS	MIN.	05-23-19	38	Count	NPLACE (State or Foreign MD
	9a. FACILITY NAME (If not in		9b. CITY	, TOWN	OR LOCATI	ON OF DE	ATH	9c. COL	NTY OF E				
H	McCready	Memor	rial Hos	spita1		Cri	sfi	eld				Son	nerset
DIRECTOR	RESIDENCE OF DEC	CEDENT											
H	10a. STATE	10b. COUNT				r, TOWN (Time		10d. INSIDE CITY LIMITS?
	MD	Son	nerset			ris	fie	eld					1 X YES 2 NO
A	10e. STREET AND NUMBER						101	f. ZIP CODI	E		10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	68 Somers	Cove	Apt.					218	317			U.S	S .
ا ۾	11. MARITAL STATUS		12. WAS DECEOEN							IIC ORIGIN? (Specify Yes n, Puerto Ricen, etc.)	or No-	14. RAC	E — American Indian, k, White, stc.
BY	1 Never Married 2 3 Wildowed 4 Dive			MAR OR DATES				2 NO				Spec	
COMPLETED	15, OEC	EOENT'S EDU	CATION completed	16a, D	ECEOENT'S	USUAL O	CCUPATIO	ON .		16b, KINO OF BUS	SINESS/IN	DUSTRY	
ᄪ	Elementary/Secondary (College (1-4 or 5	616	e. Do NOT use	e retired.)	ounny mo	ost or world	g				
<u>4</u>	10th				Lab	ore	r			Sea	foo	d	
٥ ا	17. FATHER'S NAME (First, M	liddle, Last)						18. MOT	TER'S NA	ME (First, Middle, Malden	Surname)		
BE	Henry We	st						1	anr	nie G. Co	1e		
	19a. INFORMANT'S NAME (Type/Print)		11	b. MAILING	ADDRESS	S (Street a	and Number	or Aural I	Soute Number, City or Town	n, State, Zi	p Code)	
2	Lynette C	ole F	risher		31006	ेन र	en	Δ116	an E	Rd. Eden	MD	21	822
	20a. METHOD OF DISPOSIT	ION		20b. PLACE	AND OATE O	F OISPOS	SITION /Na	ame of		DATE 20c. LO			
	4 Donation 5 Other		OVER FROM State	St.	Jame	her place!	eme	tary	7 (1-21-95	Poc	omok	ce, Md.
-3	21. SIGNATURE OF FUNERA	-		0	_			ND ADDRE					
	> Han	heyo	G. U.	tere						Ward Fun			
	23. PART I. Enter the d	iseases, or	complications the	at ceused the d	esth. Do n	ot sater	the mo	COVE	ng. suc	c. Crisfi	eTa	, MC	21817
	shock, or h	esri fsliure.	List only one cer	use on each iin						. 0			interval Between Onset and Death
	iMMEDIATE CAUSE (Fir disesse or condition	181	(dee	1.	7,		. 6	Pial		A. V 0.	- `	00	12 Const
	resulting in death)		DUE TO	(OR AS A CONSE	QUENCE OF):	resc	in	- 4	reference	The p	unt	un 17 days
_			Costs	exioca.	less	P.	,	16	ent	Dere	en		10 em
0	Sequentially list condit if any, leading to imme		DUE TO	(OH AS A CONSI	GUENCE OF):	- 1/)		1			10
8	cause. Enter UNDERLY	ING	(Jen	erely	el	a	the	ers	sel	erases			10 yes
Ē	CAUSE (Disesse or Injuthat initiated events	iry	DUE TO	(OR AS A CONS	GUENCE OF):							
CERTIFICATION	resulting in death) LAS	T S	d										
	PART II. Other significe	nt condition	a contribution to	death but not	annulaine i				to a to				
EDICAL	Bene	Pio	e e	(D)	Pa Ca	00	Convin	g ceuse (jiven in	Part I. 24s. WAS AN PERFOR		240	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ă	B. O.	-	Danie	0 4	Di	0	ani.	0/-	003	1 YES 2	NO		COMPLETION OF CAUSE OF DEATH?
2	Jusace	er of	refen	kent	Luca	tel	Ro	free	lee	us			1 TYES 2 NO
Å.	ablanty												
o l	25. WAS CASE REFERRED ¹ T EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		LACE OF D	EATH (Ch	eck only one)		-	
PHYSICIAN:	1 TYES 2 NO		1 % Inpetient 2 E			T .			sidence	6 Other (Specify)			
		Pending	(Month, C		28b. TIME	URY	WC	JURY AT	3 40	26d. OESCRIBE HOW II	NJURY OC	CUREO	
`	recident	Investigation	28a PLACE C	OF INJURY — At h	ome form o	tract tast		YES 2	NO	204 LOCATION (Complete	and Alamba	a na Phone	Sauta Marahas
G	3 Suicide 6 Homicide	Could not be determined	building.	etc. (Specify)	ome, rami, s	trout, raci	iory, orne			281. LOCATION (Street a City or Town, State)	ina Numbe	r or nurer	Hodre Number,
COMPLETED	29a, CERTIFIER						_				_	-	
M M	(Check only									to the cause(a) and man			
္ပ				DESCRIPTION ENGINE	investigation	n, in my c	ориноп, а	seath occur	ed at the	time, data and placa, an	d due to t	he cause(i) and menner as stated.
BE	29b. SIGNATURE AND THE	CERTIFIE	100	(0)				29c. LICI	NSE NU	#BER	29d. DAT	TE SIGNED	(Month, Day, Year)
2	FRE //	12 5	etto	20 her) ,	Maj	D.	D-	295	05	-1	-19	-93
	30. NAME AND ADDRESS O	PERSON WH	C COMPLETED CAU	ISE OF DEATH (ITE	EM 27) (Type,	Print)	Pr		1	00:-			MD 21817
	WKE GORI	OM	BELL	080 M	D.4.	4-21	1060	CHA	1004	, CKISF	IEL,	D, I	MD 21817
	IANI 1 8 199	5" Jul	4 Division	A THE WOURE									
	JAIN TO 100												



SPERSON.

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED

	FOR	STATE OF I	MARYLAND /	DEDAG	TMENT	OE I	EAITU	AND	MENTA	I UVCIEN	c .	10	0233	כנ
	1 - STATE REGISTRAR	SINIE OF I		ERTIF					MENIA	REG. NO.	C			
	1. DECEDENT'S NAME (First, Middle, Lest)	William H								of DEATH	ľ, 19	95 ^{AR}	3. TIME OF DEA	тн А
	4. SOCIAL SECURITY NUMBER 220-42-4586	5. SEX 1 M 2 F	6. AGE (In yrs. le.	6. AGE (In yrs. lest birthday) 40 YRS.			IF UNDER	R 24 HRS.	7. DATE OF BIRTH (Month, Dey, Year) 530-1945		8. BIRTHPL Country) Mary 1		HPLACE (State or Fi ry) 71.and	oreign
OR	3496 Old Morgant	99. FACILITY NAME (If not institution, give street end number) 3496 Old Morgantown Road, West						ion of di					DEATH	
DIRECTOR	10e. STATE 10b. COUNT	100.0											10d. INSIDE CITY LIMITS? 1 YES 2	
FUNERAL	100. STREET AND NUMBER 3496 Old Morgant	own Road,	West								IZEN OF V	WHAT COUNTRY?		
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES?	NT EVER IN U.S. AF I YES 2 AMAR OR DATES			If yes, sp	ecity Cube		in, Puerto	N? (Specify Yes Ricen, etc.)	or No—	-	E — Americen Indi k, White, etc.	ien,
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondery (0-12) 9 th	JCATION le completed) College (1-4 or 5	+) (G	ECEDENT'S Sive kind of h. Do NOT u chani	work done se retired.)	CCUPATIO	ON st of worki	ing		utomok		DUSTRY		
S S	17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	ME (First	Middle, Meiden	Sumame			
	Christophe	r Cramer						ı}mov		moore, moreon	Out manney			
TO BE	190. INFORMANT'S NAME (Type/Print) Beverly D. Cram						nd Numbe	r or Rural	Floute Num	ber, City or Tow Vest, F			1.1.e,MD 2	2153
	20e. METHOD OF DISPOSITION 1 Burlel 2 D Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) Date Country Side Crematory 1-17-95							E 20c. LO	CATION	City or To	own, State			
CAGIIIIIGI	21. SIGNATURE OF FUNERAL SERVICE L	Devna	/	-	22. N	NAME AI	n Fu	ss of fa	il Ho	omes, F	.A.		21536	
2	23. PART I. Enter the diseases, or	complications the	at ceused the de	eath. Do									Approxim	nste
	ehock, or heert feliure. IMMEDIATE CAUSE (Finel disease or condition	. List only one ce	use on each line										interval B Onset an	Between nd Death
i de la	resulting in death)	a. Acute	(OR AS A CONSE			CLI	on						Immed	liat
TION	Sequentially list conditions, if any, leeding to immediate	b. Athero	osclerot OGRAS A CONSE	IC C	ardio	vas	cula	r di	seas	e			Years	5
RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE O	F):									
CE	DART II Other significant can dista			4-1										
Carcinoma of lungs, metastatic carcinoma to chest wall, 1 yes 2 (No									AWAILABLE PRIOR COMPLETION OF OF DEATH?	OT P				
ME	metastatic carc												1 - YES 2 -	NO
ż	DID TOBACCO USE	CONTRIBUTI	E TO CAU	SE OF	DEAT	H Y	ES K] NC						
20	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	R:			eck only o					
X X	1 TYES 2 NO	1	ER/Outpatient		4 🗆 Nur	sing Hom	_	esidence		er (Specify)				
BY PH	P U 1 49-Natural 5 Panding													
0	2 Accident Investigation 3 Suicide 8 Could not be 28. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)													

29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner es stated. 2 MEDICAL EXAMINEF: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) end menner ee stated.

AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

D.O. 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) H37232

29d. DATE SIGNED (Month, Day, Year) Jan 16,1995

John T Turski III, DO

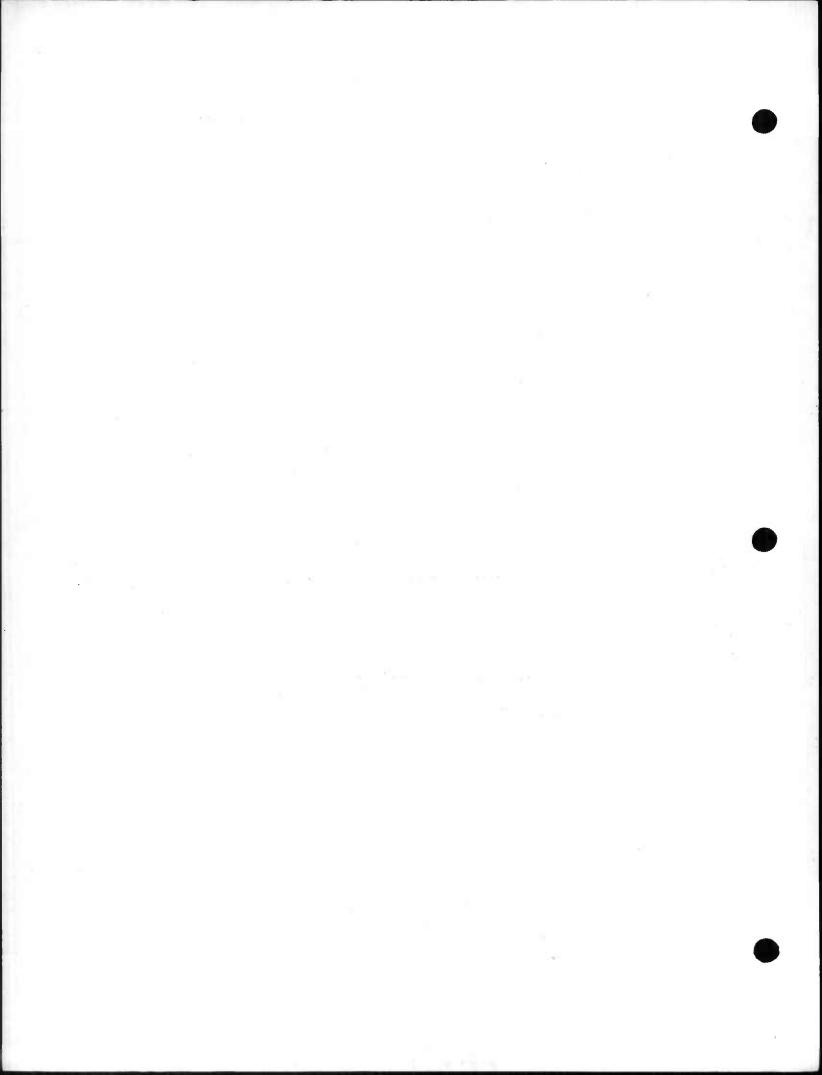
PO Box 67, Friendsville, MD 21531

31. DATE FILED (Month, Day, Year)

4 🔲 Homicide

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

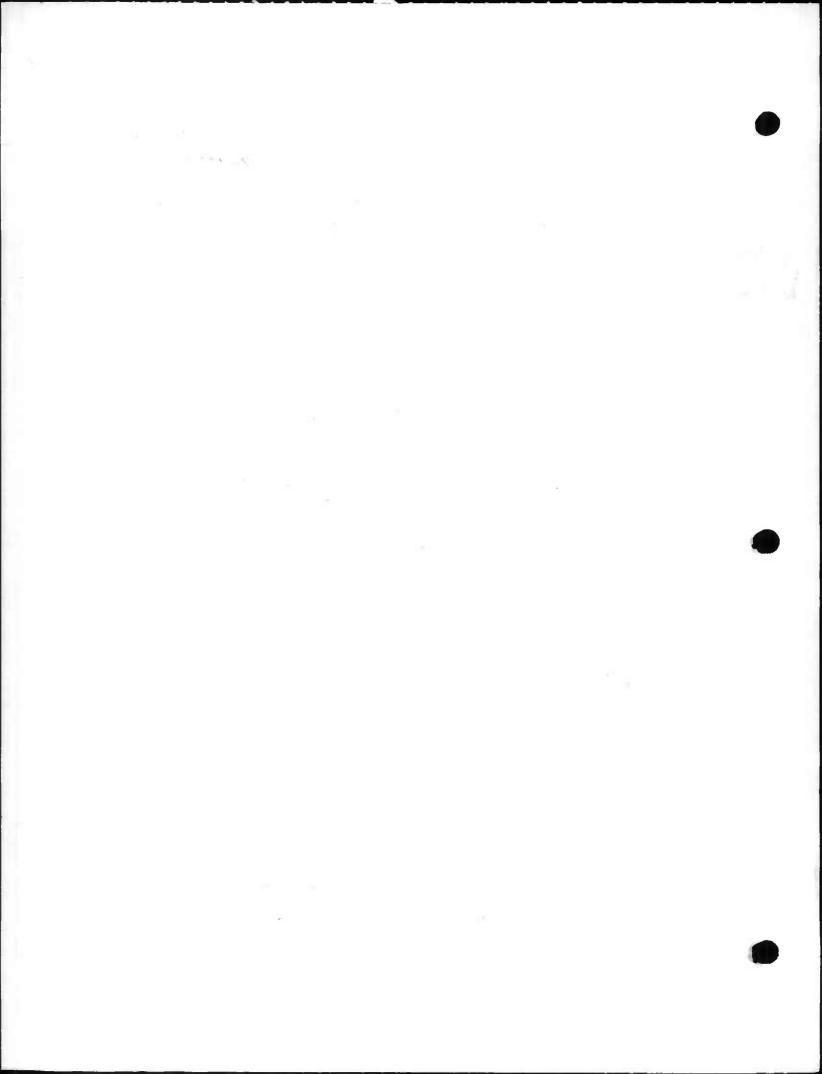


	1 - STATE REGISTRAR	OIMIC OF IMAII	CERTIF	ICATE	OF DEA	TH	MEMIN	REG. NO.	C		
	1. DECEDENT'S NAME (First, Middle, Last)	-						OF DEATH	. <	YEAR 3	. TIME OF DEATH
	MILDRED	F	CROSS				Тапи	arv 9.	1994		11:30 A M
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	IF UNDER 1		R 24 HRS.	7. DATE	OF BIRTH	1916,	6. BIRTHPL	ACE (State or Foreign
	213-74-0403	1 M 2 🔀 F	86 YRS.	MONTHS	DAYS HOURS	MIN.	Varney.	ary b,	1908	Md Md	
-	9a. FACILITY NAME (If not institution, give stre	eit and number)		9b. CITY, T	OWN OR LOCAT	ON OF DE	EATH		9c. COUN	ITY OF DEA	тн
5	Memorial Hospit	al		Cumb	perland				Alle	gany	
EC	10s. STATE 10b. COUNTY			Y, TOWN OR							Od. INSIDE CITY
PIE	Md Allega	ny	Lona	aconir	ng						LIMITS?
AL	10e. STREET AND NUMBER				101. ZIP COD	E			10g. CITIZ		AT COUNTRY?
FUNERAL DIRECTOR	13 Church Hill				21539					USA	
â.		12. WAS DECEDENT EVI FORCES? 1 7	R IN U.S. ARMEO	13. WA	S DECENDENT	OF HISPAN	NIC ORIGIN	17 (Specify Yaa	or No-	14. RACE -	- American Indian, White, etc.
ВУ	1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE WAR O			YES 2 NO			rican, etc.)	k	white	Time, etc.
Ω.	15. DECEDENT'S EDUCA	VION	16a. DECEDENT'S	LISUAL OCC	LIPATION		165	. KINO OF BUS			
ET	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done dun	ing most of work	ng	100.			USINT	
IPL	12	0	Beauti	cian				Hai	r		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	No.			16. MOT	HER'S NA	ME (First, A	Middle, Malden	Sumeme)		
BE (George Donald				Alic	e		Lee			
0	DOTIS STRUCK		196 MAILING	ADDRESS (S	Street and Number	or Rural I	Route Numb	or, Gity or Town	7575 TO	Code)	
_	<u> </u>						-	_			
	20a METHOD OF DISPOSITION 1 X Burlat 2 Cremation 3 Ramov 4 Donation 5 Other (Specify)	ral from State	20b. PLACE AND DATE Cemetery, crematory or o hilos Cem	OF DISPOSITI			DATI			City or Town	The state of the s
	21. SIGNATURE OF FUNERAL SERVICE LICE		TILLOS Cen	22. NA	ME AND ADDRE	SS OF FA	CILITY				ort,Md.
	ano & Me	Ros		Eich	nhorn-M	cKen	zie	Funera	1 Hon	ne	
\vdash				I	Lonacon	ing,	Md.	21539			
	23. PARY i. Enter the diseases, pr co shock, pr heart fallure. Li	st only one cause o	n each line.	not enter th	e mode of dy	ing, suc	h aa card	liac or reapli	ratory arri	est,	Approximate interval Between
- 1	iMMEDIATE CAUSE (Final disease or condition	1 +	1 8		11 +	- 1/	1				Onaet and Death
	reaulting in death) a.	DUE TO (OR	AS A CONSEQUENCE O	D:	Hury	V	rou	u			10 511
_	<u> </u>			. ,							
흔	Sequentially list conditiona, if any, leading to immediate	DUE TO (OR /	AS A CONSEQUENCE D	F):							
CA	cause. Enter UNDERLYING CAUSE (Disease or injury										
	that initiated eventa resulting in death) LAST	DUE TO (OR /	AS A CONSEQUENCE O	F):							
CERTIFICATION	d.										
	PART II. Other aignificant conditions		- //	In the unde	erlying cause	given in	Part i.	24a. WAS AN			ERE AUTOPSY FINDINGS
MEDICAL	Conjution of	east t	wilhe					t YES 2		0	OMPLETION OF CAUSE F DEATH?
ME	0				_/						☐ YES 2 NO
PHYSICIAN:	DID TOBACCO USE CONTRI	BUTE TO CAUSE	OF DEATH YE	S I NO	D D UNG	ERTAIN	Ν□				
2		HOSPITAL:	26. PLACE OF DEA	OTHER:	y one)						
14S	1 YES 2 NO	1 Inpetient 2 ER/	-	-	g Homa 5 □ R	aldence					
	t Netural 5 Pending	(Month, Day, Ye		URY	Bc. INJURY AT WORK?	¬ NO	26d. DES	CRIBE HOW IN	IJURY OCC	URED	
B	2 Accident Investigation 3 Suicide Could and by	28e. PLACE OF INJ	URY — At home, farm,				28f. LOC	ATION (Street a	nd Number	or Aumi Aou	te Number
COMPLETED	4 Homicide 6 Could not be determined	building, atc. (Specify)					or Town, State)		01 714101 7100	
Ĭ.	290. CERTIFIER 1 CERTIFYING PHYSICI	API: To the best of my lo	nowledge death occur	ed at the time	data and place	and due	to the one	ea(s) and man			
N N		Dn the basis of examin									nd manner as stated.
EC	296. SIGNATURE AND TITLE OF CENTIFIER					ENSE NUN					lonth, Day, Year)
00	1 X1/m	my			44	865			> /	-10	-55
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	, Print)	U14	(,00				10	/ -
	Dr. R. Barrera M	emorial Ho	spital Me	dical	Bldg.	Cumb	erla	nd. MD	_2150	12	
	31. DATE FILED (Nogth, Day, Year)	32. BEGISTRAR'S S	IGNATURE CLASSICAL AND AND AND AND AND AND AND AND AND AND								



IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020



BALTIMORE, MARYLAND 21215-

DIVISION OF VITAL RECORDS, P.O. BOX 687604

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10 ITC HOOF INC. OF ALLEMENT THE WAY INCOME. THE WAY INCOME WE WANTED THE WAY IN THE WAY OF INCOME.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	mplete	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	event,
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30. WAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Jane Polluer und 6900 George Ave. NW Washington DC 20307

31. DATE FILEO (Moritin, Day, Year)

JAN 1 9 1995

	FOR 1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF		MENTAL HYGI REG.		3
	1. DECEDENT'S NAME (First, Middle, Lest) Wayne I. Ch	ristian				2. DATE OF DEATH MONTH	1 1 1	3. TIME OF DEATH 995 app.8:00
	4. SOCIAL SECURITY NUMBER 212-62-5824	5. SEX 8. AG	E (In yrs. lest birthday) 3 9 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 6-21-5:	3	BIRTHPLACE (State or Foreign Country)
OR	90. FACILITY NAME (If not institution, give atn 1610 Ashby Sq.	set and number)	on Location of 1	DEATH		Y OF DEATH Harford		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MD Harf			y, town on Loc				10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER	σια	01. ZIP CODE 21040			EN OF WHAT COUNTRY?		
BY FUNERAL	1610 Ashby Sq. 11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 XYE IF YES GIVE WAR OR 1979 TO	S 2 NO	If yes,	CENDENT OF HISP	ANIC ORIGIN? (Specify can, Puerto Rican, etc.		4. RACE — American Indian, Black, White, atc. Specify: Black
COMPLETED	15. DECEDENT'S EDUC, (Specify only highest grade of Elementary/Secondary (0-12)			work done during is retired.) Spec	nost of working	2 102	BUSINESS/INDU	
BE CON	17. FATHER'S NAME (First, Middle, Lest) Miltin Christi	an				AME (First, Middle, Mail e Giles	den Sumame)	
TO E	190. INFORMANT'S NAME (Type/Print) Milton Christia	n.				Route Number, City or le Aber		
	20a METHOD OF DISPOSITION 1 🗠 Burlel 2 🗆 Cremation 3 🗆 Remote 4 🗆 Donation 87 🗆 Other (Specify)	ral from State	ob. PLACE AND DATE emetery, cremetory of C Mt Calv	ther place!		DATE 200.	LOCATION - CI	•
	21. SIGNATURE OF FUNERAL SERVICE LICE	e Mu		22. NAME Bea	and adoress of F rd Fune	ral Home	е	race, MD
	23. PART I. Enter the diseases, or conshock, or heart feilure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	onplications that cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause of the cause of the cause on the cause of the	each line.				espiratory erres	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury		A CONSEQUENCE O					
ERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):				
PHYSICIAN: MEDICAL C	PART II. Other eignificant conditions Newtopenia	contributing to death	but not resulting	in the undariy	ng cause given i	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMPLIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN:		FtOSPITAL:	utnetlant 2 🗆 DOA	OTHER:	PLACE OF OEATN (C	Check only one)		
BY PHY	27. MANNER OF OEATH 1 Natural 6 Pending 2 Accident Investigation	29e. DATE OF INJURY (Month, Day, Year)	Y 26b, T/A	E OF 28c. II	JURY AT /ORK?	20d. DESCRIBE NO	W INJURY OCCU	PRED
_	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJUI building, etc. (S)	RY — At home, farm, pec/fy)	street, factory, of	ica	28f. LOCATION (Str. City or Town, S	set and Number of tale)	r Rural Route Number,
COMPLETED	one)	I/iN: To the best of my kno						f. cause(a) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER				DC 0	UMBER 1488		SIGNED (Month, Day, Year) Jan 95

WRAM



3. TIME OF DEATH 3:34

10d. INSIDE CITY

1 YES 2 X NO

White

Interval Between

Onset and Death

24b. WERE AUTOPSY FINDINGS

29d. DATE SIGNED (Month, Day, Year)

AVAILABLE PRIOR TO COMPLETION OF CAUSE

6. BIRTHPLACE (State or Foreign

Anne Arundel

United States

Specify:

24a. WAS AN AUTOPSY

PERFORMED?

14. RACE — American Indian, Black, White, etc.

BALT	s after death.
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.O. B(The law requires that the death certificate be
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IN OF VITAL RECORDS, P.O. BOX 68760	
NOISINIO	DR ATTENDING PHYSICIAN:
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MARYLAND 21215-002

hospital or attending use as the

retained by the

Page 6 may be MORE.

death.

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detached Once. 2 Ħ notified funeral director, page 5 should pe must medical examiner completely filled in by the the cremation, event. to burial, traumatic and physician phor the attending physical difference of Mental Hygiene p other 0 injury, signed by t shows any has by Dept. 23 this certificate h the or marked, After death 28 is r

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

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DIRECTOR: / Item

FUNERAL | within 72 h HOSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 18 Sequentially list conditions.

if any, leading to immediate

29b. SIGNATURE AND TITLE OF CERTIFIER

cause. Enter UNDERLYING CAUSE (Disease or injury

that initiated events resulting in death) LAST

DIRECTOR

FUNERAL

BY

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH Day. Your, DAYS HOURS MONTHS 577 14 3224 1 🗌 M 2 😾 F 77 YRS. Mar. 1917 North Carolina 9e. FACILITY NAME (If not institution, give strest end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH Anne Arundel Medical Center Annapolis RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Maryland Anne Arundel Crofton 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1737 Trent Street 21114 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-1 Never Merried 2 Merried If yes, specify Cuben, Mexican, Puerto Rican, etc.) IF YES. GIVE WAR OR DATES 1 YES 2 XNO Specify: 3 Widowed 4 Divorced No 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementery/Secondary (0-12) College (1-4 or 5+) Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surneme) Charles R. Stancil Louise Etheridge 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Anthony Cioffi 1737 Trent Street Crofton Maryland 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State emetery, cremetory of other piece)
Maryland Veterans Cemetery 4 Donetion 5 Other (Specify) Crownsville, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Beall-Evans Funeral Home, P.A. JOHNA 100 16000 Annapolis Rd. Bowie Md. 20715 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or haart fallure. i.ist only one cause on each line. IMMEDIATE CAUSE (Final disease or condition DUE TO (OR AS A CONSEQUENCE OF) resulting in death)

DUE TO LOR AS A CONSEQUENCE OF

DUE TO (DR AS A CONSEQUENCE OF):

PART ii. Other algnificant conditions contributing to death but not reaulting in the underlying cause given in Part i.

DID TOBACCO USE CONTI	RIBUTE TO CAUSE OF DEA	TH YES	NO □ UNCERTAI	N D	OF DEATH?
15. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO		OTHE	only one)		
7. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 ND	28d. DEȘCRIBE HOW INJURY OCCURI	ED
3 Suicide 6 Could not be determined	26e. PLACE OF INJURY — At ho building, etc. (Specify)	me, ferm, atreet, fed	tory, office	281. LOCATION (Street and Number or F City or Town, State)	Rural Route Number,
0001				e to the cause(e) end manner ee stated.	

29c. LICENSE NUMBER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)

Jalia Davidson Rardall

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be unknowned by the hon.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages 5 should be detached		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ance.
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A AT	RECT	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove	E 2
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Harvey Katzen, M.
31. DATE FILED (Monib., Day, Year)

JAN 1 9 1995

	FOR STATE REGISTRAR	STATE OF MARYLAND /		TMENT OF HEALTH AND ICATE OF DEATH	MENTAL		E	
	1. DECEDENT'S NAME (First, Middle, Last)		111111	ICATE OF DEATH	2 DATE	REG. NO.		3. TIME OF DEATH
		03			MONTH	D/		YEAR
	Bennett Edele				Jan			995 6: 20 A M
	216-28-2749 9e. FACILITY NAME (If not institution, give st	¹₩²□F 64	YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. 9b. CITY, TOWN OR LOCATION OF	. (Month	Dey. Year)	1930	6. BIRTHPLACE (State or Foreign Country) Maryland TY OF DEATH
TOR	5718 Middleton I			Camp Springs	DEATH			nce George
EC	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCATION				104 INSIDE CITY
Phin	Maryland Princ	e George		p Springs				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAEDIRECTOR	5718 Middleton L	ane		101. ZIP CODE 20748				EN OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 22 Merried 3 Divorced	MED IO	13. WAS DECENDENT OF HISI If yes, specify Cuben, Mex 1 YES 2 NO Spe	Icen, Puerto R	? (Specify Yee licen, atc.)	or No—	14. RACE — American Indian, Black, White, etc. Specify: White	
Ω	15. DECEDENT'S EDUC	CATION 18e. DEC	CEDENT'S	USUAL OCCUPATION	165	KIND OF BUS	IMEGG/IMPI	
PLETE	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Visual Information Spec. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME							
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Last)						31156		
Roy Albert Chaney Susan Clements						Sumeme)		
Elizabeth Chaney 5718 Middleton Lane, Camp Springs, Md. 2074								
	1- Buriel 2 Cremetion 3 Remo	oval from State cemetery, crem	matory or of	OF DISPOSITION (Name of ther place)	DATE			ify or Town, State
- 1	4 Donation 5 Other (Specify)	Mt.Car	тет	Cem. Jan 17,19	95	Uppe	er Mai	rlboro,MD
	1/0/10	Velado		Old Alexande	r Ferr	e Fune y Road	eral I 1,Cli	Home, Inc 6633 nton, MD 20735
	23. PART I. Enter the diseases, or	omplications that caused the dec	eth. Do r	ot enter the mode of dying, s	uch as card	lac or respir	ratory erre	st, Approximate
	iMMEDIATE CAUSE (Finel disease Dr condition resulting in death)	List only one cause on each line.	er					Interval Batween Onset and Death Concepts
_		DUE TO OR AS A CONSEO	DUENCE OF	7):				
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Entar UNDERLYING	DUE TO (OR AS A CONSEO	DUENCE OF	r):		.,,,,		
E I	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEO	UENCE OF	Pi:				
Ē	resulting in death) LAST			,.				İ
8								
_	PART ii. Other significent condition	s contributing to death but not re	sulting l	n the underlying ceuse given	In Pert i.	24a. WAS AN		24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICA						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
						1 1 123 2	ШРНО	OF DEATH?
5	DID TOBACCO USE CONTI	RIBUTE TO CAUSE OF DEAT	TH YE	S NO UNCERTA	MN 🗆			1 TYES 2 PLANT
AN	25. WAS CASE REFERRED TO MEDICAL			H (Check only one)	4114			
Sic	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	-	OTHER:	I PAGE	MACRODIA.		
¥ ∥	27, MANNER OF DEATH	26e. DATE OF INJURY	28b. TIM	4 Nursing Home Statement Residence E OF 28c, INJURY AT		(Specify)	LILIDY OCCI	inno
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		WORK? M 1 YES 2 NO		CHIBE HOW II	ISONT OCC	JAED .
8	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — At hor building, etc. (Specify)	ne, ferm, s	itree1, fectory, office		TION (Street e or Town, State)	nd Number o	r Rural Route Number,
9	290. CERTIFIER	CIAM. To the heat of an imput to a de-						
COMPLET	anal .	CIAN: To the best of my knowledge, dea B: On the beele of examination end/or in						
	296. SIGNATURE AND YTLE OF CERTIFIER	1111		29c. LICENSE N	UMBER		29d. DATE	SIGNED (Month, Day, Year)
TO BE	Non C	1/cfC			2250		> /	11485
	THE NAME AND ADDRESS OF BEASON WHO	COMBLETED CALLER OF DEATH STYN	OT CLASS	Orient				/

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Md.

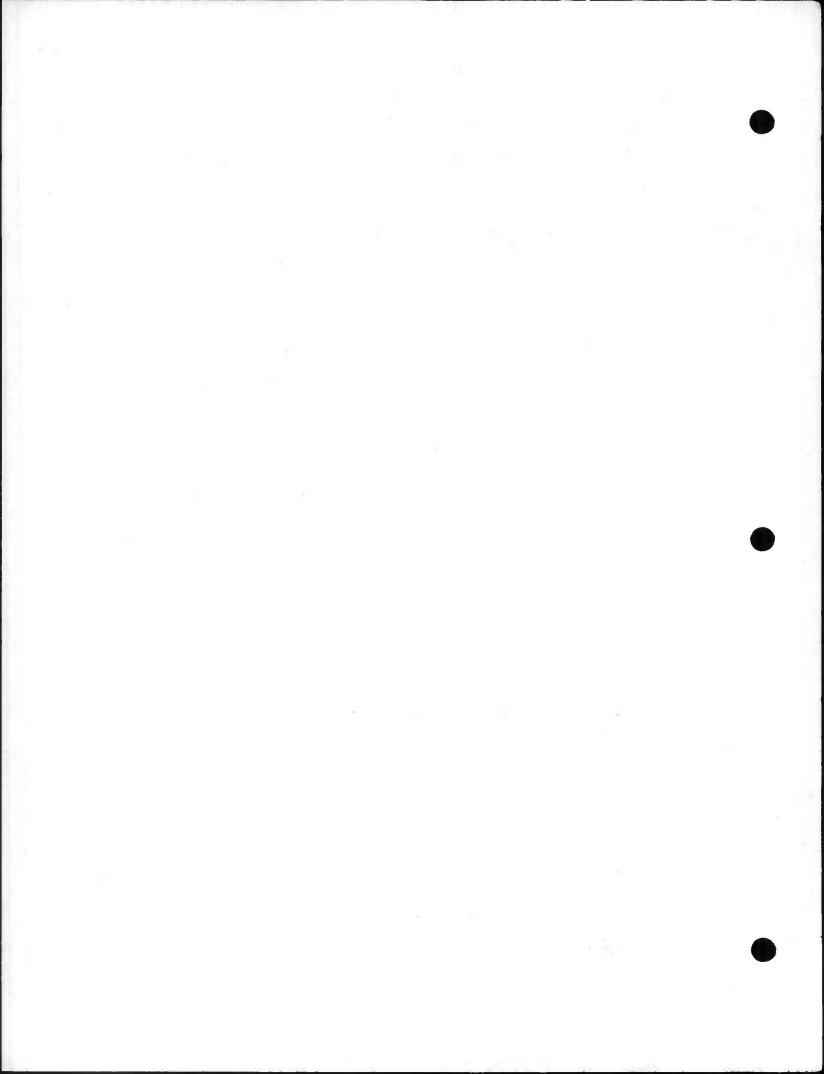
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BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physi-	illed in by the funeral director, page 5 should be detached to use as the buria, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after them. Page 6 may be retained by the hospitals or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached by use as the burnar-of be filled within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examinar must be notified at ence.

1, 2, 3 should

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
NE (First, Middle, Last)		2. DATE OF DEATH

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			IENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Lest)			7.11.2 01	JEAN I	2. DATE OF DEATH		3. TIME OF DEATH
	Joseph Anthony	. Cambardel	1 a		,	MONTH DA	1995	9:30 PM M
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0, BIRT	HPLACE (State or Foreign
	203 01 3049		/ 3 YRS.	HITHE DAYS		Nov. 1, 19	21 Pen	nsylvania
S.	90. FACILITY NAME (# not institution, give sti 12618 Kinder Plac		91	BOWie	R LOCATION OF DEA	NTH	9c. COUNTY OF	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY						Prince	George's
			10c, CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
	Maryland Princ	e George's	B	owie	ZIP CODE		10- CITIZEN OF	1 √ YES 2 □ NO WHAT COUNTRY?
FUNERAL	12618 Kinder Pla	0.0		101.	111111111111111111111111111111111111111			
<u>څ</u> ا	11. MARITAL STATUS	12. WAS DECEDENT EVER I	IN U.S. ARMED	13. WAS DEC	20715 ENDENT OF HISPANI	C ORIGIN? (Specify Yea		d States
BY FI	1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? 1 X YES		If yes, spe	city Cuban, Mexican. 2 NO Specify:	Puerto Rican, etc.)	Blac	white, etc.
	15. DECEDENT'S EDUC		16a, DECEDENT'S US	UAL OCCUPATIO	N .	16b. KIND OF BUS	- 1	
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use n	done during mos stired.)	st of working			
를		4	Personne	1 Manag	gement	Federa	al Gover	nment
ဂ္ဂ ၂	17. FATHER'S NAME (First, Middle, Lest)					E (First, Middle, Maiden		
BE	Luigi Cambardell	a			Angelin	e Augustir	ie	
၉	19a. INFORMANT'S NAME (Type/Print)	1-11-				oute Number, City or Town		
	Eleanore E. Camb	wie Maryla						
20s. METHOD OF DISPOSITION 1 DATE 20s. PLACE AND DATE OF DISPOSITION (Name of the place) 20s. METHOD OF DISPOSITION (Name of the place) 20s. METHOD OF DISPOSITION (Name of the place) 20s. PLACE AND DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DAT								
								ie naryranu
	Robert E. Cvans. Pres 16000 Annapolis Ro							20715
ATION	23. PART I. Enter the diseases, or coshock, or heart failure. I. IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):					Approximate interval Between Onset and Death
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):					
AL	PART II. Other eignificent conditions	contributing to deeth t	but not resulting in t	the underlying	j ceuse given in P	Part I. 24a. WAS AN PERFOR 1 TYES 2	MED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC	DID TODA COO HET S	C) (TOID)				_		1 YES 2 NO
ÿ	DID TOBACCO USE C	OMIKIROIE IO	CAUSE OF D					
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Chec			
2	1 TYES 2 NAO	1 Inpatient 2 ER/Out		☐ Nursing Home	5 Chasidence 6			
	1 Natural 5 Pending	(Month, Day, Year)	INJUR	Y WO	RK?	28d. DEŞCRIBE HOW II	IJURY OCCURED	
B	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF INJUR	Y — Al home, farm, stre			28f. LOCATION (Street a	nd Number or Rural	Route Number,
	4 Homicide determined	building, atc. (Spe	icify)			City or Town, State)		
7	29a. CERTIFIER (Check only	CI/N: To the best of my know	viedge, death occurred a	it the time, data	and place, and due t	o the cause(a) and man	ner as stated.	
COMPLET		R: On the basis of exemination						(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUME	BER	29d. DATE SIGNE	(Month, Day, Year)
O BE	Ruit Fun	M.D.			D43.	446.	D 1/9/	95
-	30. NAME AND ADDRESS OF PERSON WHO ROINTAN FARA	COMPLETED CAUSE OF DE				14 Rond B.	210 R	20711
	31. DATE FILED (Month, Day, Year)		1000	/ 4//	C	~~~	K/6 UO	V 4 / (D)
1	JAN 1 0 1995	32. REGISTRARIS SIGN	NATURE O					



		둳	
BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician	filled in by the funeral director, page 5 should be detached for use as the ounted parts of the Pages 1, 2, 3 should ion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending payer	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	AMENDED #1, 1/10/9	CIW. P.G. CO	UNTY				9.	0 0 2 0 0 3
		STATE OF MARYLAND /	DEPARTMEN	T OF HEALTH E OF DEAT		NTAL HYGIENI REG. NO.	E	
1	1. DECEDENT'S NAME (First Middle Last)	<i>C</i> :			2.	DATE OF DEATH		3. TIME OF DEATH
1	Solution	Care				MONTH DA	8 9	AR 145 M
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yrs. las	i birthday) IF UNDE	R 1 YEAR IF UNDER		DATE OF BIRTH	-	BIRTHPLACE (State or Foreign
1 5	577-05-2719 1	M12 □ F 70	YRS. MONTHS	DAYS HOURS		(Month, Day, Year) 01-06-1		IKEN CY. SC
	9e. FACILITY NAME (If not institution, give street	and number)	Center 96. CIT	Y, TOWN OR LOCATI			9c. COUNTY	1
H	Kensington Gardens	Nucueng + Reha	HEART KI	ensingto.	1 ml	1	MON	+ 4
5	RESIDENCE OF DECEDENT	, recovery price	, , ,		77, 71.20		1070	
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATION				10d. INSIDE CITY LIMITS?
	M	ONT	10	CKVIU	E			1 YES 2 NO
3AL	10e. STREET AND NUMBER	101		10f. ZIP COD	DE M	-0	10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	167116	HCKIN ILA	TCE	12	085	3		USA
FU	11. MARITAL STATUS 1 Never Married 2 Married	P. WAS DECEDENT EYER IN U.S. AR FORCES? 1 YES 2 N	MEO 13	WAS DECENDENT (OF HISPANIC C	ORIGIN? (Specify Year werte Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 TYES 2 NO				S09797 1 - L
	15. DECEDENT'S EDUCATI	ION 18a DE	CEDENT'S USUAL (A COLIBATION		16P KIND OF BILE	INESS (INDUS)	MUMOR
(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12 YRS NONE DC GOVERNMENT To VERNMENT 18. MOTHER'S NAME (First, Middle, Last)							RT	
							45,174/	
							MEDINE	
							INGE	
19a. INFORMANT'S NAME (TyperPrint) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)						de)		
5	AGNES C	ARR	SAME	AS 1	COAI	BCh	F + 1	E
	20a METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Removal	20b. PLACE/	AND DATE OF DISPO	SITION (Name of	1	ATE 20c. 100	CATION — City	or Town, Stata
	Donation 5 Other (Specify)	cemeter, cre	RMOUY	46MORIA	· 1	114195	LA	NDOVER HI).
	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE		NAME AND ADDRE	SS OF FACTO	THE C	0 7	7
	> /// mm	Smuldel		JOHN I	14 CT	WES C	0., I	2017
	23. PART L Enter the dieseses, or corn	plications that caused the de	eth. Do not ente	r tha mode of dv	ing. such es	s cerdiec de respir		
	/ shock, or haart fallura. List	t only one ceuse on each line		,			,	Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	A alm bet	etartate Carcidone of lan					Onset and Death
	resulting in dasth) s. DUE TO (OR AS A CONSEQUENCE OF):							92
z					0	()		1
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A CONSEC	QUENCE OF):					
S	ceuse. Enter UNDERLYING CAUSE (Diseese or Injury							
E	that initiated events	DUE TO (OR AS A CONSEC	DUENCE OF):					
EH	resulting in deeth) LAST							
CC	PART II. Other significant conditions of	ontributing to deeth but not r	eeulting in the u	nderlying ceuee	given in Pari	t I. 24a, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDICAL	Chroic obstri		sease 1			PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Msmotor	1-0				1 TYES 2	Xio	OF DEATH?
≥	DID TOBACCO USE CONTRIB	LITETO CAUSE OF DEA	TH VES 🗆	NO II LING	CERTAIN [-1		1 TYES 2 NO
¥	25. WAS CASE REFERRED TO MEDICAL		E OF DEATH (Check		- LKIMIN L			
Sic		OSPITAL: Inpetient 2 ER/Outpatient 3	DOA ASTON	R: rsing Home 5 A	seldence 8 🗆	Other (Specific)		
PHYSICIAN:	27. MANNER OF DEATH	28a. OATE OF INJURY	28b. TIME OF	28c. INJURY AT		d. OESCRIBE HOW IN	JURY_OCCUR	ED
ВУ Р	1 Netural 5 Pending	(Month, Day, Year)	M	WORK?	NO			
	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY — At her building, etc. (Specify)	me, farm, streel, fac	ctory, office	281	I. LOCATION (Street al	nd Number or F	Bural Route Number,
1	4 Homicide determined	bulliang, etc. (Specify)				City or Town, State)		
COMPLETED	29a. CERTIFIER Check only	N: To the best of my knowledge, de	ath occurred at the	time, data and place	, and due to th	he cause(a) and man	ner se stated.	
OM	and the same of th	On the besis of axamination and/or i						suse(s) and manner ea stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	0		290 LICI	ENSE NUMBER	1	29d. DATE SI	GNED (Month, Day, Year)
OB	/ heuter c	Thenel D		(1)	089	44	19	115
=	30 NAME AND ADDRESS OF PERSON WHO	THE PURE OF DEATH OVER						

SE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

. SHAKGEL

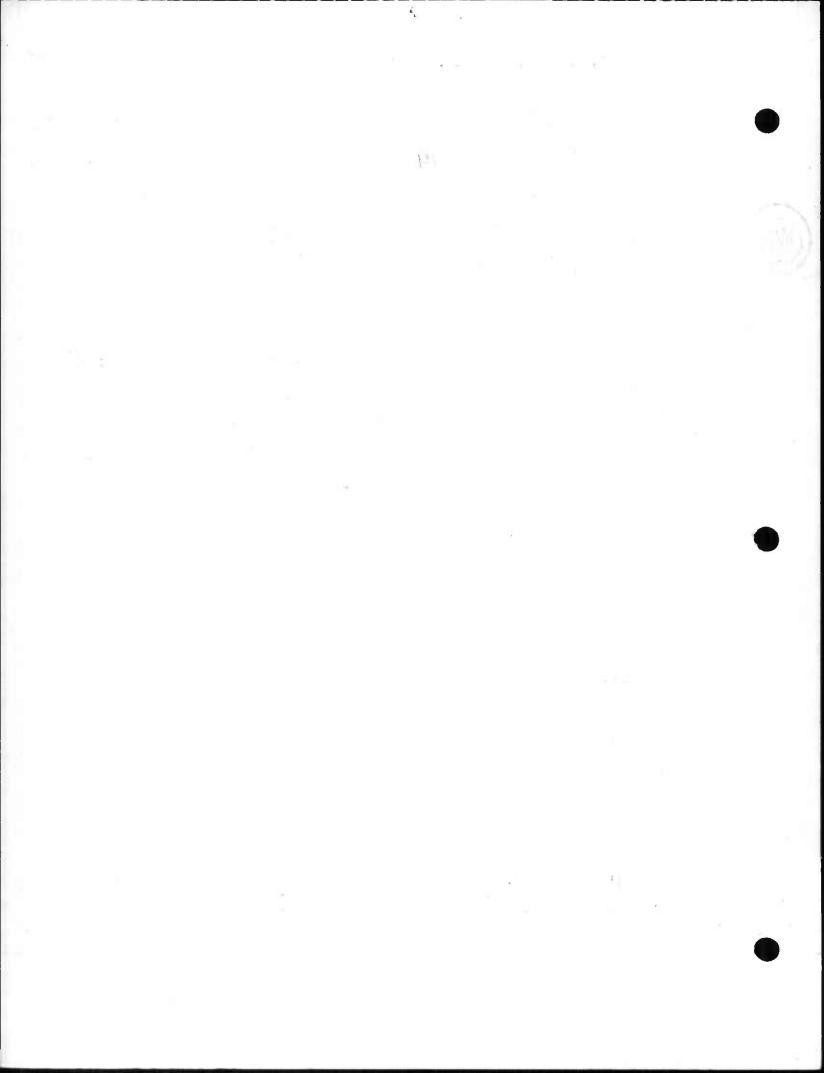
3720 FARRAGENTAVE KENSINGTON NO 20

MARTIN

31. DATE FILED (Month, Day.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED

20895



			0	.5546
	BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	lled in by the funeral director, page 5 should be detached for use as the burial-transit i, or removal.	medical examiner must be notified at once.
15	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Deat, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLA	ND / DEPART			MENTAL HYGIEN	_			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH		
	MARION CONKLIN				January 4	1005	10:00 A M		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In	yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8, 8	HRTHPLACE (State or Foreign		
	124-14-1003 1 D M 2 X F 7	4 YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year)		country)		
300	9a. FACILITY NAME (If not institution, give street and number)		b. CITY, TOWN O	R LOCATION OF DE		1920 Massachusetts			
H)	2743 Pinecrest Road	- 1	Annapo1			Anne Arundel			
5	RESIDENCE OF DECEDENT					Aime A	Tunde1		
쁥	10e. STATE 10b. COUNTY		TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?		
6	Maryland Anne Arundel	Anna	polis				t TYES 2 NO		
¥.	10e. STREET AND NUMBER			ZIP CODE			OF WHAT COUNTRY?		
FUNERAL DIRECTOR	2743 Pinecrest Road			21140		U.S.A			
5	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN L FORCES? 1 YES	J.S. ARMED 2 X NO			NIC ORIGIN? (Specify Yes	or No- 14.	RACE — American Indian, Black, White, atc.		
BY	3 💢 Wildowed 4 🗌 Divorced IF YES, GIVE WAR OR DATE	ES	t [] YES	2 X NO Specify	y:		Specify: White		
	15. DECEDENT'S EDUCATION	6a. DECEDENT'S US	SUAL OCCUPATIO	N.	16b. KIND OF BU	SIMESS/IMPLISTI	DV.		
	(Specify only highest grade completed) Elementary/Secondary (0-12) (Cotlege (1-4 or 5+)		k done during mos		loo. Kind or bo.	3111233711120311			
7	Unknown	Housewi	fe		Own Hor	me			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Maiden				
BEC	James Vincent White			Esther	Hanna Kee	gan			
	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING A	DDRESS (Street as				0)		
19e. INFORMANT'S NAME (Type/Print) George F. Conklin 19b. MAILING ADDRESS (Street and Number of Paral Route Number, City or Town, State, 2743 Pinecrest Road, Annaplois, Man							Maryland 21140		
20a, METHOD OF DISPOSITION 1 X Burlat 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b, PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) Fort Lincoln Cemetery 01/07/95 Brentwood, Mary									
	4 Donation 5 Other (Specify)	rt Linco	In Ceme	tery 01	/07/95 Bre	ntwood	, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1	22. NAME AN	D ADDRESS OF FA	s Sons Fu				
	H Constance Man	seh					le, MD 20781		
	23. PART i. Enter the diseases, or complications that caused t	he death. Do not	t enter the mod	de of dying, auc	h se cerdiec or reep	iratory erreat,	Approximate		
	shock, or heert fellure. List only one cause on eac IMMEDIATE CAUSE (Finel	h line.					Interval Between Onset and Death		
- 1		catida	onyon	rathy			M material		
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (Disease or Injury)								
Z	Sequentially list conditions, S. Chromic	064tr.	uctive	puly	Kunary	deger	se Montus		
Ĕ	If any, leeding to immediate	ONSEQUENCE OF):		U					
5		ONSEQUENCE OF							
Ē	that initieted eventa resulting in death) LAST	ONSEUGENCE OF):							
CERTIFICATION	d	-							
A	PART II. Other significant conditions contributing to death but	not resulting in	the underlying	cause given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
					t VES 2	7	COMPLETION OF CAUSE OF DEATH?		
ME							1 - YES 2 - NO		
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIBUTE TO C	AUSE OF I	DEATH Y	ES NO			CDC1160040-0116000		
2	25. WAS CASE REFERED TO MEDICAL HOSPITAL:	(Carrell	26. PL	ACE OF DEATH (CA	eck only one)				
ΥS		ent 3 DOA 4	☐ Muraing Home		# □ Other (Specify)				
	27. MANNER OF DEATH 28s. DATE OF INJUSTY (Month, Cley, Weet)	28b. TIME C	WO!	RIC?	28d. DESCRIBE HOW I	NJURY OCCURE	0		
ВҰ	2 Accident Investigation	Al home from one		ES 2 NO					
	3 Suitside & Could not be determined 25e. PLACE OF INJURY - building, etc. (Specify	At nome, farm, etc.	er, factory, office		28f. LOCATION (Street of City or Town, State)	end Number or Au	unal Route Number.		
COMPLETED	29e. CERTIFIER								
MP.	(Check only CERTIFYING PHYSICIAN: To the beat of my knowled								
8	2 MEDICAL EXAMINER: On the besis of examination a	ind/or investigation,	In my opinion, de	eath occured at the	time, date and place, an	d due to the cau	use(a) and manner as stated.		
B	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI	MBER		NED (Month, Day, Year)		
<u>و</u>	Inula Calle mi			741	419	gan	ruy 4, 1995		
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT	н (ITEM 27) (Туре, Рі	rint)	,		0	1		
	31. DATE FILED (Month, Day, Year) // 32. REGISTRAR'S SIGNAT	INDE							
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNAT July Day Day Day Day Day Day Day Day Day Da	IL.					1		
	THIS DAY OF THE T								

DHMH-16 Rev 1/89

1	•	FOR STATE REGISTRAR

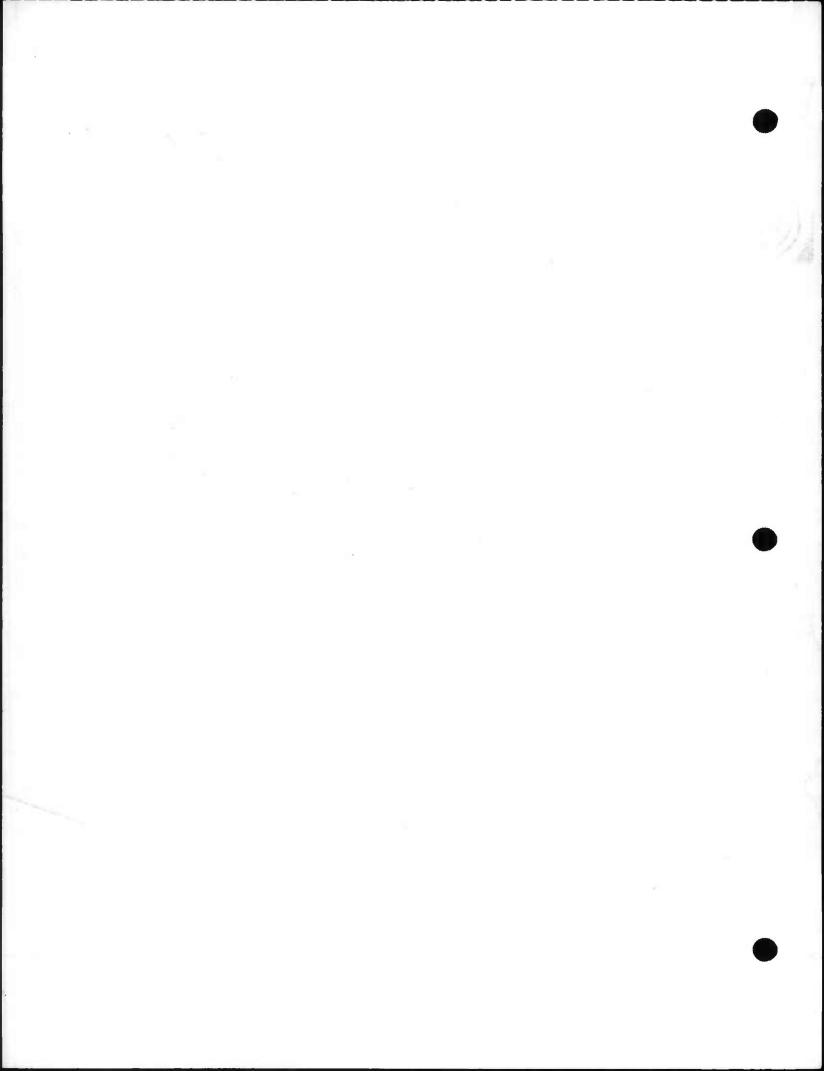
	1 - STATE REGISTRAR	STATE OF IMP	CE	ERTIF	ICATE C	F DEATH	MENIAL HYGIE REG. N			
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY	YEAR 3.	TIME OF DEATN
	Jacqueline Maty Knott COLLINS 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lost birthday) INF UNDER 1 YEAR INF UNDER 24 P.						Januaru			8:20P M
			. AGE (In yrs. les	MONTHS DAYS HOURS MIN			7. DATE OF BIRTH (Month, Day, Year)		s. BIRTNPL Country)	ACE (State or Foreign
	578-26-9582	1 🗆 M 2 🔀 F	70	YRS.			February 2	7, 192	4 Was	hington, DC
~	9a. FACILITY NAME (If not institution, give	,			96. CITY, TOV	N OR LOCATION OF	EATH	9c. COL	INTY OF DEA	гн
0	Doctors Commu	nity Hospi	tal		Lanha	m		Pri	ince G	eorges
EC	10a. STATE 10b. COUN	TY		10c. CIT	Y, TOWN OR LO	CATION			10	d. INSIDE CITY
DIRECTOR	Maryland Prim	nce Georges	3	G	lenn Da	ale			1	LIMITS? X YES 2 NO
	10e. STREET AND NUMBER					101. ZIP CODE		10g. CIT		T COUNTRY?
ER	9910 Martin Aver	nue				20769		10.0	U.S.A	٨.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT I	EVER IN U.S. AR	MED	13. WAS	DECENDENT OF HISP	NIC ORIGIN? (Specify	ea or No—	14. RACE -	American Indian, Vhite, etc.
ВУБ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAF			1 🗆	, specify Cuban, Mexi YES 2 TNO Spec	an, Puerto Rican, etc.)		Specify	
	15. DECEDENT'S ED								nite	
IE	(Specify only highest grad	le completed)	16a. DE (G	ive kind of a	USUAL OCCUP	ATION most of working	16b. KIND OF B	USINESS/IN	OUSTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5+)				e Asst.	Dept. of	Agric	ulture	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maid	n Sumame)			
	Ernest A. Knott					nora Hembo				
) BE					ADDRESS (Stre	et and Number or Rum	Route Number, City or To	wn, State, Zi	p Code)	
2	Alexander G. Collins	910 1	Martin	Avenue,	Slenn Dale	, MD	20769	9		
	20a. METHOD OF DISPOSITION 1 1/2 Burial 2 Cremation 3 Re			OF DISPOSITION	(Name of	OATE 20c. I	OCATION -	City or Town	, State	
	4 Donation 5 Other (Specify)	Gate 6	of Heaven Cemetery 1/10/95 Silver Spring, M					vD i		
	21. SIGNATURE OF EGNERAL SERVICE L	ICENSEE	/ /			AND ADDRESS OF				
	> T dealu	ne /e	AU 2		9013	Annaigh I	anham Fun s Road, L	eral.	HOME	20706
	23. PART i Inter the diseases, or	complications that	aused the de	ath. Do r	not enter the	mode of dying, au	ch as cardiac or rea	piratory ar	reat,	Approximate
	shock, or heart fallure IMMEDIATE CAUSE (Final	. List only one cause	on each line).						Interval Between Onset and Death
	disease or condition resulting in death)	a. A cute	- Re-	aira	torn	Failur	2 _			
ſ					,					
2	Sequentially list conditions,	b. Acul OUE TO (0	e B	von	chi t	,5				
Ě	if any, leading to immediate cause. Enter UNDERLYING	B C DI	H AS A CONSEC	QUENCE O	F):	h.				
CERTIFICATION	CAUSE (Disease or injury that initiated events	c. DYON	R AS A CONSE	DUENCE O	P:	cengra				-
E	resulting in death) LAST	al.								
	DADT II OIL - I - III I - III	0.								
PHYSICIAN: MEDICAL	PART ii. Other aignificant condition	na contributing to de	eath but not r	eauiting	in the underi	ying cause given i		N AUTOPSY DRMED?	AN	ERE AUTOPSY FINDINGS WILABLE PRIOR TO
ă							1 _ YES	2 🗌 NO	100	OMPLETION OF CAUSE F DEATH?
X	DID TODA 600 HET 604								1	☐ YES 2 ☐ NO
AN	DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL	TRIBUTE TO CAU					N 🔲 📗			
2	EXAMINER?	HOSPITAL:			OTHER:					
₹ K	27. MANNER OF DEATH	1 2 Inpatient 2 □ E		26b, TIM		iome 5 Realdence	6 Other (Specify) 26d. OESCRIBE NOV	IN HIRV OC	CURED	
	1 Natural 5 Pending	(Month, Day,			URY	WORK?	200. OLSCRIBE ROY	intoni oc	CONED	
BÝ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF I	NJURY — At ho	me, farm, s			261, LOCATION (Street	t and Numbe	r or Rural Rout	e Number,
<u> </u>	4 Nomicide determined	building, etc	c. (Specify)				City or Town, Star	(9)		2111
⊢ ⊪										
LET	200 CERTIFIER	SICIAN: To the beat of m	knowledge, de	ath occum	d at the time o	late and place, and du	e to the cause(s) and m	enner se ele	had	
OMPLET	29a. CERTIFIER CERTIFYING PNY	SICIAN: To the beat of m								nd manner ea steled.
COMPLETED	29a. CERTIFIER CERTIFYING PNY	IER: On the basis of exam					time, date and place,	end due to ti	he cause(a) ar	
8	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	IER: On the basis of exam				n, death occured at th	time, date and place,	29d. DAT	he ceuse(a) ar	onth, Day, Year)
	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	ER: On the basis of examination of the state	nination and/or i	nveatigatio	n, in my opinio	29c. LICENSE NI	MBER	29d. DAT	TE SIGNED (M	onth, Day, Year)
8	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. DIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON W	NO COMPLETED CAUSE	OF DEATH (ITE)	nveatigatio	n, in my opinio	29c. LICENSE NI	MBER	29d. DAT	TE SIGNED (M	onth, Day, Year)
8	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. DIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON W	ER: On the basis of examination of the state	OF DEATH (ITE)	nveatigatio	n, in my opinio	29c. LICENSE NI	time, date and place,	29d. DAT	TE SIGNED (M	onth, Day, Year)

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans-be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. ours after death. Page 6 may be retained by the hospital or attending physician. **BALTIMORE, MARYLAND 21215-0020**

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



(1	1	1	1
VI AND 21215-0030	1 0200-C1212 CNIVA	by the hospital or attending physician.	d be detached for use as the burial-transit permy. P	
>	-	0	D	٠,

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for up filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	TO THE HO	TO THE FU be filed with	MPORTA	1

9

					95	02608
FOR 1 - STATE REGISTRAR						
REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) ALEXANDER. 4. SOCIAL SECURITY NUMBER 5. 237-74-8800 1 1 92. FACILITY NAME (If not institution, give street) DOCTOR HOS RESIDENCE OF DECEDENT 102. STATE 103. COUNTY M. C. 104. STATE 105. COUNTY M. C. 11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade complete only highest grad	SEX SEX 6. AGE (In yrs. les 49 and number) 7	Chart birthday) I birthday) IF YRS. MO 10c. CITY, The company of the work of work of work of work of work of the company	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN. CITY, TOWN OR LOCATION OF E AND THE DAYS HOURS MIN. CITY, TOWN OR LOCATION OF E AND THE DAYS HOURS MIN. 101. ZIP CODE 2078 13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Specification And Occupation And Occupation And Occupation And County Month of the County Mexic 18. MOTHER'S N. 18. MOTHER'S N. 18. MOTHER'S N. 18. MOTHER'S N. 18. MOTHER'S N. 18. MOTHER'S N. 18. MOTHER'S N. 18. MOTHER'S N. 22. NAME AND ADDRESS OF F. TAM ES E. V.	2. DATE OF CEATH MONTH JANUAUTY 6 7. DATE OF BIRTH (Month, Day, Your) 8. DEATH 2. DATE OF BIRTH (Month, Day, Your) 8. DEATH 2. DATE (Specify Years, Puerto Rican, etc.) 18. KIND OF BUS 18. KIND OF BUS 18. KIND OF BUS 18. KIND OF BUS 18. KIND OF BUS 18. KIND OF BUS 18. ACILITY 18	1995 B. BIRTY S. COUNTY OF I P. G 10g. CITIZEN OF U. S. Or No. 14. RAG Special	DEATH 10d. INSIDE CITY 10d. INSIDE CITY 1 MITS? 1 PYES 2 NO WHAT COUNTRY? A EE — American Indian, ck, White, etc.
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inflieted events resulting in death) LAST	DUE TO (OR AS A CONSECUTION OF AS A CONSECUTIO	DUENCE OF):	Dongstop Dongspi Isinse (sch chiere	thy brong of	level lorgite	Approximata interval Between Onset and Death
DID TOBACCO USE CONTRIBUTION 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	JTE TO CAUSE OF DEA 28. PLAC SPITAL: Inpetient 2 = ER/Outpetient 3 28. DATE OF INJURY (Month, Day, Year) 28. PLACE OF INJURY — At horbuilding, etc. (Specify) To the best of my knowledge, de	TH YES E OF DEATH (C DOA 4 (28b. TIME OF INJURY	Check only one) THER: Nursing Home 5 Residence THER: VORK? M 1 YES 2 NO t, fectory, office The time, date end place, and during opinion, death occurred at the	PERFOR 1 YES 2 N 28d. Other (Specify) 28d. DESCRIBE HOW IN 28f. LOCATION (Street a City or Yown, State) to the ceuse(e) end men of time, date end place, end	MED? NO NJURY OCCURED and Number or Rurel ner ee stated, d due to the cause(e) end <i>m</i> enner ee stated.
	1. DECEDENT'S NAME (First, Middle, Last) ALEXANDER 4. SOCIAL SECURITY NUMBER 2.37-74-8800 9. FACILITY NAME (If not institution, give street DOCTOR 9. FACILITY NAME (If not institution, give street DOCTOR 10. STATE 10. STATE 10. COUNTY M. C. 10. STREET AND NUMBER 12. Merried 13. Widowed 4 Divorced 15. DECEDENT'S EDUCATIC (Specify only highest grade completed only highest grade	1. DECEDENT'S NAME (First, Middle, Last) ALCX AND ACT. 4. SOCIAL SECURITY NUMBER 3.37-74-8800 1. May 2 F 9. FACILITY NAME (If not institution, give street and number) DOCTOR 9. FACILITY NAME (If not institution, give street and number) DOCTOR 10. STATE 10. STATE 10. COUNTY M. 10. STATE 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARE FORCES? 13. Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify) only highest grade composited) 16. DECEDENT'S EDUCATION (Specify) County highest grade composited) 17. FATHER'S NAME (First, Migdle, Last) ALCX AND C. Charles 19. INFORMANT'S NAME (Proportin) 19. INFORMANT'S NAME (Proportin) 19. INFORMANT'S NAME (Proportin) 19. INFORMANT'S NAME (Proportin) 20. METHOD OF DISPOSITION 1 Burish 2 Charles 21. SIGNATINE OF FURENAL SERVICE LICENSEE 22. STATE CAUSE (Finel diseases, or complications that coused the deshock, or heert fellure. List only one cause on sach fine immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) DUE TO (OR AS A CONSECT AND CAUSE (Disease or Injury that Initiated events resulting in death) DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEA 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 TAO 1 PROTING PROSTAL: 1 Namer OP-DEATH 1 Natures 5 Pending Investigation 3 Suicide 4 Could not be determined 28. DATE OF INJURY (Check only 1 Profession on the best of my knowledge, decored) 29. CERTIFIER 1 Profession on the best of my knowledge, decored) 29. CERTIFIER 1 Profession on the best of my knowledge, decored) 29. CERTIFIER 1 Profession on the best of my knowledge, decored) 29. CERTIFIER 1 Profession on the best of my knowledge, decored) 29. CERTIFIER 1 Profession on the best of my knowledge, decored) 29. CERTIFIER 1 Profession on the best of my knowledge, decored) 29. CERTIFIER 1 Profession on the best of my knowledge, decored on the best of my knowledge, decored on the best of my knowledge, decored on the best of my knowledge, decored on the best of my knowledge, decored on t	TATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Least) ALEXANDER 4. SOCIAL SECURITY NAME (First, Middle, Least) 5. SEX 2. 37-74-8800 1. M 2 F 49 YRS. 5. SEX 2. AGE (in yrs. lest birthday) 5. SEX 2. AGE (in yrs. lest birthday) 6. AGE (in yrs. lest birthday) 6. AGE (in yrs. lest birthday) 7. BESIDENCE OF DECEDENT 7. RESIDENCE OF DECEDENT 7. BOLL OF THE STATE 1. MARITAL STATUS 1. MARITAL STATUS 1. MARITAL STATUS 1. MARITAL STATUS 1. MARITAL STATUS 1. SOCCEDENT'S EDUCATION (Specify only highest prade completed) Elementary/Secondary (6-12) 1. 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DECEDENT'S NAME (PSM, Models, Lasi) ALEXANDOR. 1. DECEDENT'S NAME (PSM, Models, Lasi) 3. EVERT IN CONT. 3. EVERT IN CONT. 3. EVERT IN CONT. 4. ADE CHYP. NON DEMONSTRATE PSM, MODEL OF DEATH 3. EVERT IN CONT. 4. ADE CHYP. NON DEMONSTRATE PSM, MODEL OF DEATH 4. AND CHYP. NON DEMONSTRATE PSM, MODEL DEMONSTRATE PSM, MODEL OF PS	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH R.C. NO. DECEDENT'S NAME FINAL MODIFICATION ALEXANDER A. SOCIAL SECURITY NAMERON A. SOCIAL SECURITY NAMERON S. SEX A. SOCIAL SECURITY NAMERON S. SEX A. SOCIAL SECURITY NAMERON S. SEX A. SOCIAL SECURITY NAMERON S. SEX A. SOCIAL SECURITY NAMERON S. SEX A. SOCIAL SECURITY NAMERON S. SEX A. SOCIAL SECURITY NAMERON S. SEX A. SOCIAL SECURITY NAMERON S. SEX S. FINALITY NAMERON S. SEX S. FINALITY NAMERON S. SEX S. SEX S. SOCIAL SECURITY NAMERON S. SEX S. SOCIAL SECURITY NAMERON S. SEX S. SOCIAL SECURITY NAMERON S. SEX S. SOCIAL SECURITY NAMERON S. SEX S. SOCIAL SECURITY NAMERON S. SEX S. 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24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO
1 TES 2 NO	COMPLETION OF CAUSE OF DEATH?

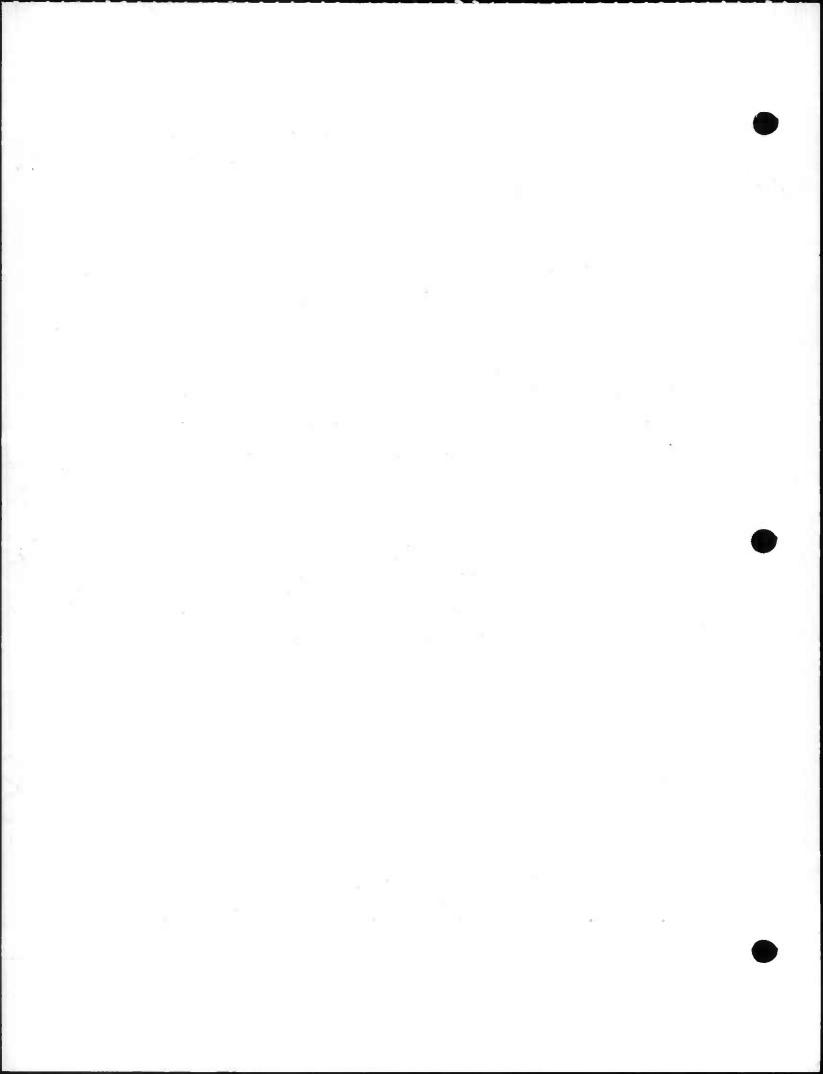
	R: rsing Home 5 - Residence	6 ☐ Other (Specify)
	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED
ctory, office		28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29b. SIGNATINE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D05401

Greenway Ctr., 7525 Drive Ste 316 Greenbelt, MD 20770 Harding

Dr. James W. 1
31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE
DAVISON RANGELL 09 1995



1	-	FOR STATE REGISTR	Α
	1. 0	ECEDENT'S	N

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CE	RTIF	ICATE C			REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH			3. TIME OF DEATN	
	LILA BEATRICE J. COMMA	NDER					January 3	190	YEAR	11:45 a M	
	4. SOCIAL SECURITY NUMBER 5. SEX 6	. AGE (In yrs. last	birthday)	IF UNDER 1 YEA	R IF UNDER	24 HRS.	7. DATE OF BIRTN			PLACE (State or Foreign	
	226-40-6603 1 M 2 F 66 YRS. MONTHS DAYE HOURS MIN. Sept 2, 1928 Country Ohio									v)	
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH										
3											
E	RESIDENCE OF DECEDENT	CIVC OCIT	CCI	DOWIE				111	liice	George S	
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION					10d, INSIDE CITY LIMITS?	
ō	Maryland Prince George ^t	S	Bla	densbu	rg					1 X YES 2 NO	
AL	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CIT	IZEN OF V	HAT COUNTRY?	
FUNERAL	5024 Townsend Way, Apt. A	4			207	10		U.	S.A.		
5	11. MARITAL STATUS 12. WAS DECEDENT FORCES? 1 Never Married 2 Married FORCES?			13. WAS I	ECENDENT O	F NISPANH	C ORIGIN? (Specify Yea , Puerto Rican, etc.)	or No-	14. RACE	— American Indian, t, White, atc.	
ВУ	1 Never Married 2 Merried FORCES? 1 IF YES, GIVE WAF			1 🗆 1	ES 2 NO	Specify:	, Puerto Rican, etc.)		Speci	ty:	
										White	
TE	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Gh		VSUAL OCCUP		g	16b. KIND OF BUS	SINESS/IN	DUSTRY		
7	Elementary/Secondary (0-12) (College (1-4 or 5 +)	ŀ		,			17-1	D :	1 77 -		
COMPLETED	4 Registered Nurse Walter Reed Hospital 71. FATHER'S NAME (First, Middle, Last)										
BE	19e. INFORMANT'S NAME (Type/Print)	106	MAILING	ADDRESS (St.			oute Number, City or Tow				
2	Ann H. Vaughan						. A4, Blac			MD 20710	
	20a. METHOD OF DISPOSITION	T		FDISPOSITION		Apt			City or To		
- 1	1 Duriel 2 Cremation 3 Ramoval from State 4 Donation 5 Other (Specify)	cemetery, crem	natory or of	tan Cre	mator	v 1/c	5/95 Alex			Virginia	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	0.1	POLL	22. NAME	AND ADDRES	S OF FACI	LITY				
- 1	> 000 m. a. 1 Ra	000 9		Fran	cis Ga	sch's	S Sons Fur	era1	Hom	e, P.A.	
-	23. PART Enter the diseases, Dr complications that of	er r	41. 17.	4739	Balti	more	Ave.,Hyat	tsvi	lle,		
	shock, or heart fellure. List only one ceuse	on each line.	itin. Do n	ot enter the	node of dyli	ng, such	sa cerdisc or respi	ratory ar	rest,	Approximate interval Between	
	IMMEDIATE CAUSE (Final disease or condition	DIDA	10	011	/ 1	Corr	TOME	11	1)	Onset and Death	
- 1	resulting in death)	P I P	101	K Y	(//,	SUF	FICIE	10 C	<u>/</u>		
_	- MET	ACT	A (10	to	12	INIC.		,		
CERTIFICATION	Sequentially list conditions,	R AS A CONSEO	UENCE OF): >	10	~	1000				
¥	if any, leeding to immediate cause. Enter UNDERLYING	" INION	NA	OF	CO	60	11.			İ	
Ĕ	CAUSE (Disease or Injury that initiated events	R AS A CONSEO	UENCE OF	ŋ:	-01		/ 0				
F	reaulting in death) LAST	N.									
- 1	PART ii. Other aignificent conditions contributing to de		101 1				20.				
DICAL	DADADECIC	eth but not re	eauting i	n the underly	ing ceuee g	iven in P	PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
ă	PATIFICA	LAC	_	110			1 YES 2	XNO	1	COMPLETION OF CAUSE OF DEATH?	
Σ	PATIENT	WAS	D	NK			/			1 U YES 2 NO	
AN	DID TOBACCO USE CONTRIBUTE TO CAUSES. WAS CASE REFERRED TO MEDICAL			N (Check only o		ERTAIN				NA	
PHYSICIAN: ME	EXAMINER? HOSPITAL:		T	OTHER:		200000000					
¥	1 YES 2 NHO I Inpetient 2 XE 27. MANNER OF DEATH 288. DATE OF IN		26b. TIMI		ome 5 Res		Other (Specify)		211050		
- 44	1 Natural 5 Pending (Month, Day,	Year)	INJ	URY	WORK?		28d. DESCRIBE NOW II	ADURY OC	CURED		
Accident 280 BLACE OF IN HIDY										and Market	
	4 Homicide determined building, at	. (Specify)		, indicay, o			or Town, State)	na reamon	r or norar n	oute Namoer,	
COMPLET	29a. CERTIFIER										
MP	(Check only one) DERTIFYING PHYSIC AN: To the best of my one) MEDICAL EXAMINES On the basis of exert										
ဗ		THE TOTAL BETTE OF THE	rvestigatio	i, at my opinior	, death occure	d at the til	me, data and place, en	d dua to ti	he cause(a)	and manner as stated.	
出	29b. SIGNATURE AND TITLE OF CENTIFIED	200			29c. LICE	NSE NUMB	ER	29d. DAT	E SIGNED	(Mynth Day Marc)	
2	30. NAME AND ADDRESS OF PERSON WITO COMPLETES SHAPE	OE DEATH #7	070 (7:	Octob & F	10	54	SAS		177	170	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	- MITT	HFI		Rna	4	220 . 6	2011	DIE	: ND-2071K	
	31. DATE FILED (Morith, Day, Year) 22. REGISTRAR2	OSIGNATURE	lich	יואאוי	- A - A -	1	1		1	المالية المالية	
	131. DATE FILED (Month, Day, Year) AN 09 1995 Julia diameter.	ardall									
	7/13/17 - 0									1	

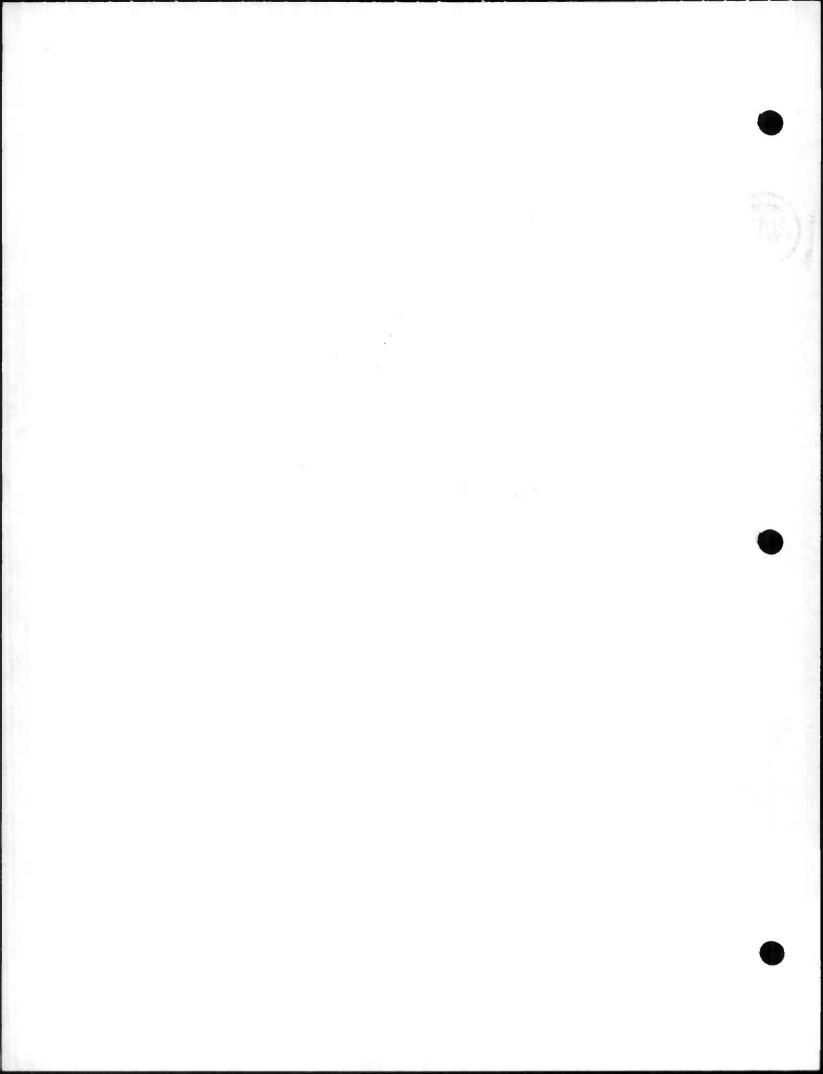
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burieting be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

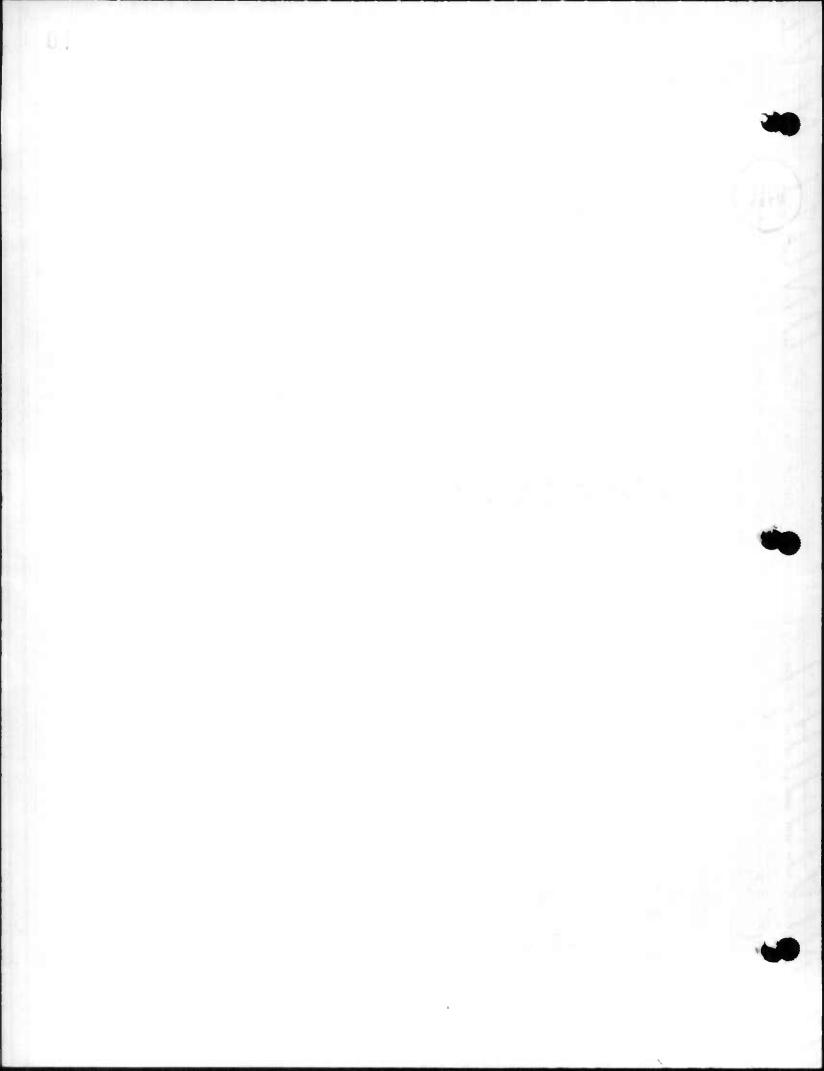
DNMN-18 Rev 1/89



distantialia.	N	Home)
	_	ılı.	2.04
, BALTIMORE, MARYLAND 21203-3146	PSIGNN. The law requires that the death certificate be executed within	confliction has been signed by the attending physician and complex. A med in by the funeral director, page 5 should be detached for use as the burial-transit permit. More 1, more 1,	int, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPIAL OF ATTENDING PAYSICIAN. The law requires that the death certificate be executed with	TO THE FLACERAL DIRECTOR After the conflictive has been signed by the attending physician and comple, and in by the formal physician prior in build cremation. Or removal	INFORTANT II them 28 is marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTME			NENTAL HYGI						
	1. DECEDENT'S NAME (First, Middle, Last)	Lucile M. C	ook			2. DATE OF DEAT MONTH Jan. 1:	DAY YE	3. TIME OF DEATH 2:15 AM M				
73	321 10 0476	6. AGE (in)	1920 I	BIRTHPLACE (State or Foreign Country) llinois								
OR	96. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 2592 Golfers Ridge Road Annapolis Anne Aru											
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 106. STATE 106. COUNTY			WN OR LOCATI	ON		10d. INSIDE CITY LIMITS?					
AL D	Maryland Anne A	rundel	Anna	polis 101.	ZIP CODE		TOF WHAT COUNTRY?					
SNEF	2592 Golfers Ridg	2. WAS DECEDENT EVER IN U			21401 ENDENT OF HISPAN		y Yee or No- 14.	ted States RACE - American Indian,				
B	1 Never Married 2{\(\begin{arrier} 2\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	FORICES? 1 TYPES IF YES, GIVE WAR OR DATE		cify Cuban, Mexican 2 귳 NO Specify:		-)	Black, White, etc. Specify: White					
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co Elementary/Secondary (0-12)		6e. DECEDENT'S USU/ (Give kind of work of life. Do NOT use retir Homem	lone during mos red.)	N It of working		wn Home	TRY				
COM	17. FATHER'S NAME (First, Middle, Last)	ME (First, Middle, Mi	ulden Surname)									
BE												
2	G. Yates Cook						apolis M					
	20e. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Removal from State 4 Donetton 5 Other (Specify) Metropolitan Crematory Alexandria Virginia											
	21. SIGNATURE OF FUNERAL SERVICE LICEN		Pres.	22. NAME AN Beal	1-Evans	Funeral	Home, P Bowie M	.A.				
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING											
RTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL CI	PART II. Other aignificant conditiona	contributing to death but	not resulting in th	e underlying	cause given in	PE	S AN AUTOPSY RFORMED? ES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	26. PL	ACE OF DEATH (Che	eck only one)		4.				
HYSI	1 TYES 2 NO	1 Inpatient 2 ER/Outpat	ient 3 DOA 4 D		e 5 🗆 Residence		OW INJURY OCCUP	3FD				
BY Pł	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME OF INJURY									
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)											
COMPLETED	one)	AN: To the best of my knowled On the bests of examination						cause(e) end manner ee stated.				
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	and mp			29c. LICENSE NUM	29d. DATE S	HIGNED (Month, Day, Year)					
10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, Prim	y A	IF F	nnopo	hs, mi)					
	31. DATE FILED MAN 13 1995	32. REGISTRANG SIGNAT	on Randall	/	,	V						

DHMH-16 Rev 1/89



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DECORPTION MANAGE (PRINT MANAGE (ART) ASSOCIAL SECURITY MANAG		1 - REGISTRAR		CE	ERTIF	ICATE OF	DEATH		REG. NO.	_				
## SOCIAL SECURITY NUMBER ## SOCIAL SECURITY								2. DATE O	F DEATH			3. TIME OF DEATH		
A SOLUTION NUMBER 2.19-12-1954 2.19		Marshall Edward	DIVEL, Sr	•					19			2910		
BE ACCUPT MASE (If no tentionic, you serve and number) Washington County Hospital Magnison Washington Washingto			130				-	(Month,	Day, Year)	214	Country	PLACE (State or Foreign		
BESTERONG OF DECEDERTY 100-STATE 100-COUNTY 100-STATE 100-STATE 100-COUNTY 100-STATE 100-COUNTY 100-STATE 100-COUNTY 100-STATE 100-COUNTY 100-STATE 100-COUNTY 100-STATE 100-COUNTY 100-STATE 100-COUNTY 100-STATE 100-COUNTY 100-STATE 100-COUNTY 100-STATE 100-COUNTY 100-STATE 100-COUNTY 100-STATE 100-COUNTY 100-STATE						9b. CITY, TOWN	OR LOCATION OF D		, 1.					
THE AND NUMBER 1402 VIII age MIII Dr., Apt. 104 10.4 10.4 10.5	TOR		y Hospita	11	_	Hager	stown			Wa	ashin	gton		
THE AND NUMBER 1402 VIII age MIII Dr., Apt. 104 10.4 10.4 10.5	SIE(1					LIMITS?				
The Motionary of Conference of Parts and Control of		10e. STREET AND NUMBER		+ 10/	1		Of, ZIP CODE	6.7		775				
The Motionary of Conference of Parts and Control of	NE I				MED	13 WMS DE			(Casally Vac		-	American testing		
Separation Sep	B		FORCES? 1	YES 2 P	10	II yes, s	pecify Cuben, Mexico	en, Puerto Ric		or No	Black	, White, etc.		
The Normal State (Propriet) 100 De TO (OR AS A CONSCOURNE OF) 100 DE TO (OR AS A CON		15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(G	ive kind of	work done during n	TON nost of working	16b. K	IND OF BUS	SINESS/IN				
The Normal State (Propriet) 100 De TO (OR AS A CONSCOURNE OF) 100 DE TO (OR AS A CON	APLE	Elementary/Secondary (0-12) College (1-4 or 5 +)												
The Normal State (Propriet) 100 De TO (OR AS A CONSCOURNE OF) 100 DE TO (OR AS A CON	S I	to. MOTHER 3 NAME (1783, MILLOW, Merbell Surhaline)												
Helen E. Divel 14020 Village Mill Dr., Naugansville, Md. 21767 150 PLACE AND DATE of DEPOSITION (Name of College of Committed of College of Committed at Committed and College of Committed at Committed and College of Committed at Committed and College of College	BE	Saturdine B. Hendershot												
20. NETHOD OF DISPOSITION 20 PRAMERIA 20	임	The state of the s												
Beaver Creek Cemetery 1-23-95 Hagerstown, Maryland	1	200. METHOD OF DISPOSITION 200. PLACE AND DATE OF DISPOSITION Name of DATE 200. LOCATION — City or Town, State												
MINNICH FUNERAL HOME 415 E.Wilson Blvd., Hagerstown, Md. 21740		4 Donalion 5 Other (Specify)		Beave	er Cr	eek Cem			Hag	erst	own,	Maryland		
23. PART I. Enter the diseasea, pr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, approximate shock, or heart failure. List Dnly Dne cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSCOURNE OF): DUE TO (OR AS A CONSCOURNE OF): DUE TO (OR AS A CONSCOURNE OF): DUE TO (OR AS A CONSCOURNE OF): DUE TO (OR AS A CONSCOURNE OF): JUE TO (OR AS A C	!	MINNICH FUNERAL HOME												
MMEDIATE CAUSE (Final disease) In the condition of countries and position of countries and position of cause. Enter UNDERLYING CAUSE (Disease or Injuly Indicate) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injuly Indicate) CAUSE (Disease or Injuly Indicate) DUE TO (OR AS A CONSEQUENCE OF): JULY DUE TO (OR		23. PART I. Enter the diseases, pr	complications that	cauaad tha de	eath. Dp r	not entar tha m	ode of dying, suc	h as cardia	ic or respl	ratory a	rrest,	Approximate		
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DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN YES 2 NO UNCERTAIN		PART II. Other aignificant condition	es contributing to d	eath but not r	aauiting	In tha underlyli	ng cause given in	Part i. 2	4s. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS		
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 28. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 29. PLACE OF DEATH (Check only one) 1 NOTHER: 1 NOTHER: 1 NOTHER: 28. MANNER OF DEATH 1 NOTHER: 28. DATE OF INJURY 1 NOTHER: 28. LAUGHING HOW 5 Residence 8 Other (Specify) 28. LOCATION (Street and Number or Bural Route Number, City or Town, State) 29. CERTIFIER 29. CERTIFIER 29. LICENSE NUMBER	<u> </u>											AVAILABLE PRIOR TO COMPLETION OF CAUSE		
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DESCRIPTION OF TOWARD DEATH SET OF DEATH YES NO UNCERTAIN DESCRIPTION DEATH SET OF DEATH YES NO UNCERTAIN DESCRIPTION DEATH SET OF DEATH S	ME									~				
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2 Accident S Could not be determined 28e. PLACE OF INJURY — At home, Ierm, street, Iactory, office 28i. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29b. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Add occ 0 & Tribed of Minimal Completed		EXAMINER?	HOSPITAL:			OTHER:								
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3 Suicide 4 Homicide 8 Could not be determined 29e. CERTIFIER (Check only one) 29e. CERTIFIER (Check only one) 29 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Year) 29b. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Addocd & Track of Miles of William St. Apquisitions M. S.T. Apquisitions M.			(Month, Day,	Year)	INJ									
296. SIGNATURE AND TITLE OF CERTIFIEN LOWLD TIME AND LOWER 296. LICENSE NUMBER D-(2/94) 296. LICENSE NUMBER D-(2/94) 1-19-45 1-19-45 1-19-45 Adocd R Tribch of Mi) 348 MM ST ARGURSTOWN MA 27740	ا ۵	3 Suicide 8 Could not be	28e. PLACE OF building, et	INJURY — At ho	me, lerm, ı	street, lactory, offi	C•	28I. LOCAT City or	ION (Street e Town, State)	and Numbe	r or Rural Re	oute Number,		
296. SIGNATURE AND TITLE OF CERTIFIEN LOWLD TIME AND LOWER 296. LICENSE NUMBER D-(2/94) 296. LICENSE NUMBER D-(2/94) 1-19-45 1-19-45 1-19-45 Adocd R Tribch of Mi) 348 MM ST ARGURSTOWN MA 27740	OMPLE	(Check only										end menner ee stated.		
1-19-95 Thorwood No Truing MM 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) HACOCO & Tribich of MM) 348 MM ST HAGORSTOWN MA 27740							-							
HAROCO & Tribich or MD 348 MM ST AAGERSTOWN MA 27740														
31. DATE FILED (Month, Amy Your) 32. REGISTRAR'S SIGNATURE	ř	/	. la had	0 0	-	4	ARGON	281001	n h	N	7/1	40		
			32 REGISTRAR	S SIGNATURE						4	0, 1			

BALTIMORE, MARYLAND 21215-00 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

or 1, 2, 3 should

DHMH-18 Rev 1/89

YEAR

W. Va.

95

20

7. DATE OF BIRTH (Month, Day, Year)

3. TIME OF DEATH

1430

1. DECEDENT'S NAME (First, Middle, Last)

essic

236-46-8155

4. SOCIAL SECURITY NUMBER

Dodson

6. AGE (In yrs. last birthday)

81

5. SEX

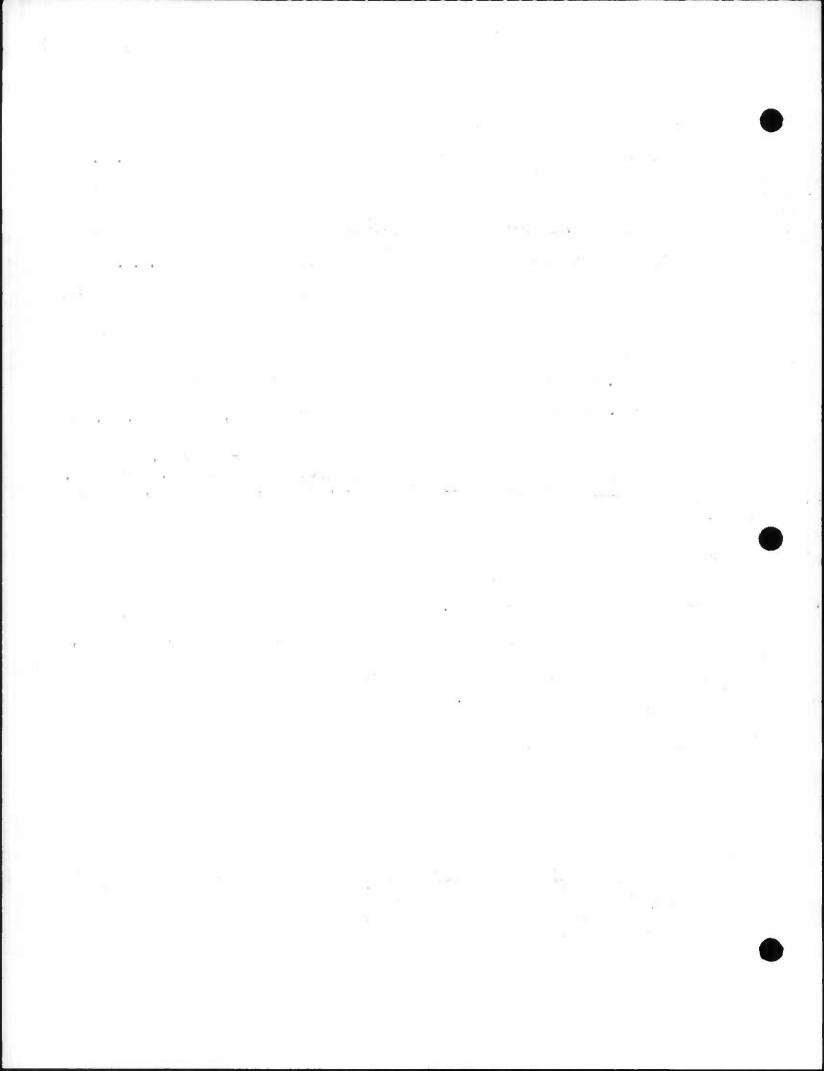
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IF UNDER I YEAR

DAYS

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
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- 1		A			_			/ -	, ,,					
	œ	9e. FACILITY NAME (If not institution, give stre	et and number)		["		N OR LOCATION OF D	EATH		9c. COUNTY OF DEATH				
	DIRECTOR	RESIDENCE OF DECEDENT	4 HOLLILA			Hager	stown		W	Washington				
	입	10e. STATE 10b. COUNTY		10	c. CITY	TOWN OR LOC	CATION				10d. INSIDE CIT	~		
	뜻ㅣ	Maryland Washing	rton		rpsbur					LIMITS?				
		10e. STREET AND NUMBER	, , , , ,			-	101. ZIP CODE		Las		1 X YES 2	NO		
	8	2556 Chestnut Grov	re Road				21782			J.S.	OF WHAT COUNTRY?			
	FUNERAL										1.0			
Ji	로	1 Never Married 2 Temerried	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	,	If yes,	ECENDENT OF HISPA specify_Cuban, Mexico	en, Puerto Rican,	ecify Yes or No , etc.)	14.	RACE — American Ind Black, White, etc. Specific White	Hen,		
	E A	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES ^		1 🗆 Y	ES 2 TNO Specific	fy:			Specify: WILL GE			
		15. DECEDENT'S EDUCA	TION	16a, DECEDI	ENT'S U	JSUAL OCCUPA	TION	165 KINI	OF BIICINES	e/INDUST	DV			
		16a. DECEDENT'S LEUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY												
	2	Unknown College (1-4 or 5+) Unknown College (1-4 or 5+) Homemaker Own Home												
3C .	COMPLETED	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)												
at once	ပ	18. MOTHER'S NAME (First, Middle, Lost) Thomas E. Jenkins 18. MOTHER'S NAME (First, Middle, Malden Surneme) Corie Ellen Piper												
	BE													
notified	2	196. INFORMANT'S NAME (Type:Print) Ernest W. Dodson 196. Majung Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2550 Chestnat Grove Road, Sharpsburg, Md. 21782												
		one of the state o												
must be		20a, METHOD OF OISPOSITION 1 Burlet 2 Cremetion 3 Remove	al from State	tery, cremeto	DATE OF	rer place) Cen	Name of	DATE		-	or Town, State			
Tier I		4 Donation 5 Other (Specify)		иртер	Metr			1-23	Dargan	, Ma	ryland	100		
		21. SIGNATURE OF POWERAL SERVICE EIGEN	0		22. NAME AND ADDRESS OF FACILITY Melvin T. Strider Co.									
		23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate												
alca	1	23. PART I. Enter the diseases, or co	mplications that ceused	the deeth.	Do no	ot enter the n	node of dying, suc	h aa cardlac	or raspirator	y arreat,	Approxim	nate		
Ē		shock, or heart fellure. Lit IMMEDIATE CAUSE (Final	at only one ceuse on ee	ch line.							Interval E Onset an			
5		disease or condition resulting in death)	Aute 1	ECO	101	ATCHY	Fre	1111	mag		Has			
Len L	H	DUE TO (OR AS A CONSEQUENCE OF):												
2 2	2	Sequentially the conditions of Sevent (the Vermillarian Am 1-2)												
	2	Sequentially list conditions, If any, leading to immediate												
	5	CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE)												
		that initieted events	DUE TO (OR AS A	CONSEQUEN	ICE OF)	:	0				m	640		
5 8	CERTIFICATION	resulting in death) LAST a. UNDIFFUNCTINTED SMALL CCL CARCING LANGE LINE												
		PART II. Other algolficant conditions:	contribution to death by		101 1			-100						
	MEDICAL		+ A @ . @					Part I. 24a.	WAS AN AUTO PERFORMED?		24b. WERE AUTOPSY F AMAILABLE PRIOR	OT S		
	<u> </u>	Liper METURS	14365	190	(4)	24511		1 🗆	YES 2 N	0	COMPLETION OF OF DEATH?	CAUSE		
MOL S	Σ		LILL ATTIN						,	- 1	1 YES 2	NO		
3 4	HTSICIAN	DID TOBACCO USE CONTRI	BUTE TO CAUSE OF	DEATH	YES	NO I	☐ UNCERTAI	N 🗆						
	5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	a. PLACE OF		Check only on	e)							
	2	1 - YES 2 NO	Inpatient 2 - ER/Outpa	tient 3 🗆 D		OTHER: 4 - Nursing Ho	ome 5 🗆 Residence	8 Other (Spe	cify)					
9		27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28	b. TIME		NJURY AT YORK?	28d. DEŞCRIB	E HOW INJURY	OCCURE	D			
N N	- 10	1 Natural 5 Pending 2 Accident Investigation					YES 2 NO							
ANI. II ROIII 20 IS		4 Homicide determined						City or Tow	, otero)					
	ž	290. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my knowle	dge, death o	occurred	at the time, de	ite and place, end due	to the cause(s)	end menner a	stated				
1 3	5		On the basis of exemination								use(s) end menner es :	stated.		
		29b. SIGNATURE AND TITLE OF CERTIFIER												
	i i	CTOSHAN C. MAL	T74/1- 11	1	0.4	HILY	29c. LICENSE NUI	DAC	290.	I I	MED (Mouth: Day, Year)			
1 5	2	The state of the	y many w	1)	YH	11/14	X VI	100 1		-//	40/7]			



FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CER	TIFIC	ATE O	F DEATH		REG. NO).				
	1. DECEDENT'S NAME (First, Middle, Last)	4 1	6					TE OF DEATH	MY :	YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	A BETH	MGE (In yrs. last birt		PAVI		1	1	_	75	1548P M		
	216-54-9027	t 🗆 M 2 💢 F	0.2	rRS. MO	NTHS DAY		7. DA (Mc 9	TE OF BIRTH onth, Day, Year)		8. BIRTHI Country	PLACE (State or Foreign) MD		
OR	9a. FACILITY NAME (If not institution, give s PENINSULA REGION	AL MEDICAL	CENTER	96.	CITY, TOW SA	LISBURY	OF DEATH		ec. COLIN	Ľ∂MÍ	CD		
2	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	,											
DIR	MD Wo	rcester			rlin				10d, INSIDE CITY LIMITS? 1 X YES 2 NO				
ERAL	110 Maple Dr.					10f. ZIP CODE 21	811		1.2	JSA	HAT COUNTRY?		
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 1 IF YES, GIVE WAR O	YES 2 NO		If yea,	DECENDENT OF HI specify Cuben, Mi TES 2 X NO S	exicen, Puer	GIN? (Specify Ye to Rican, etc.)	n or No—	Black,	- American Indian, White, etc. y: White		
	15. DECEDENT'S EDUCATION (Specify only highest grade cumpleted) Elementary/Secondary (0-12) College (1-4 or 5+) 2 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOUSEWIFE Home												
COMPLETED													
S S	17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname)												
w ∥ A.P. Christopher Louise Powell													
19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
-	Sara Thompson					n St. B	erlin	, MD	21811				
	20s. METHOD OF DISPOSITION 1 State 2 Cremation 3 Removal from Btate 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetery or other place) 1/16/05 Rewlin MD												
	21. SIGNATURE DE UNIDAL SERVICE UCENSEE 22. NAME AND ADDRESS OF FACILITY Burbage Funeral Home												
ij.		whage									1811		
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final												
		ACUT	F MX	In CA	ARP.	AL M	I				Onset and Death		
	resoluting at death)	DUE TO (OR	AS A CONSEQUEN	ICE OF):	(/) " //	10 11					17/10		
z I	Sequentially list conditions,	a ASC	NO								YRS		
Ĕ	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR /	AS A CONSEQUEN	ICE OF):									
윤	CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEQUEN	ICE OF1:							-		
CERTIFICATION	resulting in death) LAST	4		P							ļ		
- 11	PART II Other electrons on data							7			+		
EDICAL	PART II. Other algnificant condition	iii contributing to deel	in Dut not resul	rting in th	na underly	ing cause giver	n in Part i.	24s, WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
								1 TYES 2	. □ NO		COMPLETION OF CAUSE OF DEATH?		
Ξ	DID TOBACCO USE CONTI	DIRITE TO CALLS	OF DEATH	VEC I			FAINL D				1 YES 2 NO		
Y V	25. WAS CASE REFERRED TO MEDICAL	ABOTE TO CAUSE	26. PLACE OF		_		LI MIA						
SIC	EXAMINER? 1 YES 2 KNO	HOSPITAL:		ОТ	HER:	ome 5 🗆 Rasider		thes (Page 14.)					
PHYSICIAN:	27. MANNER OF DEATH	26s. DATE OF INJU	RY 28	b. TIME OF	26c.	NJURY AT	7	PEŞCRIBE HOW I	NJURY OCCI	JRED			
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Ye	er)	INJURY		WORK? YES 2 NO							
	3 Suicide 6 Could not be determined	28e PLACE OF IN HIRV. At home from short to the same of the same o									oute Number,		
9 1	29a. CERTIFIER 1 X CERTIFYING PHYSI	CIAN: To the heet of one b	nowledge death -	one man of an	the time *	to and aless in a	due to the						
COMPLET		(IFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. ICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									and manner as stated.		
ш	296. SIGNATURE AND TITLE OF CERTIFIER	/				29c, LICENSE	NUMBER		29d. DATE	SIGNED (Month, Day, Year)		
0	DI Chodo	un				120	0919	2	> /	-/	3-98		
	DENNIS ChodNIC	1	4			streets.	SA	l's bun	, m	d.	21801		
ال.	31. DATE FILED (Month, Day, Year)	3 REGISTRAR'S S	GIGNATURE	A					7 7 2				
0	IAN 17 1995	- Daniel	an-spender	~									

hillhame

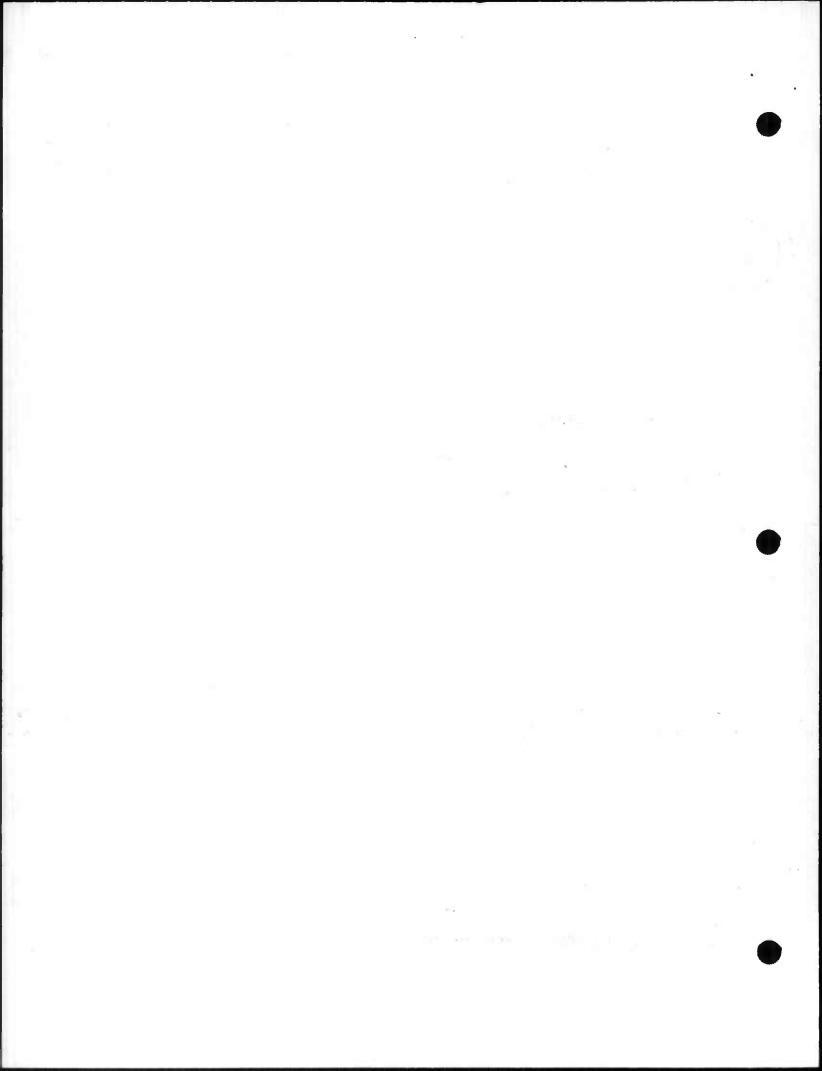
1, 2, 3 should

BALTIMORE, MARYLAND 21215-0029 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the but be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or remonal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

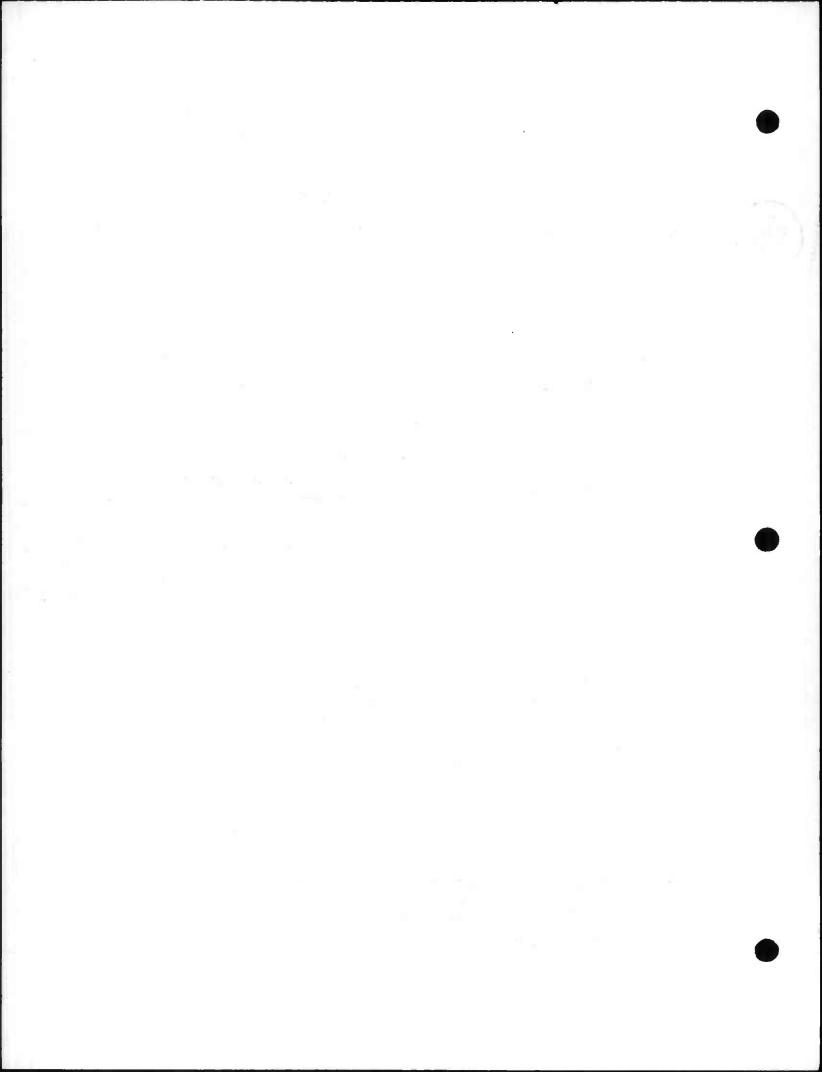
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Ball abunta

FOR

	REGISTRAR	CERTIFI	CATE OF	DEATH		REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Lest)				2. DATE O	F DEATH			3. TIME OF DEA	ATH			
	SOLOMON WILLIAM DOSS					11		95	8:30	рм			
		In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH		8. BIRTHPLACE (State or Foreig					
	220 03 7879 X M 2 🗆 F 8	5 YRS.	MONTHS DAYS	HOURS MIN.	04	Day, Year)	1909	Countr	VIRGIN	ATI			
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN C	R LOCATION OF D	1 -	13	V	NTY OF D		· III			
DIRECTOR	SACRED HEART HOSPITAL		CUMBERL					LEGA					
Ä	10e. STATE 10b. COUNTY	10c. CITY	, TOWN OR LOCAT	ION					10d. INSIDE CIT	Υ			
ā	MARYLAND ALLEGANY	CRE	SAPTOWN		1 _ YES 2 X NO								
AL	10e. STREET AND NUMBER		101	ZIP CODE			10g. CIT	IZEN OF W	THAT COUNTRY?				
FUNERAL	13519 FIR TREE LANE 11. MARITAL STATUS			215				USA					
라	1 Never Married 2 Married FORCES? 1 XYES		If yea, spe	ENDENT OF HISPA	an, Puarto Ric	(Specify Yes	or No —	14. RACE Black	- American Ind , White, alc.	den,			
B	3 X Widowed 4 Divorced WORLD WAR II	ATES	1 🗆 YES	2 XNO Speci	fy:			Speck	WHITE				
8	15. DECEDENT'S EDUCATION	16a. DECEDENT'S I	ISUAL OCCUPATIO	iN.	T 165 F	(IND OF BUS	INCOC (INI	DUCTOV	MILLE				
	(Specify only highest grade completed)	(Give kind of w life. Do NOT use	ork done during mo:	st of working	100. 7	UND OF BUS	NINE 33/INI	DOSTRY					
7	Elementary/Secondary (0-12) College (1-4 or 5 +)	SALVAG	E DEALER	2		SALV	VACE						
COMPLET	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME /Cleat Mic	trilo Mairino	Company						
BE C	NELSON R. DOSS			BESSI				I					
10 B	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street a	nd Number or Rural	Route Number	City or Town	n, State, Zij	Code)					
ř	CARL WINTERS	P.O. 1	BOX 5155	, CRESAP	TOWN, N	D 215	502						
		PLACE AND DATEO		me of	DATE	20c. LO	CATION —	City or To	wn, Stata				
		etery, crematory or off	BURIAL	PARK 1	/14/95	CUME	BERLA	ND.M	D	_ 1			
	21 REIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HAFER CHAPRY, OF THE HITTS MODITIADY												
	Douglas 12 Hate			CHAPEL (ATIONAL									
	23. PART i. Enter the diseases, or compileations that caused	the deeth. Do no							Approxin	nate			
	shock, or heart fellure. List only one cause on e-	ech line.					2000	and.	Interval E	Between			
	immediate Cause (Fine) disease or condition Onset end Death												
ŀ	resulting in death) e												
- 1	disease or condition resulting in death) • Congletive Atent Railure DUSTO (OR AS A CONSEQUENCE OF): EXEC. MANY'C DOSTURETURE DUSTO DEEDE												
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A	CONSEQUENCE OF):	rejrac		por		V134	Del	400			
Ä	if any, leading to immediate cause. Enter UNDERLYING		,						100	1~ 1			
윤	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A	CONSEQUENCE OF):						1 6	-			
E	resulting in death) LAST												
빙			-						1				
A.	PART II. Other significent conditions centributing to death b	ut not resulting in	the underlying	dause given th	Part I. 2	4a. WAS AN PERFOR		24b.	WERE AUTOPSY I				
DICAL	I ving negation again	210000	My	wegn	9	YES 2			COMPLETION OF OF DEATH?				
ME	Xeine Ekumater	d an	Thuy	3-					1 YES 2	CHO			
	DID TOBACCO USE CONTRIBUTE TO CAUSE O	F DEATH YES	S I NO	UNCERTAI	N 🗆					,			
PHYSICIAN:		26. PLACE OF DEATI	H (Check only one)	<u></u>									
S	1 YES 2 NO 1 Inpetient 2 ER/Outp	atlant 3 DOA	OTHER: 4 Nursing Home	5 🗆 Residence	6 Other	Specify)							
ž	27. MANNER OF DEATH 28s. DATE OF INJURY	28b. TIME	OF 28c. INJ	JRY AT	7	RIBE HOW II	NJURY OC	CURED					
ВУБ	1 Naturel 5 Pending (Month, Day, Year) Accident Investigation	INJU	M 1 Y										
11	3 Suicide 26a. PLACE OF INJURY	— At home, ferm, st	real, factory, office		281. LOCATION (Street and Number or Rural Route Number,								
COMPLETED	4 Homicide determined building, stc. (Spec	ny)			City or	Town, State)				- 1			
٣ ا	29e. CERTIFIER (Check only	edge doub occurre	d et line time, dete	and alone and di	4-46	(2) (
Ž	(Check only one) 2 MEDICAL EXAMINEN: On the basis of examination								and manner as	eteted			
8	296. SUMATURE AND TITLE OF CENTIFIER		,, opo, di			na piaca, air							
29c LICENSE NUMBER 29d. DATE SIGNED (Monthly Day, Ye										_]			
<u>P</u>	Confloration in a	/		124	47		-/	113	145				
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE.	THE (ITEM 27) (Type,	(ECCACO	= FAR	OSTBO	IRG.	Me	1.2	1530	~			
JAN 17 1995 His Juvolun hardall													



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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2	after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	3

31. DATE FILED (Month, Day, Year)
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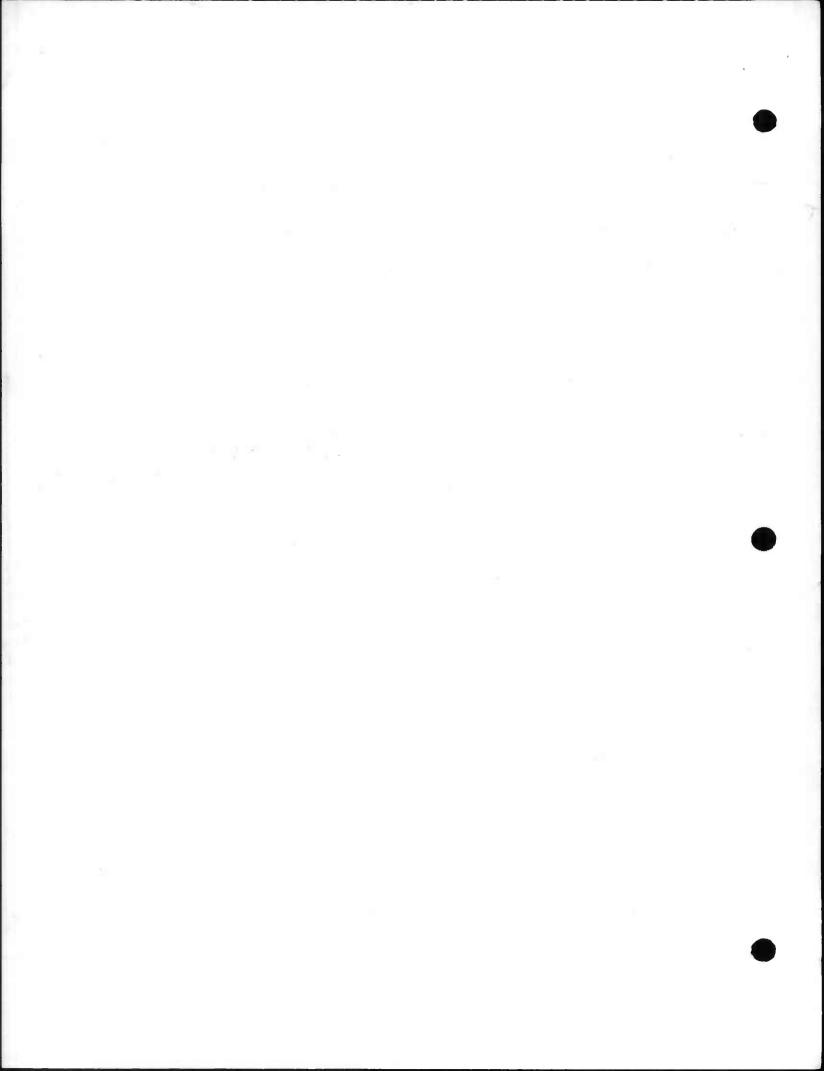
												9	5	1201	J
		FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR					MENTA	L HYGIEN REG. NO.	E			
	ļ	1. DECEDENT'S NAME (First, Middle, Last)		^						2. DATE	OF DEATH	NY .	YEAR	3. TIME OF DEATH	1
		William Educa	ud 1	own	5					Jai		, 19	95	2 P	-
			. SEX	6. AGE (In yrs. las	,,	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE (Mont	OF BIRTN		8. BIRTNE	LACE (State or Fore	ign
											4,19			yland	
1 00		90. FACILITY NAME (If not institution, give street Carroll County		1 Hasn	i + = 1			m i n s	ON OF DE	ATN			arro		
<u> </u>		RESIDENCE OF DECEDENT	dellel a	1 1103p	1 ta	l n	1636	111111111111	o cei			L	arre	, 1 1	
HECTOR		10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	TION	-				T	10d, INSIDE CITY	
3		Maryland Car	roll			На	mps	tead	i					LIMITS?	10
A		10e. STREET AND NUMBER					101	. ZIP COD				10g. CIT		HAT COUNTRY?	
FUNERAL		2434 Snydersbur	g Road					21	074				USA	l	
Ę				T EVER IN U.S. AR		13.					f? (Specify Yes	or No-	14. RACE	- American Indian White, etc.	1,
BY		1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE W	AR OR DATES					Specify		riican, etc.)		Specify	<i>/</i> ·	
														White	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S SUUAL OCCUPATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.)														
<u> </u>		8	College (1-4 or 5 +	Men	tal	Неа	lth	Wor	rker	S	hepph	ard	Prat	t Hosp	
COMPLETED		17. FATNER'S NAME (First, Middle, Last)						18. MOTI	NER'S NAI		Middle, Maiden		.		
BE C		William Edward	Downs					Myr	rtle	Elizabeth Mitchell					
	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)														
E F		Barbara Downs 2434 Snydersburg Rd, Hampstead, MD 21074													
TO BE COM	Ì	20e. METNOO OF OISPOSITION 1 (X Burlel 2 Cremetion 3 Removal	from State	20b.PLACE						DAT			City or Tow		
Ē	ļ	4 Donetion 5 Other (Specify)		Ever	gree					1/2	l Fi	nksb	urg,	MD	
examiner	l	21. SIONATURE OF FUNERAL SERVICE LICENS	SEE)	21.	.)	22	. NAME AN	ID ADDRE	SS OF FAC	CILITY	Eline	Fur	neral	Home	
		Alues	00.	den		9	34	S Ma	ain	St,	Hamp	stea	id, M	1D 2107	4
200												Approximate			
		Interval Betwood Institute Clist only Dna cause on each lina. IMMEDIATE CAUSE (Final Onset and De													
Ė	disease or condition														
EAGN CA	DUE TO (OR AS A CONSEQUENCE OF):												1	-	
N S	1	Sequentially list conditions, b. WNG A													
ERTIFICATION		If any, leading to immediate													
		CAUSE (Disease or Injury CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):													
	ľ	that initiated events resulting in death) LAST		(011110110110110110110110110110110110110		, ,.								j	
5 ()		d												+	
AL O	1	PART II. Other algnificant conditions conditions	ontributing to	daath but npt r	resulting	In the u	ndarlylng	g cause g	given in i	Part I.	24a. WAS AN PERFOR			WERE AUTOPSY FIND	
MEDICAL	ŀ									_]	1 TYES 2	□ NO		COMPLETION OF CAL OF DEATN?	
ME										_				1 - YES 2 - NO)
3 3	ı	DID TOBACCO USE CONTRIB	UTE TO CA	USE OF DEA	TH YE	S	NO [UNC	ERTAIN	1 🗆					
PHYSICIAN:	Ì	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:	28. PLAC	E OF DEA	OTHE									
Z X	1	1 YES 2 7 NO 1)	npatient 2	ER/Outpatient 3		4 🗆 Nu	rsing Hom		sidence	8 🗆 Othe	r (Specify)				
	ı	27. MANNER OF DEATH 1 Pending	28ar DATE OF (Month, Da	INJURY ly, Year)	26b. TIM	E OF URY M		RK?	7.1/-	28d. DES	CRIBE HOW IF	NJURY OC	CURED		
B B		2 Accident Investigation	28a PLACE OF	F INJURY — At ho	- 10-			ES 2	NO	201.1.00			2 12		_
	i.	3 Suicide 8 Could not be determined	bullding,	etc. (Specify)	rire, terrii, :	street, rac	tory, ome	•		C/ty	ATION (Street e or Town, State)	nd Number	r or Runal Ro	ute Number,	
COMPLET		290. CERTIFIER					Cor. N								_
MP		(Check only													
8		2 MEDICAL EXAMINER:	A STATE OF THE	environment eng/of	vesti@#(ic	n, in my	opinion, d				end place, en	due to th	re cause(e)	end manner es stat	led.
E H		296. SIGNATURE AND TITLE OF CERTIFIED	. Var	MA				29c. LICE	ENSE NUM	BER CI O		29d. DAT	SIGNED	Hoath, Day Year)	
P 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CALISE OF DEATH (TEM 27) (June Polet)										10	14				

COUNT

32. REGISTRAR'S SIGNATURE

HOSPUTA

GEN



3. TIME OF DEATH 2-25 A

FORLES

8. BIRTHPLACE (Stata or Foreign White Pls.MD

> 10d. INSIDE CITY LIMITS? 1 N YES 2 NO

> > Approximete Interval Between **Onset and Death**

U.S.A. 14. RACE — American Indian, Black, White, atc.

PIR Hour	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within z-r nours after death, Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be in	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
	ATTENDIN	ECTOR: Aft	rs after des	n 28 is n
	TO THE HO	TO THE FU!	be filed with	IMPORTA

COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BE 2

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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fetached for use as the

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2

BALTIMORE, MARYLAND 21215-0020

BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIEN			
1. DECEDENT'S NAME (First, Middle, Last	IN DA	BBS			2. DATE OF DEATH MONTH	DAY 4. 199	3. TIME OF DE	
4. SOCIAL SECURITY NUMBER 217-16-3561	TY⊈ M 2 □ F	(In yrs. lest birthday) 79 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10/17/16	8. BI	hite Pls.	
90. FACILITY NAME (If not institution, give	4 .	HOSPITPL	9b. CITY, TOWN C	LIN TON		PAIN		
10e. STATE 10b. COUN Maryland P	G.	10c. CIT	Y, TOWN OR LOCAT				10d. INSIDE CIT LIMITS? 1 X YES 2	
10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNT 9211 Stuart Lane 20735 U.S.A.								
11. MARITAL STATUS 1 Never Married 2 Married 3 Midowed 4 Divorced 11. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE Black, Specify Cuben, Maxican, Puerto Rican, etc.) 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Maxican, Puerto Rican, etc.) 16. RACE Black, Specify Cuben, Maxican, Puerto Rican, etc.)							AACE — American Inc Black, White, atc. Specify: BLACK	
15. DECEDENT'S ED (Specify only highest grain Elementary/Secondary (0-12) 3rd.		(Give kind of life. Do NOT us	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relired.) Farmer					
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maider	n Surname)		
James Dabbs Hattie Young-Dabbs								
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Lucille V. Wilkerson 8140 Allendale Dr. Palmer Park, MD 20785								
20a. METHOD OF DISPOSITION XX Surial 2 Cremetion 3 Permanent from State 4 Donetton 5 Other (Specify). 20b. PLACE AND DATE OF DISPOSITION (Name of cemetory or other place) Harmony Memorial Park 1/10/95 Landover,							or Town, State	
22. NAME AND ADDRESS OF FACILITY Robert G. Mason Funeral Home, Inc. #866 1661 Good Hope Rd. SE Wash. DC 2002								
23. PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on such line. IMMEDIATE CAUSE (Final								
disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF):								
Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. Supra	1092 Le a consequence of Public Sys					14-	
PART ii. Other algnificent condition	ons contributing to deeth b		in the underlying	g ceuse given in	Pert i. 24a. WAS AI	N AUTOPSY T	24b. WERE AUTOPSY	

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? WAS AN AUTOPSY PERFORMED? 1 | YES 2 | NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 🗹 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, term, atreet, tectory, office building, etc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER On the ition and/or investigation, in my opinion, death occured at the time, data and placa, and dua to the cause(a) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO CO

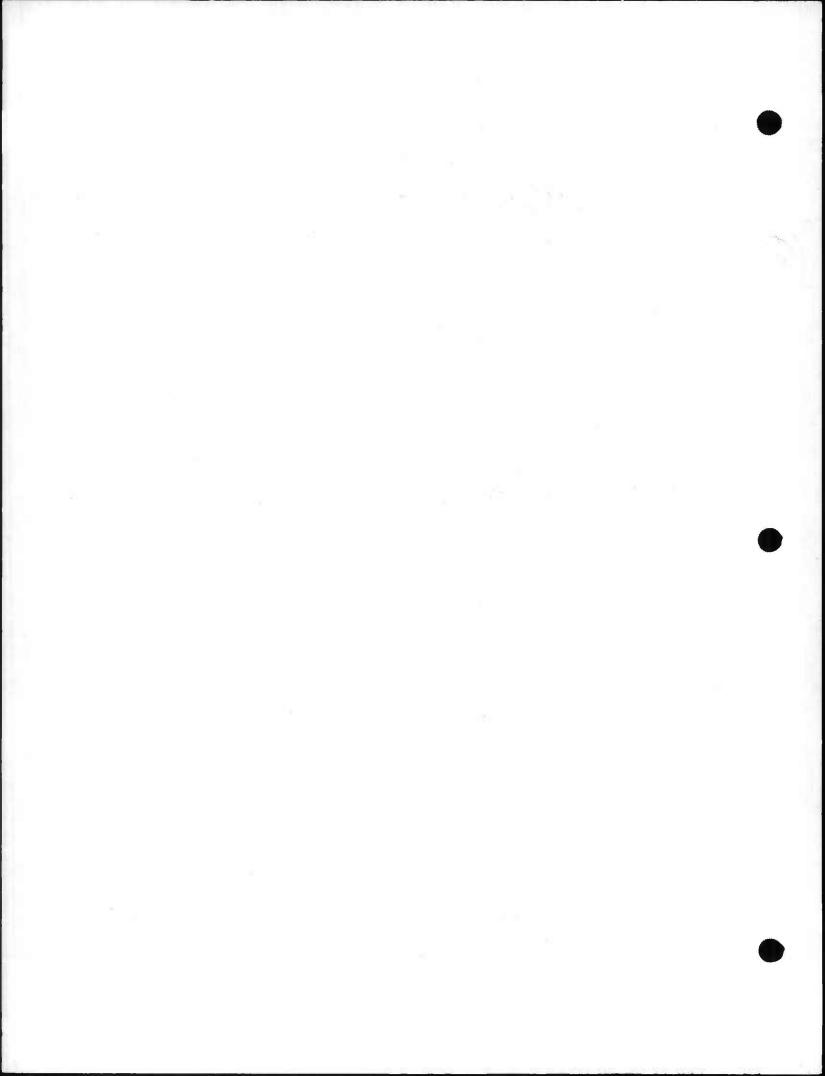
SOUTHERN

WASAINGTON

20032

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31. DATE FILED (Month, Day, Year)



Pages 1, 2, 3 should

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1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH										
1000	1. DECEDENT'S NAME (First, Middle, Last)	ara Gladys				MONT	OF DEATH		'EAR	TIME OF DEATH
	578-16-4204	□ M 2 💢 F 79	YRS.	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont	of Bight h, Day, Year) ch 10,	8.	BIRTHPL Country)	ACE (State or Foreign
TOR	90. FACILITY NAME (It not institution, give street Southern Maryland RESIDENCE OF DECEDENT			Clito	DR LOCATION OF D	DEATH		9c. COUNTY Princ		eorge's
DIRECTOR	Maryland Prince	George's	10c. CITY,	TOWN OR LOCAT Clinton				y.		Od. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 9106 Pineview La	9106 Pineview Lane			20735	5				States
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			If yes, sp	ENDENT OF HISPA ecity Cuben, Mexic 2 NO Speci	an, Puarto			. RACE -	American Indien, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 12 College (1-4 or 5 +)				st of working		S. GC		TRY	
	17. FATHER'S NAME (First, Middle, Last) CLINTON HELPHENST		18. MOTHER'S N.		Middle, Maiden					
TO BE	190. INFORMANT'S NAME (Type/Print) JAMES W. HELPHENSTINE 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10082 CHARLES ST, Laplata, MARYLAND									
	26e METHOD OF DISPOSITION 1 (A Burlel 2 Cremation 3 Ramoval 4 Donation 5 Other (Specify)	from State MAI	ACEAND DATE OF	ETERANS	CEM 1-1	i	CHE		M, N	ARYLND
	21. SIGNATURE OF FUNETIAL SERVICE LICENS	at the		OLD A	LEXANDEF	R FER	RY ROA	D, CLI	NTON	INC 6633 ,MARYLAND
	23. PART . Enter the diseases, D. Cerr shock, or heart failure. i.isi iMMEDIATE CAUSE (Final disease or condition resulting in death)	Dniy Dne cause Dn aach	i line.					-		Approximate interval Between Onset and Death
PHYSICIAN: MEDICAL CERTIFICATION	disease or condition disease or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
	UROSEPSIS							24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO DIFFERENT 1 YES		
IAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)									
IYSIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Ningetlent 2 ER/Outpetlent 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)									
ВУ РН	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY (Month, Day, Year)				28c. INJURY AT WORK? 1 YES 2 NO					
ᇜ┃	3 Suicide 6 Could not be datermined 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route No. City or Town, State)							e Number,		
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL CAMINER: C	N: To the best of my knowledge on the basis of examination or							nuse(e) er	nd manner ee stated,
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIES		A		D-18	54	5	29d. DATE SI	-	onth, Day, Year)
_	30. NAME AND ODDRESS OF PERSON WHO CO	DMPLETED CAUSE OF DEATH 32. REGISTRAN'S SIGNATU JULIA COLUMNA	IIRJ +		Oxon Hi	11 ,1	102	0745	>	
1	2 7 0 1003	The sould	N' FLOATE !!							

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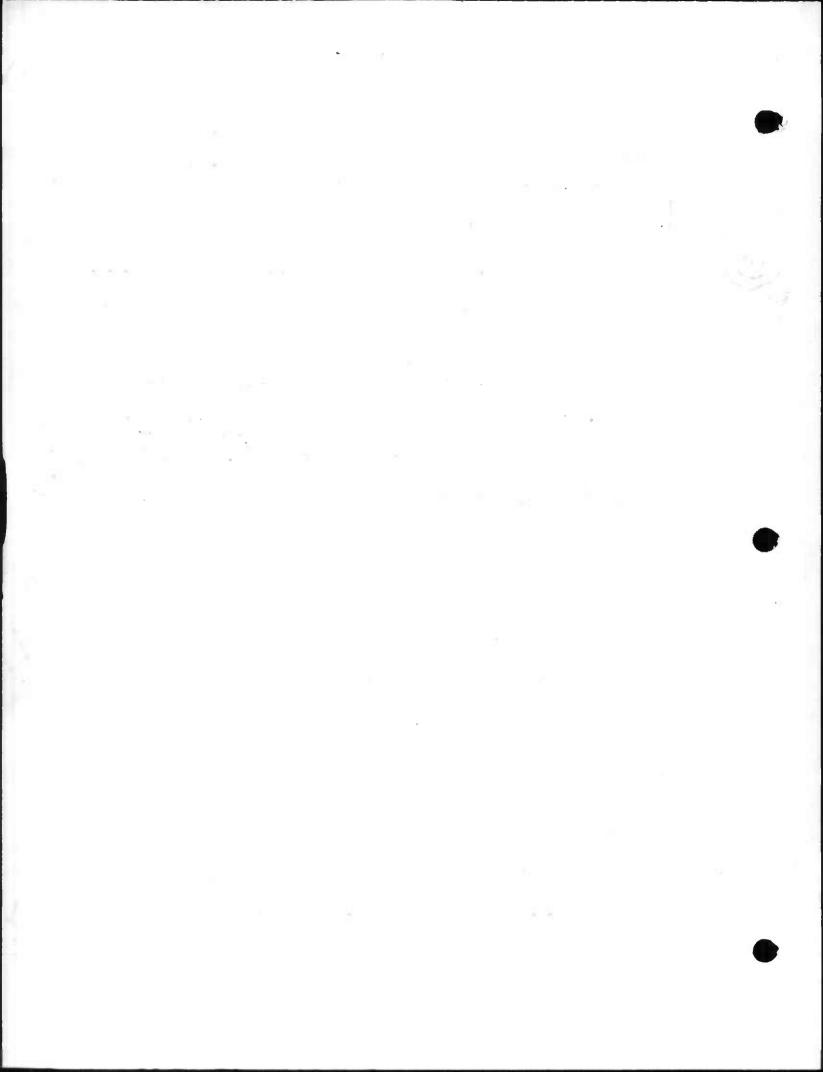
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IVISION OF VITAL RECORDS,	O ATTENDED
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BALTIMORE, MARYLAND 21215-002

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPART			MENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last) Anthony	I	DePhilli	.p		2. DATE OF DEATH MONTH DA Jan. 10,1	YEA	3. TIME OF DEATH 12:13 PMm	
	4. SOCIAL SECURITY NUMBER 469-14-3488	1 Z _{M 2 □ F} 71	yrs. last birthday) YRS.	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFTIN (Month, Day, Year) Feb. 4,19	8. Bi	PRTNPLACE (State or Foreign country) Idaho	
TOR	90. FACILITY NAME (If not institution, give stress Southern Mary)			96. CITY, TOWN Cli	OR LOCATION OF DE OTON	ATN	Prince	e George's	
DIRECTOR	10a. STATE 10b. COUNTY	e George's		TOWN OR LOCA Clinton	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 8510 Keebler Drive			10	ZIP CODE			DE WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 \square XYES IF YES, GIVE WAR OR DATE $1942-194!$	S	If yea, sp	ENDENT OF NISPAN	IC ORIGIN? (Specify Yes	or No- 14, F	AACE — American Indian, Black, Whita, atc. Specify: BUCASIAN	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	Sa. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during me retired.)	ON st of working	16b. KIND OF BUS		W	
BE CON	17. FATNER'S NAME (First, Middle, Last) Michael DePhillip				18. MOTNER'S NAM Conget	AE (First, Middle, Malden :			
10	Sharon M. Agee 19a. INFORMANT'S NAME (Type/Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1503 Mayfield Road Edgewater, Md 21037								
	20e, METHOD OF DISPOSITION 1 2 Surfal 2 Cremation 3 Remode 4 Donation 5 Other (Specify)	Mai	ACE AND DATE OF ry, crematory or othe ryland S	State Ve	eterans C	,1995 20c. Loc lem. Chel	tenham	Maryland "	
	21. SIGNATURE OF FUNERAL SERVICE LICE	Marselax)	6633	Old Alex		ry Rd (ome, Inc. Clinton, Md	
	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	Coronary	o line.	Jusio.				Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24e, WAS AN AUTOPSY FINDINGS								
PHYSICIAN: MEDICAL C	Jensralizet enterior Sclerosis PERFORMED? 1 - YES 2X NO						AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one)								
IYSIC	EXAMINER? 1								
à	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation 28e PLACE OF INJURY At So			Y WORK? M 1 YES 2 NO					
ETED	3 Suicide 8 Could not be determined	City of Tours State							
COMPLETED	29a. CERTIFIER (Check only one) CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. Description on the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIED 30. NAME AND ADDRESS OF PERSON WND	4-1 Can		0	29c. LICENSE NUM		29d. DATE SIGN	NED (Month, Day, Year)	
	Mark Pillor M.D	. 6188 Oxo	on Hill		on Hill,	Md 20745			
	JAN 1 9 1995	32. REGISTRAR'S SIGNATU							

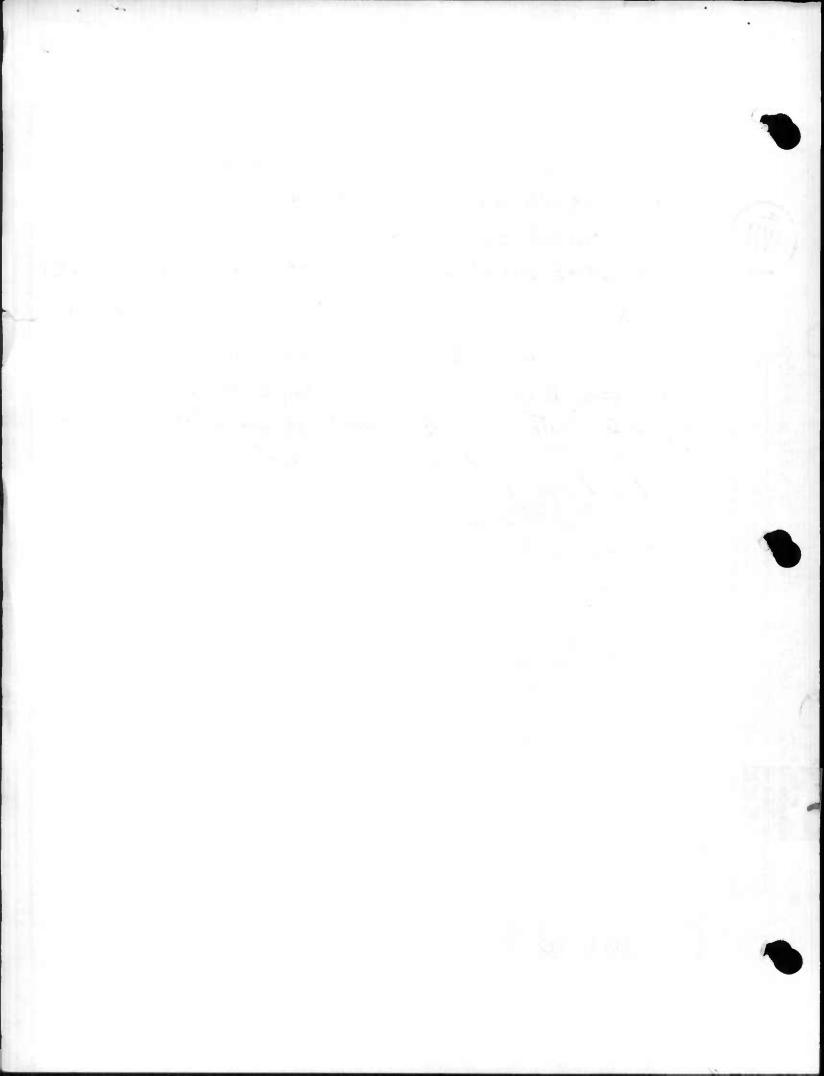


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BALTIMORE, MARYLAND 21203-3146

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	JNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		NNT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	JOR:	after	1 82
	DIREC	ithin 72 hours after death with the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal.	tem !
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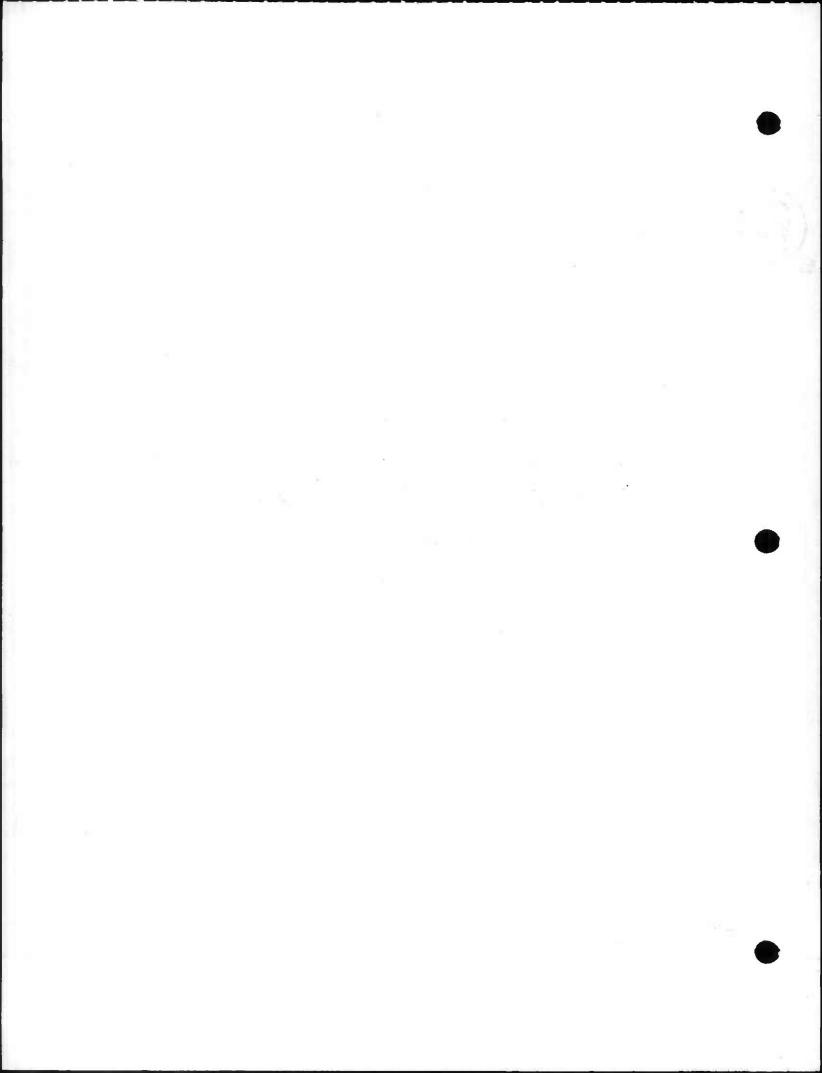
	1 - STATE REGISTRAR	STATE OF MARYI		RTMENT OF			HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Kins				2. DATE OF MONTH		3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	/	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		BIRTH	B. BIRTHPLACE (State or Foreign Country).		
	STACILITY HAME (If not institution, give	1 M 2 F	YRS.	96. CITY, TOWN	OR LOCATION OF	14-/3 DEATH	9c. COL	UNITY OF DEATH		
TOR	RIGONCY NO	144 Serv	(100	Fore	tville		[Ph	ince George		
DIRECTOR	10b. COUNT		RGE C	A PITE	TION HEU	HTE		10d. INSIDE CITY LIMITS? 1 1 YES 2 NO		
11-60	100. STREET AND NUMBER	1 50	14		or. ZIP CODE	743	10g. CIT	TIZEN OF WHAT COUNTRY?		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S., ARMED 13. WAS DECEMBENT OF FORCES? 1 Yes 2 NO If yes, specify Guben, I						14. RACE — American Indien, Black, White, atc.		
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES GIVE WAR OR DATES 1 VES 2 IN NO						Specify BIACK		
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION e completed) Cc-flege (1-4 or 5+)	(Give kind of life. Do NOT u	Work done during use retired.)	nost of working		IND OF BUSINESS/IN			
OMPL	17. FATHER'S NAME (First, Middle, Last)	4	ELEM	ScHool	IEACH		DUCATIO			
BE CC	ANDREW BOLDEN JANIE GREY									
5	TOYCE I. SA	1,75	7425	G ADDRESS (Street	Mill DR	. CAPI	City or fown, State, Z	MD 20743		
	20e, METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	noval from State	other place)	SITION (Name of	emetery, crematory of	UF TERY	SUITA	City or Town, State		
	21. SIGNATURE OF THERAL SERVICE L	The Is	M859	ALI		S. POPE	FUNERAL FORES	HOMES TVILLE,MD 20747		
	23. PART I. Enter the diseases, or shock, or heart fellure	complications that cause. List only one cause on						Approximate Interval Between		
	IMMEDIATE CAUSE (Final disease or condition resulting in desth)	. Respire	atory	Arre	est			Onset and Death		
NO	Sequentially list conditions, Due to (or as a consequence of): Due to (or as a consequence of):									
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury C. DIE TO OR AS A COMPROVINGE OF									
ERTIF	that initiated events resulting in death) LAST d									
CALC	PART II. Other algnificent condition	na contributing to deeth			ing ceuse given	in Part i. 2	24a, WAS AN AUTOPSY PERFORMED?	AMAILABLE PRIOR TO		
MEDIC	COMPLETION OF CAUSE OF DEATHY									
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH	(Check only one)				
YSIC	EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER: 4 1 Nursing H	ome 5 🗆 Residen	ce 6 🗆 Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 W Netural 5 Pending Investigation 28e. DATE OF INJURY AT WORK? 1 W Netural 5 Pending Investigation									
	3 Suicide 6 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dus to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
BE	296 SIGNATURE AND TITLE OF CEBTIFI	sulle	9		29c. LICENSE 038	NUMBER 534	29d. D/	ATE SIGNED (Month, Day, Year)		
2	30/NAME AND ADDRESS OF PERSON'S	HO COMPLETED CAUSE OF I	DEATH (ITEM 27) (Ty)	7725	Bolle	Point	Dr. C	Preenbeefine		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	GNATURE LUCISON ROAD	ell		- V		20110		
_	<u> </u>				-					



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IN THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	ID THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial milled within 72 hours after death with the State Deat. of Health and Mental Hopiene prior to burial, cremation, or removal.	
he hospital or	detached for	once.
retained by	5 should be	notified at
age 6 may be	director, page	or must be
after death. Pa	y the funeral	cal examine
hin 24 hours	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi in fied within 72 hours after death with the State Debt. of Health and Mental Hollene prior to burial, cremation, or removal	MPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
executed with	n and comple to burial, cre	imatic even
certificate be	nding physicia Hygiene prior	r other train
hat the death	d by the atter	ny injury, o
law requires t	is been signe ept. of Health	23 shows a
SICIAN: The	certificate ha	d, or item
ENDING PHY	OR: After this fer death with	8 Is marke
PITAL DR ATT	RAL DIRECTI	E If Item 2
THE HOSF	THE FUNE	MPORTANT

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN				
			Puis			2. DATE OF DEATH MONTH		YEAR 3. TIME OF DEATH A		
1	4. SOCIAL SECURITY NUMBER 233-10-7300				IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) AUG 31,	1914	BIRTHPLACE (State or Foreign Country) WEST VIRGINIA		
STOR	SOUT HETWO	MARYLAND HOSPITAN			LINTON			NOT BEONDES		
DIRECTOR	W. VIRGINIA KANA		DUNB	AR	ION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER 902 Pinewood Dr		101	25964			ted States			
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	1 Never Married 2 Merried FORCES? 1 YES 2 N			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ye if yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:			or No— 14. RACE — American Indian, Black, White, etc. Specify: Black		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of work life. Do NOT use re				JSINESS/INDU			
	17. FATHER'S NAME (First, Middle, Last) CHARLES DAVIS		18. MOTHER'S NAME (First, Middle, Melde							
BE	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING ADI	JULIA LAWSON ILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
2	THOMASTHENE DAVIS (WIFE) 902 PINEWOOD DRIVE, DUNBAR, WEST VIRGINIA 25064									
	20e. METHOD OF DISPOSITION 1	icval from State 20b	netery, cremetory or other RESTON FUNT	SPOSITION (Ne	me of			ty or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LA		M859	22. NAME AN	D ADDRESS OF FAC NDER S.	POPE FUNE	RAL HO			
	23. PART I. Enter the diseases, of shock, or heart failure.	complications that caused List only one cause on e	the death. Do not o	enter the mo	de of dying, such	a cardiac or reap	piretory arres	at, Approximate Interval Between		
CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death)	H. DUE TO (OR AS /	CONSEQUENCE OF);		heri	ingot	Ú	Onset and Death		
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST									
AL C	PART II. Other significant condition	ns contributing to death b	ut not reaulting in th	ne underlying	cauae given in i			24b. WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDIC		CUIT				PERFO		AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
AN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)									
SICI	EXAMINER?	HOSPITAL:	01	HER:	5 🗆 Residence	6 Other (Specify)				
BY PH	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28b. TIME OF INJURY	M 1 Y	RK?	28d. DESCRIBE HOW	BE HOW INJURY OCCURED				
	3 Suicide 8 Could not be determined	- At home, farm, atree	reet, factory, office 28t. LOCATION (Street and City or Town, State)			and Number or Rural Route Number,				
COMPLETED		ICIAN: To the best of my know ER: On the besis of examination						ceuse(s) and menner es atated.		
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE	attucit	Ki)		29c. LICENSE NUM D 242	BER . 08	29d. DATE 5	BIGNED (Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WHAT ARE THE SAME COMMENTS OF THE SAME OF THE S) ANSAR!		Clin	6 W OC	of your	C12'0	l strioj		
	JAN 11 1995	Jalia danah	ATURE Randall				J			



1995

Dr. Peter M. Schissler, M.D. 7500 Greenway Center Dr. #430, Greenbelt, MD 20770

3. TIME OF DEATH

7:45 p

Approximate Interval Between **Onset and Death** 6 mos.

24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

January 3, 1995

Park, Maryland 20740

2. DATE OF DEATH MONTH

January

1. DECEDENT'S NAME (First, Middle, Last)

VIRGINIA

BROADERICK

DOLVIN

			4. SOCIAL SECURITY NUMBER	S. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF		8.	BIRTHPLAC	E (State or Foreign
	_		496-12-5212	1 □ M 2 😾 F	79	YRS.	MONTHS DAY	B HOURS MIN.	Feb.			Country) Centu	
	8	+=96	9s. FACILITY NAME (If not institution, give s	street and number)			9b. CITY, TOW	N OR LOCATION OF E			9c. COUNTY		- Ky
	-	OR	4711 Berwyn Hous	e Road, #	515	_ 1	Colle	ege Park			Princ	e Geo	rge's
1 11	tU1	\b	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT			100000							
1.1	ŧΠ	崖	MC GIT, TOWN ON EXCENTION									INSIDE CITY LIMITS?	
113		9	Maryland Princ									YES 2 NO	
产		ERA		Berwyn House Road, #515 101. ZIP CODE 109. CITIZEN OF WI U.S.A.								COUNTRY?	
ian.	burial-transit	N	11. MARITAL STATUS										
020 physician.	orial print	FUN	1 Never Married 2 Married PORCES? 1 YES 2 NO It yes, specify Cuben, Marketan, Puero Rican, etc.)						ipecify Yes or n, etc.)	r No 14	RACE — Ai Black, Whit	merican Indian, Is, stc.	
	2	B	3 ☑ Wildowed 4 □ Divorced IF YES, GIVE WAR OR DATES 1 □ YES 2 ☑ NO Specify: Specify:							Specify:	Vhite		
- 65	use as	G	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Ske kind of work done during most of working						16b. KIN	10 OF BUSIN	IESS/INDUS		HILLE
T. 6	ž į	<u>u</u>	Elementary/Secondary (0-12)	Elementary/Secondary (0-12) College (1-4 or 5+) life. Do NOT use retin				most of working					
23	ped a	AP.	unavailable		Н	omemal	cer		N/A				
AND 2	detached once.	COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First, Midd	le, Maiden Su	rnsme)		
2 2	8 %	ш	Daniel Mich	ael	Broad	erick		Ruth	Ε.	Ke	11ogg		
MAR	s should	TO B	19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
		-	Paul R. Dolvin,							ary1a	.nd 2074		
RE,	the numeral oriector, page wal. if examiner must be		20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem	oval from Stats			F DISPOSITION		DATE	9	TION — City		
ALTIMOR death. Page 6 ma	L B		4 Donation 5 Other (Specify)		Metr	opolit		ematory 1,		Alex	andri	a, Vi	rginia
F	e nuneral on		21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	00			AND ADDRESS OF FA		e Fun	oral	Home	PΛ
ALT death.	exa exa		Klarles 7	1. 15el	VV	-,		Baltimo					
Tro	in by remo		23. PART I. Enter the diseases, or	complications that	chused the c	feath. Do n	ot enter the	mode of dying, aud	ch aa cerdiec	or reapirat	tory arrest	,	Approximate
	5 6		ahock, or heart fellure. IMMEDIATE CAUSE (Final	List only one ceus	se on each lir	10.						i	Interval Between Onset and Dea
	the the		disease or condition resulting in death)	Met	astalor	c lan	10 Ca	((,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				į.	6 mos.
60 with	within pletely cremati		resoning in death)	DUE TO (OR AS A CONS	EQUENCE OF	2	(come				1	
68760 ecuted with	burial,	z		b.									
	rior to buris	CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
BG affe t	5, 64	2	CAUSE (Disease or Injury	с	DUE TO JOB AS A CONSTRUCTION OF								
O Par	Hygiene p	世	that initiated events resulting in death) LAST	DUE TO (DUE TO (OR AS A CONSEQUENCE OF):								
D the	E = 0	5		d									
SO	- S	- 1	PART II. Other aignificent condition	contributing to	death but not	resulting in	n the underly	ing cause given in	Part I. 24s	. WAS AN AU			AUTOPSY FINDING
that :	th and	DICAL							10	PERFORME YES 2 7		COMP	ABLE PRIOR TO LETION OF CAUSE
Auties Guires	S day	WE							''	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, NO	L.	YES 2 NO
CC 2	J 42	AN:	DID TOBACCO USE CONT	RIBUTE TO CAL	USE OF DE	ATH YES	S NO	☐ UNCERTAI	N 🗆				120 2 110
A	te Dept	75	25. WAS CASE REFERRED TO MEDICAL				H (Check only or						
VIT	the Stat	Sic	EXAMINER?	HOSPITAL:	ER/Outpetient		OTHER:	ome 5 Residence	8 Other (Sn	Other (Specific)			
OF VI		PHYSIC	27. MANNER OF DEATH	28s. DATE OF I		28b. TIME	OF 28c.	INJURY AT	28d. DESCRI		URY OCCUR	ED	
N F	marked	BY	1 Neturat 5 Pending 2 Accident trivestigation	(moran, DE	(Month, Day, Year) INJURY WORK?			YES 2 NO	ORK?				
VISION	Is I		3 Suicide 8 Could not be	28s. PLACE OF	INJURY — At h	iome, farm, at	reet, tsctory, of	fics	281. LOCATIO	N (Street and	Number or I	Rural Route N	lumber,
DIVISION OR ATTENDING F	s after d	Ш	4 Homicide determined		nu (opoony)				City or io	wn, State)			
50	hours after death vitem 18 is marf	12	298. CERTIFIER (Check only	CIAN: To the beat of r	my knowledge, o	leath occurred	d at the time, d	ats and place, and due	to the causels) and menne	r as stated		
HOSPITAL		OMPL	one) 2 MEDICAL EXAMINE									use(s) and r	nenner as stated.
HOS	be filed within 72	0	286. SIGNATURE AND TITLE OF CERTIFIED					29c. LICENSE NU			9d. DATE SI		
置	APOR Filed	B	Veten like to	20				02270					
/ 21	- ă =	0	My Come Sound					1	_		Janu	ary J	, 1995

38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

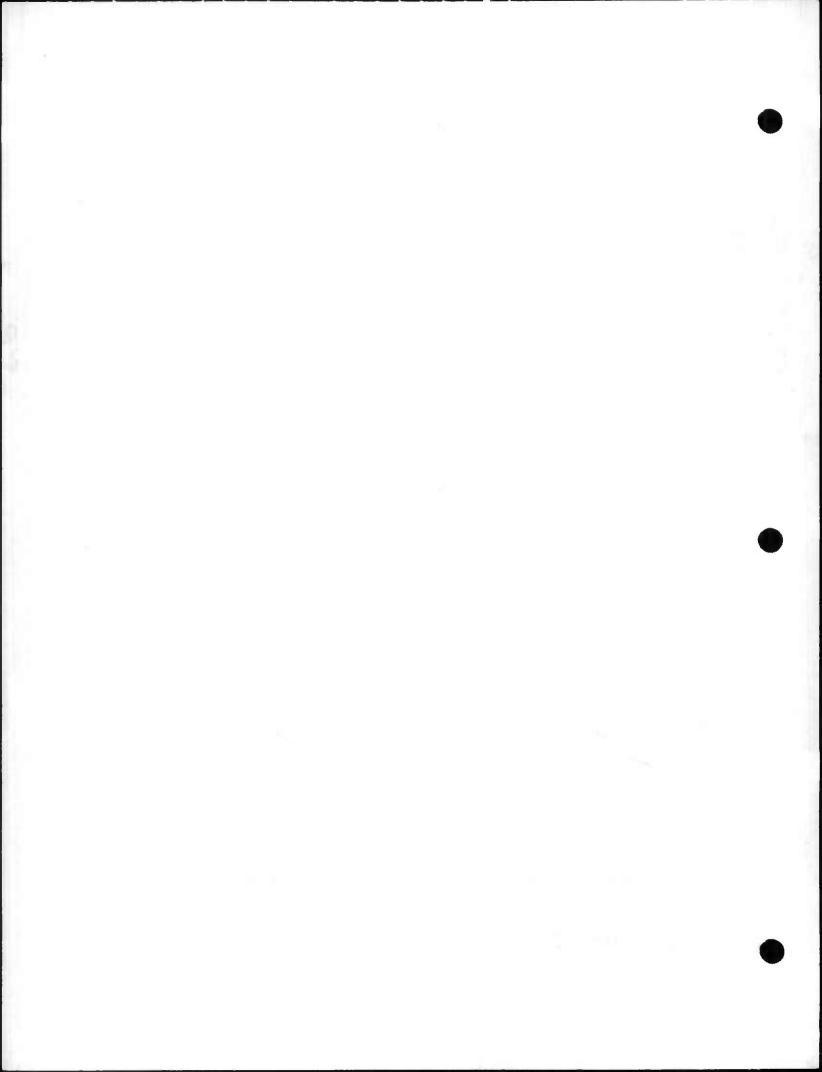
Julia Danis Paralle

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31. DATE FILED (Month, Day, Year)

AN 09 1995

DHMH-18 Rev 1/89



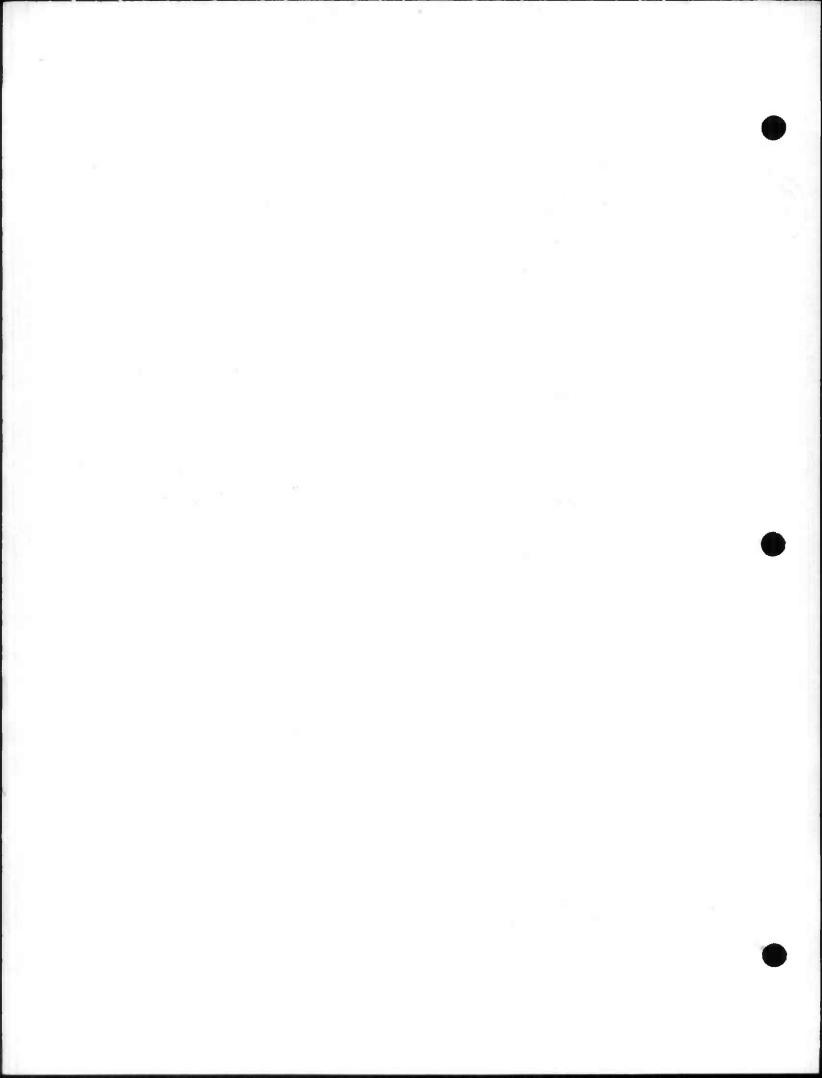
BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.
). BOX 68760,	rtificate be executed within 2
VITAL RECORDS, P.O. BOX 68760,	law requires that the death cer
DIVISION OF VITA	. OR ATTENDING PHYSICIAN: The

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IP OPPTIANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF HEALTH AND		YGIENE			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF D	EATH	3. TIME OF DEATH		
	TESFAYE DEGE	FU			MONTH 1	6	95 1:30	A M	
	4. SOCIAL SECURITY NUMBER	S. SEX 6. AGE (In	yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS	7. DATE OF BI	вти Т	6. BIRTHPLACE (State or Foreign	gn .	
	217-25-6599 9a. FACILITY NAME (If not institution, give strue	M 2 D F 41	YRS.	ONTHS DAYS HOURS MIN.	JULY 1	2 1953	ETHIOPIA		
Œ	HOLY CROSS HOSPI'I		1,			2,000	NTY OF DEATH		
DIRECTOR	RESIDENCE OF DECEDENT	AL		SILVER SPRING	j	PG	r		
REC	10e. STATE 10b. COUNTY		10c, CITY,	TOWN OR LOCATION			10d. INSIDE CITY		
	MD PG		SILV	ER SPRING			LIMITS?		
AL	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITI	ZEN OF WHAT COUNTRY?		
FUNERAL	13111 BRAHMS TERRA	CE		20904		ETHI	OPIA		
5	11. MARITAL STATUS 1 Never Married 2XX Married	2. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DECENOENT OF HISP	ANIC ORIGIN? (Sp	ecify Yes or No-	14. RACE — American Indian, Black, White, etc.		
ΒY	1 Never Married 2/14 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DAT		If yes, specify Cuban, Maxi 1 ☐ YES 2√☐ NO Spe	can, Puetto Hican, cify:	etc.)	Specify:		
						BLACK			
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co.	16a, DECEDENT'S U: (Give kind of wo life, Do NOT use	rk done during most of working	OF BUSINESS/IND	USTRY				
7	Elementary/Secondary (0-12)	College (1-4 or 5 +)		oursu.)		D			
N N	17. FATHER'S NAME (First, Middle, Last)	4	BANKER			BANK IN	C.		
	ABA-GELAN DEGEFU				IAME (First, Middle,				
B	19a. INFORMANT'S NAME (Type/Print)	MESHES							
2	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) AZEB YIDERU 13111 BRAHMS TERRACE, SILVER SPRING, MD 20904								
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State								
	15 Buriel 2 ☐ Cremation 3 ☐ Remove 4 ☐ Donation 6 ☐ Other (Specify)	of from State come	tery, crematory or othe MILY CEM	r place!	1				
	21. SIGNATURE OF FUNERAL SERVICE LIPEN	ISEE	TILDI CER	22. NAME AND ADDRESS OF	FACILITY		BA ETHIOPIA	-	
	· nist.	Bacon	276	3447 BACON ST	REET,	HOME INC	D.C. 20010		
	23. PART I. Entar tha diseasea, or cor ahock, or heart feliure. Lis	nplicatione that caused	tha death. Do no						
	IMMEDIATE CAUSE (Final	٨		ne deficie	My 5	yndro	Interval Betwoonset and De	eath	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING								
FIC	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A (CONSEQUENCE OF:						
E	resulting in death) LAST								
8									
CAL	PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? AW								
PHYSICIAN: MEDIC	Charles Do	udiosis			1 🗆	YES 2 NO	OF DEATH?	SE	
Σ	teriphiral neuropathy								
A	25. WAS CASE REFERRED TO MEDICAL 26 PH ACE OF DEATH (Chart cash and								
Sic	EXAMNER? HOSPITAL: OTHER:							\dashv	
Ξ	27. MANNER OF DEATH	1 15 HTDetlent 2 ER/Outpetiant 3 DOA 4 Nursing Home 5 Residence 6 Other 28s. OATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. OES				OESCRIBE HOW INJURY OCCURED			
	1 Natural 5 Pending	(Month, Day, Year)	INJURY WORK? M 1 YES 2 NO		200. SEGONDE NOW INSURT OCCURED				
BY	2 T Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF INJURY — Al home, farm, street, factory, offica building, atc. (Specify)			261. LOCATION (Street and Number or Rural Route Number,				
밀	4 Homicide determined	State)							
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(a) and manner as attated.								
Ž				In my opinion, death occured at the				.	
	29b. SIGNATURE AND TITLE OF CERTIFIER								
H	LIBIAL LAN	7 00	4.0	29c. LICENSE N		29d. DATE	SIGNED (Month, Day, Year)		
2	30. NAME AND ADORESS OF PERSON WHO	OMPLETEO CAUSE OF DEAT	H (ITEM 27) /7/00 P				16195		
)	Lynette Posors	ce, MD 8	630 Fe	nton St. 5	ilvers	pring,	MD 50910		
	31. DATE FILEO (Month, Day, Year)	32. REGISTINAN'S SIGNAT	URE					\dashv	
	JAN 09 1995 A	gi d'audeor has	ALL'S						



1 - STATE REGISTRAR			CE	=KIIIF	ICATE	OF	DEA	ГН		REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)									2. DATE	OF DEATH			3. TIME OF DEATH	
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4. SOCIAL SECURITY NUM		SEX	6. AGE (In yrs. las	t birthday)	IF UNDER		IF UNDER		7. DATE	OF BIRTH		6. BIRTH Countr	IPLACE (State or Foreign	
577-54-7386 1 X M 2 🗆 F 55				YRS.	MONTHS	DAYS	HOURS	MIN.			1939		ington, DC	
9a. FACILITY NAME (If not institution, give street and number)						_		ON OF DE	ATH		9c. COU	NTY OF D	EATH	
Doctors Community Hospital					La	nham	1				Prin	ice G	le orges	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY					10c, CITY, TOWN OR LOCATION 10d INSIDE								10d. INSIDE CITY	
Maryland	Prince	George	s	Ri	verd	ale							LIMITS? 1 X YES 2 NO	
10e. STREET AND NUMBER 10f. ZIP CODE 16g. CITIZEN OF WHAT								4.6						
5518 54th A	venue,	#1				23	423					U.S.A.		
11. MARITAL STATUS	1:		T EVER IN U.S. AR		13. V	WAS DECE	ENDENT C	OF HISPAN	IIC ORIGI	N? (Specify Yea		14, RACE	E — American Indian,	
1 Never Merried 2			☐ YES 2 ☐ M MAR OR DATES CONTLIC		11	yes, spe	cify Cube	n, Mexica Specify	n, Puerto	Rican, etc.)			k, White, etc.	
3 Widowed 4 N			Conflic	t								Whi	.te	
(Specify onl	EDENT'S EDUCAT y highest grade cor		16a. DE	CEOENT'S	USUAL OC work done d se retired.)	CUPATION Juring mos	N at of working	ng	16b	. KINO OF BUS	SINESS/IND	USTRY		
Elementary/Secondary (I	3-12)	College (1-4 or 5 a	F)		icia:				Ι,				26	
17. FATHER'S NAME (First, N	liddle Leet)			recrr	TCIai	11				L.B.E.V		осат	. 26	
Charles		aibhiw								Middle, Maiden geder	Sumame)			
19a, INFORMANT'S NAME (WIGGIC	191	MAILING	ADDRESS	(Street ar				ber, City or Town	o Ctato 7in	Code		
Margaret L	. McCle	lland			Box 3					23423		(0008)		
20a. METHOD OF DISPOSIT			20b, PLACE	NODATE	OF DISPOSI	TION /Nan	me of		DAT	E 20c. LO	CATION —	City or To	wn. Stata	
1 Donation 5 Other		I from State	cemetery, cre	matory or o	ther place)	ns C	emet	erv	1/9	110			ı, VA	
21. SIGNATURE OF FURE A	L SERVICE LICEN	SEE	0					SS OF FA		100 1	11111	19 001.	I VA	
1	· hours	1 8	/-											
23 PART i Foter the d	Juno	nniications the	mur	oth Do		13 A	Rendon/Hale Lanham Funeral Home 9013 Annapolis Road, Lanham, MD 20706							
23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or reepiratory errest, Approximate														
		t only one ceu	se on each line		not enter	the mod	de of dy	ing, sucl	h aa cerd	diac or reepi	ratory arr	rest,	interval Between	
immediate cause (Fir		of only one ceu	t on each line		lot enter	the mod	de of dy	ing, suci	h aa cerd	diac or reepi	ratory arr	rest,		
IMMEDIATE CAUSE (FIR		only one cou	to Lei	wl	Sy	nd;	rom	U				rest,	interval Between	
IMMEDIATE CAUSE (Fir disease or condition		only one cou	(OR AS A CONSECUTION OF A CONSECUTION OF A	wl	Sy	ndi Taa	rom	U				rest,	interval Between	
IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condit	nal → a	only one ceu	to Lei	wl	Sy	nd; rtag	rom	U		WWW.		rest,	interval Between	
iMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condit if any, leeding to imme cause. Enter UNDERLY	a.	only one ceu	to Lei	wl	Sy	nd;	rom	U				rest,	interval Between	
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TO BE COMPLETED BY FUNERAL DIRECTOR

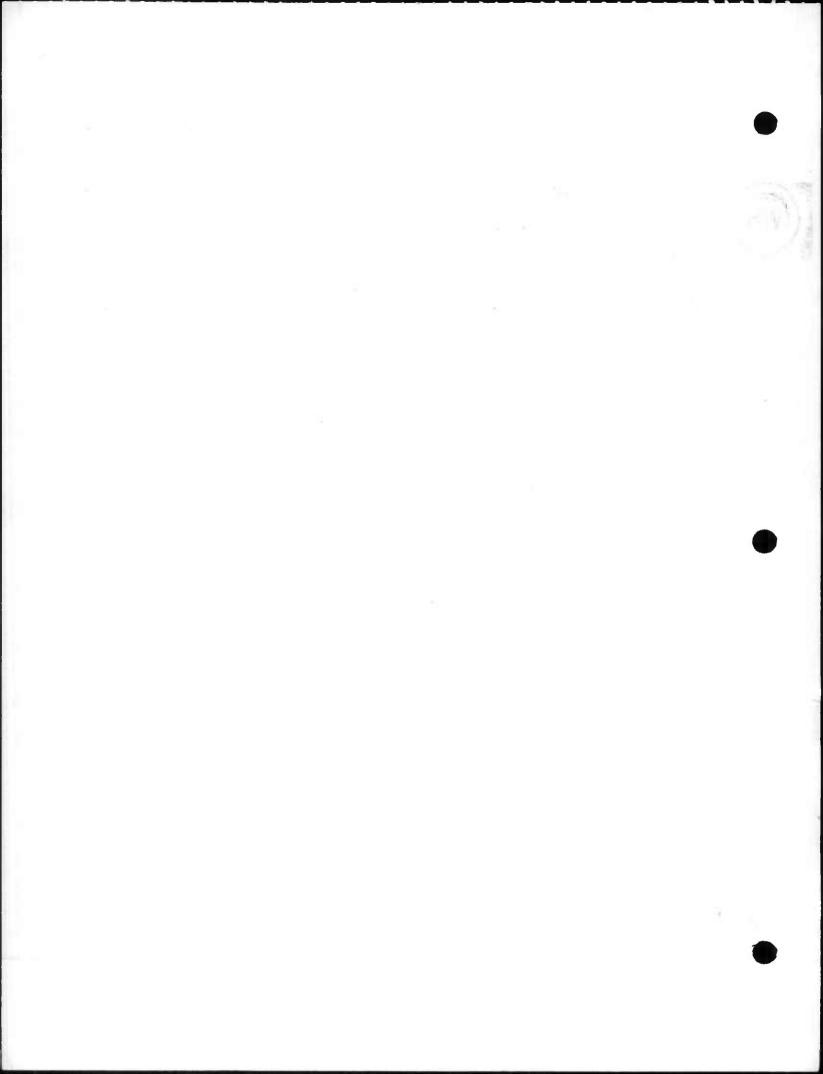
ours after death, Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 ID THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

09 1995

DHMH-16 Rev 1/89

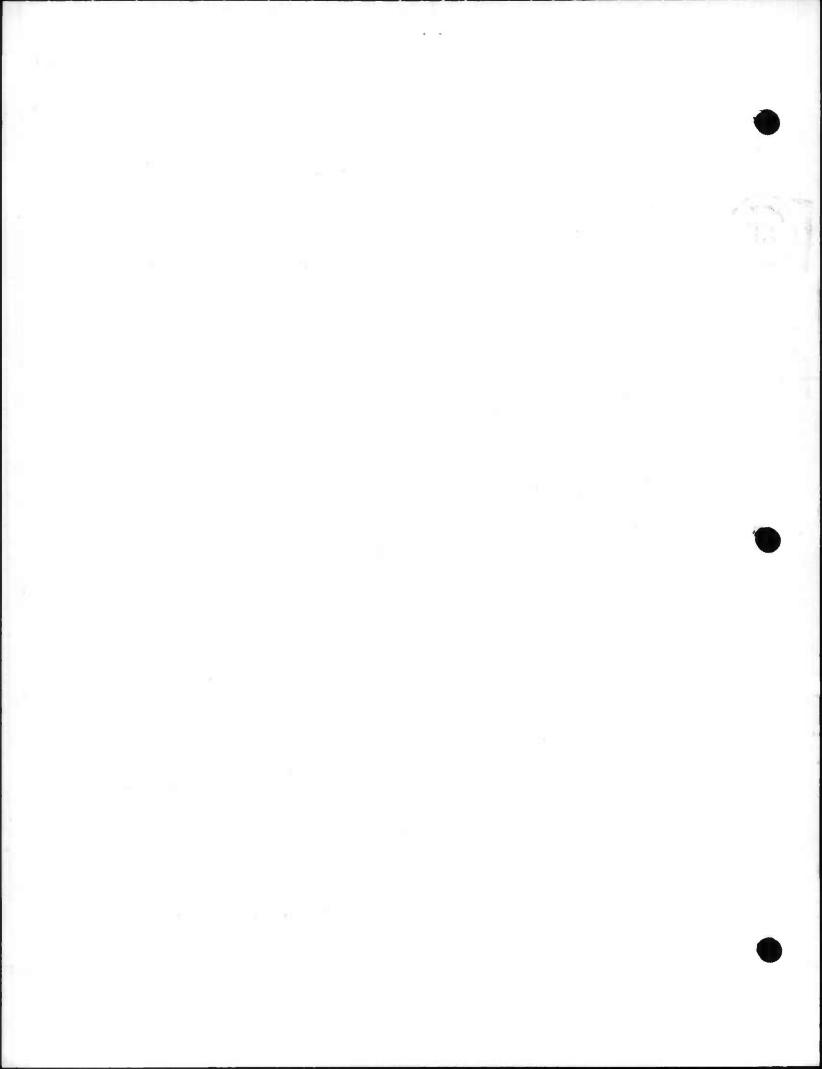


TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trained within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

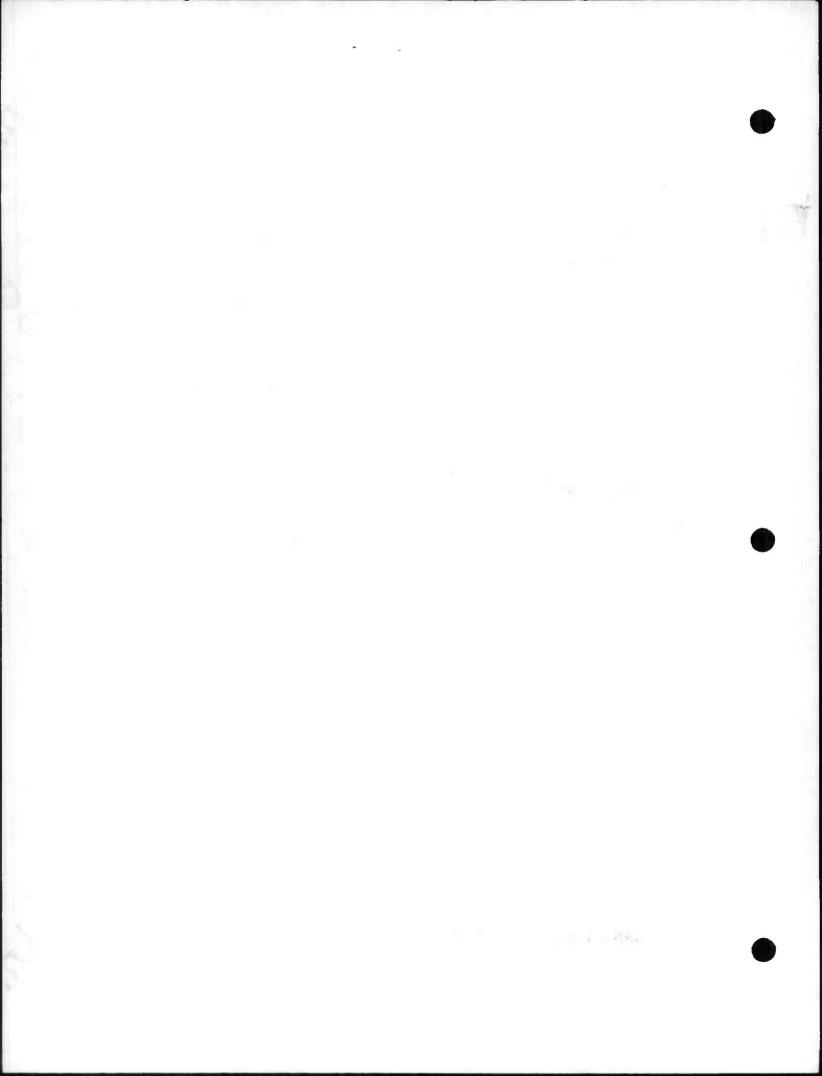
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1 - STATE REGISTRAR			F DEATH	REG.					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		-	3. TIME OF DEATH		
	MERTON VII	DUCKETT			JAN 05		95	9:04 A.M		
	4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. In	ast birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH	, ,		PLACE (State or Foreign		
,	578-86-4861 ¹\\$\m^2□F 26	YRS.	MONTHS DAY		(Month, Day, Year		Country	y)		
	9a. FACILITY NAME (if not institution, give stree; and number)		ah Alty You	N OR LOCATION OF D	April 18	_	INTY OF D			
Œ			17 0 2221			1				
5	3409 40th PLACE		COL	VER MANO	R	PR	INCE	GEORGES		
M	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LO	CATION				10d. INSIDE CITY		
DIRECTOR	Maryland Prince George's	Riv	erdale					LIMITS? 1 X YES 2 NO		
A	10. STREET AND NUMBER			101. ZIP CODE		10g, CIT	TIZEN OF W	THAT COUNTRY?		
FUNERAL	5402 Taylor Road			20737			S.A.			
S	11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. A	RMED	13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Specify			- American Indian.		
	1 Never Married 2 Married FORCES? 1 YES 2 X	NO	If yes		an, Puerto Rican, etc.)		Black	, White, etc.		
ВУ	3 Widowed 4 Divorced		1	Mino abec	ry.		Asia:	n-American		
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	ECEDENT'S	USUAL OCCUP	ATION most of working	16b. KIND OF	BUSINESS/IN	DUSTRY			
Ш	Elementary/Secondary (0-12) College (1-4 or 5+)	le. Do NOT us	e retired.)	most or working						
N N	11 Pa	inter			Autom	obile				
COMPLETED	17. FATNER'S NAME (First, Middle, Last)			16. MOTHER'S N	AME (First, Middle, Mail	len Surname)				
ш	Vernon Francis Duckett			Loi Th	i Vu					
TO B	19a. INFORMANT'S NAME (Type/Print)	96. MAILING	ADDRESS (Stre	et and Number or Rural	Route Number, City or	Town, State, Zi	(p Code)			
F		402 T	aylor	Road, Riv	erdale, M	arylan	nd 20	737		
	20a. METHOD OF DISPOSITION 1 Burlal 2 X Cremation 3 Removal from State cametary.c.	AND DATE	F DISPOSITION	(Name of	DATE 20c.	LOCATION -	City or Ton	wn, State		
	4 Donation 6 Other (Specify) Metro	polit	an Cre	matory 01/	07/95 A1	exand	ria,	Virginia		
	Cametary, crematory or other placa Cametary or other placa Cametary or other placa Cametary or other placa Cametary or other placa Metropolitan Crematory 01/07/95 Alexandria, Vir									
	MIN B G all									
	23. PART i. Enter the diseases, or complications that caused the d	leath Do r	4/3	9 Baltimo	re Ave.,	lyatts	SVILL	e, MD 20781		
	anock, or heart failure. List only one cause on each lin	ia.	or ontor the	mode or dying, su	on an certifac of re	apiratory ar	reat,	Approximata interval Batwean		
		IMMEDIATE CAUSE (Finel Onset and Death								
	reaulting in death) a. GWN38TU DUE TO (OR AS A CONSI	MOL	MD 0	L CAR	>]					
		EOUENCE OF	·):							
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSI	EQUENCE OF	n:							
¥	ceuse. Enter UNDERLYING		,					ĺ		
F	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSE	EOUENCE OF	7:							
F	resulting in death) LAST							ļ		
DICAL	PART II. Other algnificent conditions contributing to deeth but not	reaulting I	n the underly	ing ceuse given in	Part i. 24a. WAS PERI	AN AUTOPSY ORMED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO		
8					1 YES	2 🗌 NO		COMPLETION OF CAUSE DF DEATH?		
ME					^			1 N YES 2 NO		
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEA	ATH YE	S 🗆 NO	☐ UNCERTAI	N 🗆			X		
SI	PV 4 SAN IFFIG.	CE OF DEAT	N (Check only o	ne)						
Sic	1 X YES 2 NO HOSPITAL: 1 I popularit 2 ER/Outpatient	3 🗆 DOA	OTHER:	lome 5 🗆 Residence	6 V Other (Specify)	AT S	CENE			
E	27. MANNER OF DEATN 28a. DATE OF INJURY Month Day, Year)	26b. TIM		INJURY AT	28d. DESCRIBE NO					
ВУ	1 Netural 5 Pending 2 Accident Investigation	WORK? 1 □ YES 2 NO			SUBTECT SHOT					
	3 Suicide 28s. PLACE OF INJURY — At h	ome, term, a	treet, tactory, o	Hica	281. LOCATION (Street and Number on Fuest Route Number					
	building, atc. (Specify) A CILYMAN State) City or Town, State) State) City or Town, State) A CILYMAN MAN									
2	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
COMPLETED	one) NEDICAL EXAMINER: On the basis of examination and/or							and manner as stated.		
	20A SIGNATURE AND TITLE OF CENTIMER (\(\Delta\)									
H	Sur the Yell M			29c. LICENSE NU				(Month, Day, Year)		
2	3E MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE	EM 27) /Turns	Print)	O.C.M	. С.		JAN	6,1995		
	And to Continue to			root D	altimos	. M-	~ T	nd 21201		
		TT P	eiiii 51	reet, B	атстиоге	, Ma	тата	nd 21201		
ł	31. DATE FILED (Mobile, Day, Year) 70, REQUISTRARY OSIGNATURE									
1										



1 - REGISTRAR		CERTIF	FICATE (OF DEATH	REG.	NO.				
1. DECEDENT'S NAME (First, Middle, Last	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH									
RUTH A.	RUTH A. ELLER				Jan.	11 199	5 11:00 pm			
4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday)		AR IF UNDER 24 HRS.	7. DATE OF BIRTH	0. BI	IRTHPLACE (State or Foreign			
220-07-3349	1 (□ M 2 😾 F	76 YRS.	MONTHS DA	YS HOURS MIN.	Anr 24		orth Carolina			
9a. FACILITY NAME (If not institution, give	street and number)	, 0	96. CITY, TO	WN OR LOCATION OF		9c. COUNTY O				
Fallston Gene RESIDENCE OF DECEDENT 100. STATE 100. COUN Maryland Har	ral Hospi	tal	F	allston		Harf	ord			
10a. STATE 10b. COUN			TY, TOWN OR L	DCATION			10d. INSIDE CITY			
Maryland Har	ford		Dar1i	ngton			LIMITS?			
10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN (OF WHAT COUNTRY?			
3526 Berkley	Road				21034	Unit	ed States			
11. MARITAL STATUS	12. WAS DECEDENT EVE	ER IN U.S. ARMED			ANIC ORIGIN? (Specify		RACE — American Indian,			
1 Never Married 2 1 Merried 3 Widowed 4 Divorced	FORCES? t Y			s, specify Cuben, Mexic YES 2 NO Spec	can, Puerto Rican, etc. offy:	s	Black, White, atc. Specify: White			
15. DECEDENT'S ED		tea. DECEDENT	S USUAL OCCU	PATION	16b, KIND OF	BUSINESS/INDUSTR				
t5. DECEDENT'S ED (Specify only highest grant Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	(Give kind of	f work done durin use retired.)	g most of working						
	,	Hon	nemake	r	Own h	ome				
17. FATHER'S NAME (First, Middle, Last)	-			18. MOTHER'S N	AME (First, Middle, Mai	den Surname)				
				Ethel	L Roten					
190 INFORMANT'S NAME (See (Origin)		19b. MAILIN	IG ADDRESS (Str		al Route Number, City or	Town, State, Zip Code	»)			
Wiley R. Elle	r			kley Roa		lington				
20a. METHOD OF DISPOSITION		20b. PLACE AND DATE		-		LOCATION — City o				
1 X Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	movel from State	Gardens	other place)		1	Baltimor				
21. SIGNATURE OF FUNERAL SERVICE I	ICENSEE	Gardens		E AND ADDRESS OF I		<u>sartimor</u>	e, MD			
6/1/1.	-tone	1.					. Delta, PA			
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
	0.									
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	ne contributing to dast	th but not rasulting) in the under	lying cause given i	PER	S AN AUTOPSY FORMED? S 2 NO	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL	T		2	6. PLACE OF DEATH (Check only one)					
EXAMINER?	HOSPITAL:	Outpetlant 3 DOA	OTHER:							
27. MANNER OF DEATH	28a. DATE OF INJU		28b. TIME OF 28c. INJURY AT			28d. DESCRIBE HOW INJURY OCCURED				
	(Month, Day, Ye	er) III	NJURY M 1	WORK?						
2 Cutates	2 Accident Investigation 28e PLACE OF INJURY A				281. LOCATION (Str	iral Boute Number				
3 Suicioe 8 Could not b	building, atc. ((Specify)	,		City or Town, St	(Street and Number or Rural Route Number, n, State)				
	SICIAN: To the best of my k						use(s) and manner as stated.			
	9. 11.			25c. LICENSE N	UMBER	29st. DATE SIG	MED (Month, Day: Year)			
17 0	nou-	8		1031	775	12/95				
Joan P. Edwar			Air 1	Road F	allston		21047			
		GIGNATURE	ALL	Noau F	allston	MD	2104/			
JAN 1 3 1995	JAN 1 3 1995									



	FOR
1	STATE
	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	OTALE OF MAI	CER			F DEATH		G. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)		January Dentil			2. DATE OF DE		WEAR	3. TIME OF DEATH			
		Mary B. Evans						, 1995	YEAR	8:10 AM w		
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birt		IF UNDER 1 YEAR		7. DATE OF BIR (Month, Day,	тн	8. BIRTI	IPLACE (State or Foreign		
	213 56 5414	1 M 2 XXF	45 y	/RS.	PONTHS DAYS	HOURS MIN.	Nov. 22	2,1949		shington D.C		
OB	Da. FACILITY NAME (If not institution, give 1650 New Windso					or location of d	EATH		ne Ar	undel		
5	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNT	TV.	1	. 0.774								
DIR		Arundel	10		fton	ATION				10d. INSIDE CITY LIMITS? 1 YES 2 KMO		
7	10e. STREET AND NUMBER					101. ZIP CODE		10g. C	ITIZEN OF	WHAT COUNTRY?		
ER/	1650 New Windson	r Court				21114		Un	ited	ted States		
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 [] IF YES, GIVE WAR	YES 2 NO		If yea,	13. WAS DECENDENT OF HISPAI If yea, specify Cuban, Maxica 1 YES 2 3 NO Specif			14. RAC Blac Spec	E — American Indian, k, White, atc.		
		1	No				No			White		
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	UCATION le completed)	(Give ki	ENT'S U ind of wo NOT use	SUAL OCCUPA	TION most of working	16b. KIND	OF BUSINESS/	INDUSTRY			
ا ۳	Elementary/Secondary (0-12)	College (1-4 or 5+)			ionist		Fore	eign Ca	ır Par	rts		
M	17. FATHER'S NAME (First, Middle, Last)		Rec	cpt.	LOHLOC	I do Mozurania vid	ME (First, Middle, I					
	Stacy Thomps	son Jr.						Maiden Surname)			
B	19a. INFORMANT'S NAME (Type/Print)	SOIL DI.	10h M4	AII INC. I	ODBECC (Ct	t and Number or Rural	Reed		7 0 11			
2	Charles C. Evan	16				ndsor Cou				nd 21114		
	20s. METHOD OF DISPOSITION		20b. PLACE AND I					20c. LOCATION				
	1/2 Buriel 2 ☐ Cremation 3 ☐ Rar 4 ☐ Donation 5 ☐ Other (Specify)	novel from Stata	Parkhea	ory or oth	er piece)	Nome of				ryland		
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	Tarknee	iu c		AND AGORESS OF FA		DIG FO	OI Ma	Тутани		
	Robert E	. Evans	- Pres			1-Evans I 0 Annapol				0715		
	23. PART i. Enter the diseases, or ahock, or heart failure.	complications that ca	sed the death.	Do no	t anter the n	noda of dying, suc	ch as cardiac or	reapiratory	arrest,	Approximate		
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	0	MONIQ							Interval Between Onset and Death		
z	resorting in again,	DUE TO (OR	AS A CONSEQUEN	NCE OF)	INE D	aficienc	sy Si	MINR	ME			
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	QUE TO (OR	AS A CONSEQUEN	ICE OF)								
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUEN	ICE OF)								
빙		d								1		
DICAL	PART II. Other aignificant condition	iting in	tha underly	ing cause given in	Р	PERFORMED?	Y 24t	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
ME									- 1	1 YES 2 NO		
ż	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO											
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		- 17	26. OTHER:	PLACE OF DEATH (Ch	eck only one)					
XSI	1 YES 2 NO	1 Inpatient 2 ER	Outpetient 3 🗆 D			ome 5 Rasidenca	6 - Other (Speci	(ly)				
표	27. MANNER OF DEATH	26a. DATE OF INJU	JRY 28	b. TIME INJU	OF 26c. I	NJURY AT YORK?	28d. OEŞCRIBE	HOW INJURY	OCCURED			
B	2 Accident Investigation	2 Accident				M 1 YES 2 NO						
	3 Suicide 6 Could not be 4 Homicide determined	IURY — At home, ((Specify)	RY — At home, tarm, atreel, factory, office oecify)				281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)					
COMPLETED		SICIAN: To the best of my I								\		
BE CC	SE STOPHATURE AND TITLE OF CENTRAL		11	\		29c. LICENSE NUI			-	(Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON IN	HO COMPLETED CAUSE O	F DEATH (ITEM 27)) (Type, F	rint)	10-10	900		47	75		
	CHARLES P. ADMO W.D. 180 ADIVIRAL COCKRUMENT, ANNOHOMENTO											
	JAN TO 1995 Jahr Wardell											

BALTIMORE, MARYLAND 21215-0020

State out the state of the stat

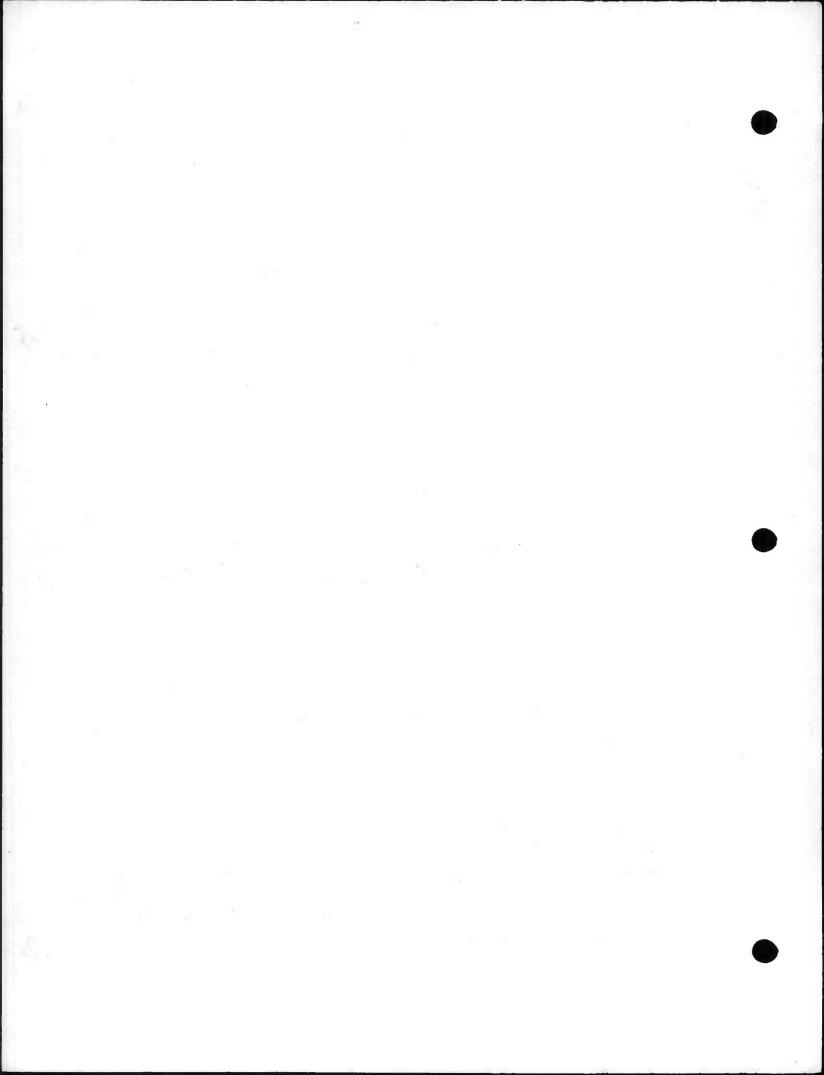
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit be filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burlal, cremation, or removal.

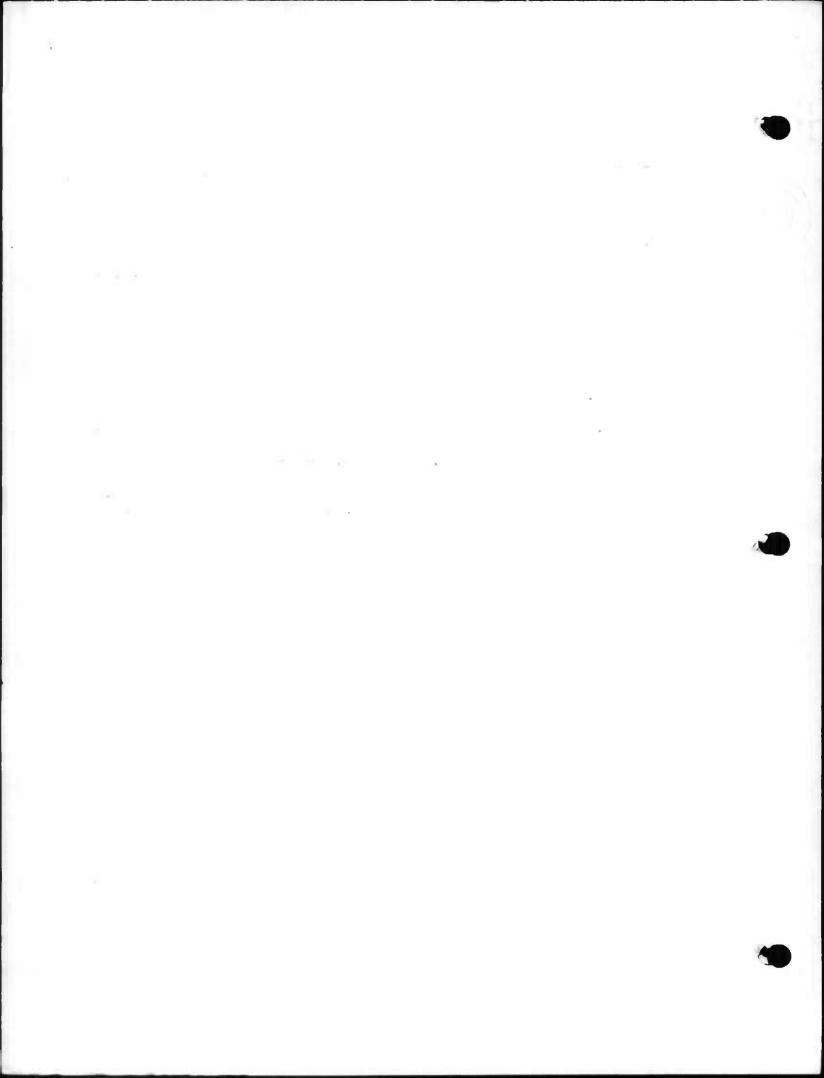
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. 2

OHMH-16 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within . Walls after death, Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the filled within 72 hours after death with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal	0000
retained b	S should b	offfled
ay be	page	he
e 6 m	rector,	mus
h. Pag	eral di	niner
or deat	he fund	exar
Jours afte	or remov	medica
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d with	amplet L. cren	event
execute	and c	natic
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ertifica	ing physiene	other
ath c	ttend tal Hy	ŏ
the de	the a	Injury
s that	and by	any
r requires	been sign	Shows
e iam	has	1 23
AT IN	State	iten
SICIA	certific	0,0
OING PHY	After this death with	marked
LEN	TOR.	28 1
OR AT	DIRECT SOURS	tem 2
MITAL	PAL 22	=
HOSP	FUNE	TANT
TO THE	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filed within 72 hours after death with the State Deot, of Health and Mental Hydlene enfort to burlat, cremation, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once

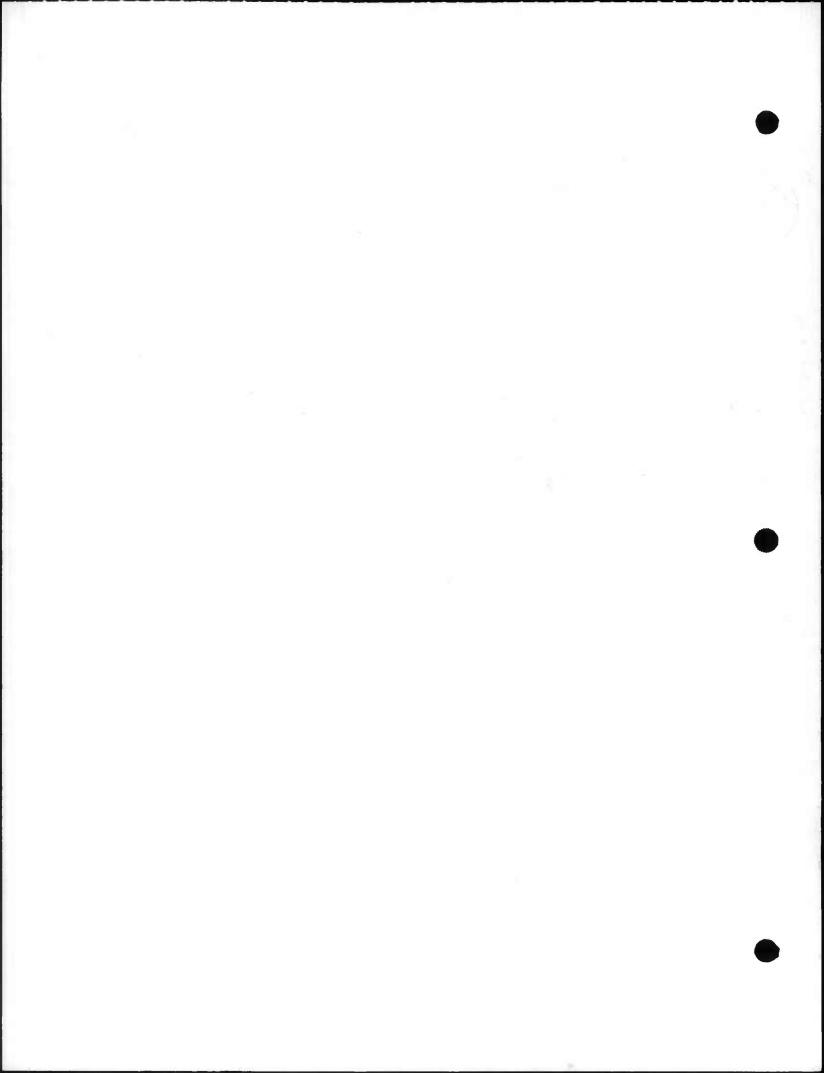
	FOR 1 - STATE REGISTRAR	٠	STATE OF I	MARYLAN	ID / DEPAR Certif				MENTAL	HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First	, Middle, Last)				·OATE	O. DEF	*****	2. DATE C	OF DEATH			3. TIME OF DEATH
	Virginia	Hul	Ll F	ockle	c				January 17		YEAR	5.40 0 M	
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In y	rs. lest birthday)	IF UNDER 1 Y		ER 24 HRS.	7. DATE O	F BIRTN		e. BIRTHP	LACE (State or Foreign
	214-09-08	-	1 M 2 XF	84	YRS.		AYS HOURS	1,11	08-	Day, Year) 15-19		Country)	MD.
OR B	9a. FACILITY NAME (If not institution, give street end number) Mennonite Old Peoples Home Maugans ville Washing												
<u> </u>	10e. STATE	10b. COUNTY			10c CIT	V TOWN OR	OCATION						
DIRECTOR										INSIDE CITY LIMITS? YES 2-1-1 NO			
ERAL	10e. STREET AND NUMBER 13436 Maugans ville Road 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 24 NO 1 Was specify Culpus Marient Plants (Specify Vee or No 14. Black - Armeter Plants (Specify Vee or No 14. Black - Armeter Plants (Specify Vee or No 15. Black - Armeter Plants (Specify Vee or No 16. Black - Armeter Plants (Specify Vee or No 17. Black - Armeter Plants (Specify Vee or No 18. Black - Armeter Plant												
B	11. MARITAL STATUS 1 Never Merried 2 2 3 WWWidowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES :	NO -	ll y	DECENDENT is, specify Cut YES 2 NO	en, Maxice	n, Puerto Ri	(Specify Yee cen, etc.)	or No—	Black,	- American Indien, White, etc. White
ED	15. DEC	EDENT'S EDUC highest grade	CATION	16	a. DECEDENT'S				16b. i	KIND OF BUS	INESS/INDU	ISTRY	
COMPLET	Elementary/Secondary (0		College (1-4 or 5	+)	Cle	se retired.)	ng most of worl	ang		Pharm	nacy		
BE COM	17. FATNER'S NAME (First, M Albert N].				16. MO Be	TNER'S NA	h Eld	dride	sumame) ge Jo	nes	
TO B	George A.		ler	· · ·	19b. MAILING	ADDRESS (S	ional	or or Rural	Route Numbe	agers	o, State, Zip (Code)	D. 21740
	20e, METHOD OF OISPOSITI 1 A Burlal 2 Cremetio 4 Donation 5 Other	n 3 🗆 Remo	oved from State	20b. PL	ACE AND DATE	Per pi@em	N (Name of 1 - 2	20-1	995	20c. LOC C16	ear S	pri:	ng, MD
	21. SIGNATURE OF PUNERA	L SERVICE LIC	ENSEE			Th	OMPSO	on F	unera	al Ho	ome,	Inc	•
	23. PART I. Enter the di	1010		ing		I P.	O. Box	31	0 Cl	ear S	prin	g,	MD 21722
	announ, of the	bort railure.	List only one ceu	ise on aach	ilna.	ot anter th	moda of d	ying, suc	h aa cardii	ac or respi	ratory erre	at,	Approximate interval Between
	iMMEDIATE CAUSE (Fin disease or condition resulting in death)	al →	Ather	oscle	rotic I	Diseas	e						Onset and Daath years
z			OUE TO	(OR AS A CO	INSEQUENCE OF	F):							
ATIO	Sequantially list conditi if any, leading to immed cause. Enter UNDERLY!	diate NG	DUE TO	(OR AS A CO	INSEQUENCE OF	F):							
CERTIFICATION	CAUSE (Disease or Inju that initiated events resulting in daeth) LAS		DUE TO	(OR AS A CO	NSEQUENCE OF	F):							
빙		-											
CAL	PART ii. Other algnifica	nt condition	a contributing to	death but i	not reaulting	in the unda	lying cause	given in		PERFOR	MED?	A	/ERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDICA										1 TES 2	₹ NO	0	F DEATH?
ž									_			1	I IES 2 I NO
×	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					6. PLACE OF	DEATN (Ch	eck only one)			_	
S	1 TYES 2 NO		HOSPITAL:	ER/Outpatie	nt 3 🗆 DOA	OFHER: 4 ← Nursing	Home 5 🗆 F	lesidence	8 Other (Specify)			
	27. MANNER OF DEATH	Pending	28a. DATE OF (Month, D.		28b. TIM	E OF 28	: INJURY AT WORK?			RIBE HOW IN	JURY OCCU	RED	
ED BY	3 Suicide 8 0	nvestigation Could not be	28e. PLACE O building,	F INJURY — atc. (Specify)	At home, ferm, s		Office	_ NO	281. LOCAT	TON (Street e Town, State)	nd Number o	r Runal Rou	de Number,
LETE	AA. OFFICE	determined	2000										
COMPLET			CIAN: To the best of R. On the basis of ex										nd manner as stated.
BE 0	296. SIGNATURE AND TITLE	OF CERTIFIER	1/1/11	20				ENSE NUN					fonth, Day, Year)
		/	* AUG	E OF PEAR	(ITEM 27) (Sma	(Defeat)	D:	1266			Janua	ry 1	8, 1995
일	D11266 January 18, 1995 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Howard N. Weeks, M.D., 580 Northern Avenue, Hagerstown, Maryland 21742												
٤	Howard N. We 31 PATE FILED (Magg) 95	eeks, 1	M.D., 58	Nort	hern A	venue,	Hager	stow	n, Ma	rylan	d 21	742	



1	FOR STATE REGIS1
i	1. DECEDENT
	4. SOCIAL SE
	9a. FACILITY 11131
	RESIDENO 10a. STATE
	100. STREET
	11. MARITAL S 1 Never M 3 X Widowe
	Elementar

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIFIC	CATE OF	DEATH	REG. N	ο.							
-	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		3. TIME OF DEATH						
- 7	Walter John Fil	L					Таппали								
	4. SOCIAL SECURITY NUMBER	5. SEX 8	. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH		995 6:30 A. M						
Į.	182-18-4582	(Month Day March													
	9a. FACILITY NAME (If not institution, give s	Invet and number)			b. CITY, TOWN	OR LOCATION OF DE			Pennsylvania						
E	11131 Kemps Mill	Rd.			(Villiamsx	ont		Washington						
DIRECTOR	RESIDENCE OF DECEDENT					vice cuits p			wasningion						
분	10a. STATE 10b. COUNTY			10c. CITY,	TOWN OR LOCA				10d. INSIDE CITY LIMITS?						
		ashington			Willia	umsport			1 TYES 2 X NO						
¥	10e. STREET AND NUMBER	•			10	. ZIP CODE		10g. CITI	ZEN OF WHAT COUNTRY?						
FUNERAL	11131 Kemps Mill	Rd.				21795			U.S.A						
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT I	YES 2 N		13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify)	es or No—	14. RACE — American Indian, Black, Whita, atc.						
BÁ	3 X Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 - YES	2 NO Specify			Specify:						
	15. DECEDENT'S EDU			SEDENT'S U	SUAL OCCUPATI	***			White						
=	(Specify only highest grade	completed)	(Gr	ve kind of wo Do NOT use	rk done during moretired.)	est of working	16b. KIND OF B	USINESS/INC	USTRY						
2	Elementary/Secondary (0-12)	College (1-4 or 5+)			ol Make		F	late	Co.						
8	17. FATHER'S NAME (First, Middle, Last)					18 MOTHER'S NA	ME (First, Middle, Maide	e Cumenal							
BE COMPLETED	John Fila					Sop		,	known						
8	19a. INFORMANT'S NAME (Type/Print)		196	MAILING A	DDRESS (Street		Noute Number, City or R								
2	George W. Gossard			11131	Kemps	Mill Rd.	Williams	port.	Md. 21795						
	20a. METHOD OF DISPOSITION				DISPOSITION (N				City or Town, Stata						
	1 Burial 2 Cremation 3 Rame 4 Dopation 5 Other (Specify)	oval from Stata	SHITTER	Bully	Cleman	tory 1-23			wrg. Md.						
	21. SIGNATURE OF FUNERAL SERVICE LIC	HARE .			22. NAME A	ND ADDRESS OF FA									
	· pleans 7	Mai	9	_	Davis	Funeral	Home Smi	thsbu	rg, Md. 21783						
	23. PART i. Enter the diseeses, or of shock, or heart failure.	complications that c	eused the dea	th. Do no	enter the mo	de of dying, eucl	ee cerdlec or ree	piratory arr	est, Approximata						
	IMMEDIATE CAUSE (Finei		on oour mile.						Intervei Between Onset and Death						
- 1	disease or condition resulting in death)	Caro	leore.	exes	Ary	ans	1	C	nuclus						
ſ		DUE TO (O	R AS A CONSEC	UENCE OF).	0		A Sefect,								
z I	Sequentially list conditions,	. Mul	lege	00	alvi	elen d	exect	Ren	J 30768						
CERTIFICATION	if any, leading to immediate	QUE TO (O	R AS A CONSEO	UENCE OF):	0	11.									
2	CAUSE (Disease or Injury	con	gesli	LLP	hen	Joan	cer		575						
	that initiated evente resulting in death) LAST	1-1	AS A CONSEO	UENCE OF):					A. Ain						
b l		MON							racing 173						
. II	PART ii. Other algnificent condition	contributing to de	eth but not re	eulting in	the underlyin	g ceuse given in	Part I. 24s. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS						
DICAL							1 \(\tau \) YES	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE						
ш									DF DEATH?						
-	DID TOBACCO USE CONTI	RIBUTE TO CAU	SE OF DEAT	TH YES		UNCERTAIN	1		1						
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			OF DEATH	(Check only one)										
š	1 TES 2/2 NO	HOSPITAL:	R/Outpatient 3		OTHER:	e 5 🗆 Raaldenca	8 Other (Specify)								
£	27. MANNER OF DEATH	28a. DATE OF IN (Month, Day,		28b. TIME (URY AT	28d. DESCRIBE HOW	INJURY OCC	CURED						
8	1 Natural 5 Pending 2 Accident Investigation	(, , , , , , , , , , , , , , , , , , ,			100	YES 2 NO									
	3 Suicide 8 Could not be	28e. PLACE OF II building, ato	NJURY At hor :. (Specify)	ne, term, atr	ent, factory, offic	•	28t. LOCATION (Stree City or Town, Stat	and Number	or Rural Route Number,						
-	4 Homicide determined						ony or lown, out	*/							
Z	29e. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my	knowledge, des	th occurred	at the time, data	and place, end dua	to the cause(a) and m	anner ee stat	ed.						
COMPLET									e cause(a) and manner as stated,						
- 11					-			T							
29b. SIGNATURE AND TITLE OF CHITIFLE 29d. DATE SIGNED (Month, Day, Year)															
14800 1/25/35															
0 8				1 27) (Type, P	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										
2	30. NAME AND ADDRESS OF PERSON WHO			127) (Type, P.	ine) nede			store	w LND						
9 O			EL.)	27) (Type, P)	nede			stor	w hos						



BALTIMORE, MARYLAND 21215-002

	מארווווסחב, ואאחו באות בובוס-טובן
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending annual	. Page 6 may be retained by the hospital or attending pro-
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the fund	ral director, page 5 should be detached for use as the burn
De Hed Within 7.2 hours after death with the State Debt. Of nearth and mental hygiene prior to bunal, cremation, or removal.	
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,	liner must be notified at once.

s 1, 2, 3 should

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	* REGISTRAR		CERTIF	ICALE	OF DEA	IH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)					1	2. DATE OF DEATH MONTH DAY YEAR			3. TIME OF DEATH		
	LOLITA		FAZENBAKE		JANUARY 9, 19			9:38 pm				
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthday)	IF UNDER 1 Y	EAR IF UNDER	R 24 HRS. 7	7. DATE OF BIRTH	7, 1		PLACE (State or Foreign		
	217-86-3717	1 🗆 M 2 😡 F	43 YRS.	MONTHS: D	AYS HOURS	MIN.	(Month, Day, Year) 09 24	51	Dhi	lippines		
	9e. FACILITY NAME (If not institution, give s	truet and number)	43	9h CITY TO	OWN OR LOCATI	ON OF DEAT			INTY OF DE			
œ		,		· ·	BERLAN		in .		EGANY			
2	SACRED HEART	HOSPITAL		Cur	IDEKLAN	עו		ALL	EGAN			
입	10a. STATE Mc 10b. COUNTY		10c. CIT	Y, TOWN OR I	LOCATION				T	10d. INSIDE CITY		
E	Alleg	gany	Lona	conin	g				1	LIMITS?		
51	10e. STREET AND NUMBER				T 404 710 000					YES 2 NO		
A I	2 Watercliff St	1.			101, ZIP COD 21539	E		10g. CIT	IZEN OF W	HAT COUNTRY?		
FUNERAL DIRECTOR												
5	11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1	YES 2 NO				ORIGIN? (Specify Yee Puerto Rican, etc.)	or No-	14. RACE Black.	- American Indian, White, etc.		
BY	1 Never Married 2 X Merried 3 Widowed 4 Divorced	FORCES? 1 T	OR DATES X		YES 2 NO	Specify:			Specify	/:		
		<u> </u>		1		ian			Filip	pino		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16e. DECEDENT'S (Give kind of	work done duri	JPATION ng most of workli	ng	16b. KIND OF BUS	INESS/INC	DUSTRY			
<u>"</u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homemak	,			Ilomo					
₽ B	10	0	Homemak	er			Home	3				
0	17. FATHER'S NAME (First, Middle, Last)						(First, Middle, Maiden	Surname)				
BE (Emiliano Gaburno					Clara	Lundob					
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (S	treet and Number	r or Rural Rou	ite Number, City or Town	r, State, Zip	p Code)			
2	Robert E. Fazenbak	ær	2 Wate	rclif	E St.,	Lona	coning, Mc	1. 21	539			
	204 METHOD OF DISPOSITION	-	20b. PLACE AND DATE	-					City or Tow	on State		
	1 Buriel 2 Cremetion 3 Rem	oval from State	Rocky Gap			v 1_1						
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC		nooney cap		ME AND ADDRE			CI La	II KU 5 L'K	1.0		
	- 1							. 1 11	Tarana			
	Janas Mu	Ken					zie Funer					
	23. PART i. Enter the diseases, or	mpiicationa that ca	used the death. Do	not antar th	a moda of dy	ing, auch a	as cardiac or respi	ratory ar	reat.	Approximata		
	ahock, or haart failura.	List only one cause	on aach lina.					,		Intarval Batween		
ł	iMMEDIATE CAUSE (Final disease or condition	(1						Onset and Death		
- 1	resulting in death)	. Carci			19					1271		
		DOE TO (OR	AS A CONSEQUENCE O	r):								
8	Sequentially list conditions,	b										
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	NO) 01 300	AS A CONSEQUENCE O	-):						i I		
5	CAUSE (Disease or injury	c										
Ë I	that initiated events resulting in death) LAST	DOE TO (OR	AS A CONSEQUENCE OF	F):								
E		d,			_							
	PART ii. Other algolficant condition	u contributing to dea	th but not resulting	in the unde	rlying cause	niven in De	ort I. 24s. WAS AN	ALITODON	Laus	WERE AUTOPSY FINDINGS		
EDICAL			at the labelling	in the ende	ilying cadaa	givair iii ra	PERFOR		- 111	AMAILABLE PRIOR TO		
ă							1 YES 2	MO.		COMPLETION OF CAUSE OF DEATH?		
E I							_			1 TES 2 NO		
	DID TOBACCO USE CONT	RIBUTE TO CAUS	E OF DEATH YE	S 🗆 NO	DAN DINC	ERTAIN						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEA	TH (Check only	one)							
S	1 TYES 2 NO	HOSPITAL:	/Outpatient 3 DOA	OTHER:	Home 5 Re	eldence 5	Other (Specify)					
≟ ∥	27. MANNER OF DEATH	26e. DATE OF INJE	URY 26b. TIM	E OF 28	c. INJURY AT		6d. DESCRIBE HOW IN	JURY OC	CURED			
	1 Natural 5 Pending	(Month, Day, Y	bar) INJ	URY	WORK?							
à	2 Accident Investigation 3 Suicide & Could not be	26e, PLACE OF IN.	JURY — At home, farm,				61. LOCATION (Street a	nd Mumba	e ne Quest De	Lute Mumbes		
	4 Homicide 6 Could not be	building, etc.	(Specify)	,,	onice .] -	City or Town, State)	nu number	r or norm no	ode Number,		
COMPLETED												
ᆲ	29e. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my	knowledge, death occurr	d at the time	, date and place	, end due to	the cause(e) end men	ner as stat	ted.			
9	one) 2 MEDICAL EXAMINE	R: On the beele of exami	nation and/or investigation	n, in my opin	ion, death occur	red at the tim	ne, date end piece, end	due to th	he ceuse(e)	end menner se stated.		
- 11	29b. SIGNATURE AND TITLE OF CERTIFIER		2		29c LICI	ENSE NUMBE	- P	204 DAT	E SIGNED /	Month, Day, Year)		
8	116 - 1	Work.	mo			214	0	APU. DAI		11-95		
요	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED ONLES	E DEATH (ITTEL AT C	D.C. et	U	667	00	_	01-	11-30		
	Thomas J. Dev			uglas	s Ave.	Lon	aconing	, Mo	215	539		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE									
	JAN 1 2 1995	shir enmanon	- FOR OR OF 1									

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	i	1. DECEDENT
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		9e. FACILITY
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BALTIMORE, MARYLAND 21215-002

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funeral director, page 5 should

nd completely filled in by the funeral during cremation, or removal.

requires that the death certificate be executed with een signed by the attending physician and complete, of Health and Mental Hygiene prior to burial, crem-

been t. of I

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certificate t

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DIRECTOR: A hours after d 40

the 5

P.O. BOX 68760

DIVISION OF VITAL RECORDS,

OR ATTENDING PHYSICIAN: The law

HOSPITAL

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH TRAR

'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 1995 Koontz Margaret Fassett January 8, 12:20 P. ECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) IF UNDER 24 HRS. . Vi<u>rginia</u> 0 - 62711 M 2 X F YRS. Sept.27, W. NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR cy Nursing & Rehab Treatment Ctr Prince George's Forestville 10b. COUNTY 10c. CITY, TOWN OR LOCATION INSIDE CITY Prince George's and Forestville 1 YES 2 NO AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? Marlboro Pike 20747 U.S.A. AL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No- RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 1. NO Specify: 1 Never Married 2 Merried Specify: White BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION secify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b, KIND OF BUSINESS/INDUSTRY (Sp College (1-4 or 5+) 12 Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Daniel M. Koontz Sue Banks BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Jean Durst 1001 Burnt Hickory Rd. #131, Marietta, Ga. 30064 20e. METHOD OF DISPOSITION
1 Disposition 3 Removel from State
4 Donatton 5 Other (Specifical) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION --- City or Town, State DATE Cedar Hill Cemetery 1/10/95 Suitland, Maryland Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE-ACCOUNTS Ceorge P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, Md.20745 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, show, or heart failure. List only one cause on each line. interval Between **IMMEDIATE CAUSE (Fine)** Onset and Death diseese or condition PNEUMONIA resulting in death) DUE TO (OR AS A CONSEQUENCE OF): A PROTTION CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate . Enter UNDERLYING CAUSE (Disease or Injury thet initieted events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? DEMENTIA 1 TYES 2 X NO 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 ① Nursing Home 5 □ Residence 8 □ Other (Specify) 1 TYES 2 NO I ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED 1 XNatural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, atreet, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide determined 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date end piece, end due to the cause(e) end manner ee atated. (Check only one) 2 __ MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 8 D38129 1-9-91 9 38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 9131 PISCATAWAY RS \$600, CLINEON LAS UINCENT CHEN, MO

TO THE HOSPITAL.
TO THE FUNERAL I
be filed within 72 h
IMPORTANT: If II

TO BE COMPLETED BY FUNERAL DIRECTOR

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

29b. SIGNATURE AND TITLE OF CERTIFIER

MARK D HARRIS
31. DATE FILEO (Month, Day, Year)

SAN 31 1895

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

mD

PARK

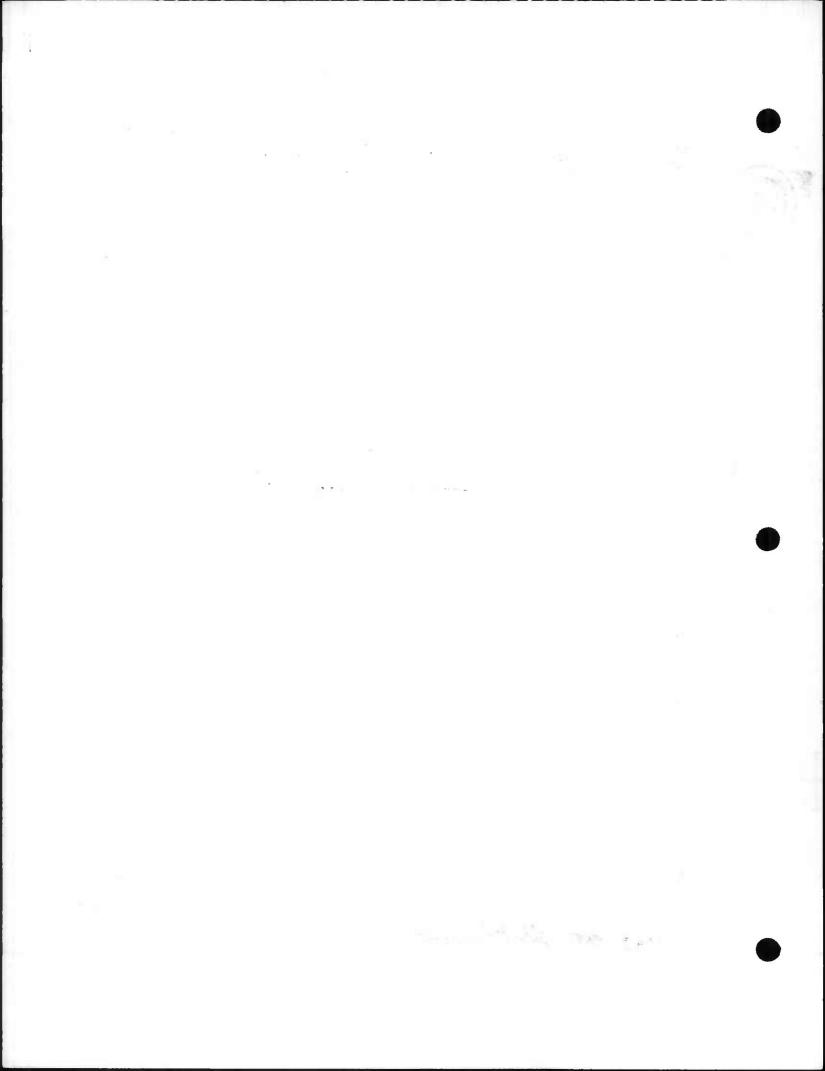
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FOR STATE REGISTRAR		STATE OF N				OF HEALTH		MENTAL HYGIEN	E			
t. DECEDENT'S NAME (First	Middle, Last)					O. DEA		2. DATE OF DEATH			3. TIME OF DEATH	
RADY	BOY	FAL	ICT					MONTH DA		YEAR		
075)		5. SEX							1	95	12:37	
4. SOCIAL SECURITY NUMBER	SER		B. AGE (In yrs. le		IF UNDER t	DAYS HOURS	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHP Country)	PLACE (State or Fore	sign
		t 📝 M 2 🗌 F		O YRS.		9 23	156	12,28,9	14	MAI	GAMPAS	
9e. FACILITY NAME (If not in	nstitution, give str	reet end number)			9b. CITY, 1	TOWN OR LOCAT		ATH	9c. COUNT			
JOHNS 1	took 1	NS BAY	111811		Rni	TIMA	RE	CITY	_			
RESIDENCE OF DEC	CEDENT	2 000	UIEW		04	-1/1/1/0/	112	C / / /				
10e. STATE	10b. COUNTY			10c. CITY	, TOWN OR	LOCATION					tod. INSIDE CITY	
										- 1	t TYES 2 N	10
10e. STREET AND NUMBER						tof, ZIP COL	25					io.
						IUI. ZIP COL	JE.		tug. Citizi	EN OF WI	HAT COUNTRY?	
11. MARITAL STATUS	2011115	12. WAS DECEDEN	T EVER IN U.S. A					IIC ORIGIN? (Specify Yee n, Puerto Rican, atc.)	or No-	I4. RACE	- American Indian. White, atc.	١,
t Never Married 2		IF YES, GIVE W				YES 2 NO			- 1		BLACK	
3 Widowed 4 Divo	arced								- 1		DUACA	
	EDENT'S EDUC			ECEDENT'S				16b. KIND OF BUS	INESS/INDU	STRY		
Elementary/Secondary (0		College (1-4 or 5 +	lit	e. Do NOT us	e retired.)	ring most of work	ing					
, , , , , , , , , , , , , , , , , , , ,			′ L									
17. FATHER'S NAME (First, M	liddle Last)					140, 1400	FLIED'S NA	ME (First, Middle, Malden				
											. (
							KAR			FAU	57	
190. INFORMANT'S NAME (1			t	9b. MAILING	ADDRESS (Route Number, City or Town	i, State, Zip C	Code)		
KAREN	FAU	ST		113	01	N CA	LHOU	N ST				
20e. METHOD OF DISPOSIT		7				ION (Neme of			CATION - CI	ity or Tow	m, State	
t Burlet 2 Cremetic 4 Donetion 5 Other	(Specify) 170	SPITAL DISP	osmetery, cr	Honk u	her plece)	WIRH MA	1.Chr	11-10-95 Bal	timor	-e. M	D	
21. SIGNATURE OF FUNERA	L SERVICE LICE	NSEE	- 4 901113	· ROPEII		AME AND ADDR						_
No.												
Johnst	topkins	BOYVIEH 1	1edical 1	Center	49	140 Eas	tem	Ave Balt.	HD 2	1224	l	
23. PART I. CITTER THE G	iseesee, or co	emplications the	ceused the d	eeth. Do n	ot enter th	he mode of dy	ying, suc	h as cerdiec or respir	ratory erre	et,	Approximate	le
1)		iet only one ceu	se on each lin	0.							Interval Bet	
IMMEDIATE CAUSE (Fir disease or condition											Oneet and I	
resulting in death)	→ ,	RESPI	RATOR	PF	-A)LL	IRB					10 01	775
1												
6	- b	EXTRE OUE TO	mE	PREM	1 AT-4	RITH)				1000	145
Sequentielly list condit if any, leeding to imme	diete	OUE TO	(OR AS A CONSE	QUENCE OF):							
cause. Enter UNDERLY	ING	PRET	FERM	LAR	OR	AND	nei	INERY			10 04	120
CAUSE (Disease or Inju thet initiated events	lry C	DUE TO	OR AS A CONSE	QUENCE OF):	1101/	0-	70617			D14	-1)
resulting in death) LAS	т 📗											
	-										+	
PART II. Other significa	nt conditions	contributing to	deeth but not	recuiting la	n the unde	eriying ceuse	given in	Pert I. 24a. WAS AN			WERE AUTOPSY FIND	
								PERFOR			AVAILABLE PRIOR TO COMPLETION OF CALL	
								t YES 2	KNO		OF OEATH?	
1.2 - 20.											1 TES 2 NO	0
DID TOBACCO U	SE CONTR	IBUTE TO CA	USE OF DEA	ATH YE	S 🗆 N	O 12 UN	CERTAIN	1 🗆				
25, WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HORBITA	28. PLA	CE OF DEAT		ly one)						
t TYES 2 NO		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER: 4 Numin	ng Home 5 🗆 R	leeldence	8 Other (Specify)				
27. MANNER OF DEATH		28e. DATE OF		28b. TIME	OF 2	Sc. INJURY AT		28d. DESCRIBE HOW IN	JURY OCCL	JRED		
	Pending	(Month, Di	ny, Year)	INJO	JRY	WORK?	_{□ NO}					
Accident	Investigation	28a DI ACE O	E IN HIDY ATT									
	Could not be determined	building,	F INJURY — AI h etc. (Specify)	ome, tërm, ai	treet, fector	y, office	- 1	28t. LOCATION (Street e. City or Town, State)	nd Number o	r Runal Ro	ute Number,	
Tomicioe												
29e. CERTIFIER (Check only	IFYING PHYSIC	IAN: To the best of	my knowledge, d	eath occurre	d at the time	e, date end place	e, end due	to the cause(s) and men	ner ee stater	4.		

29c. LICENSE NUMBER

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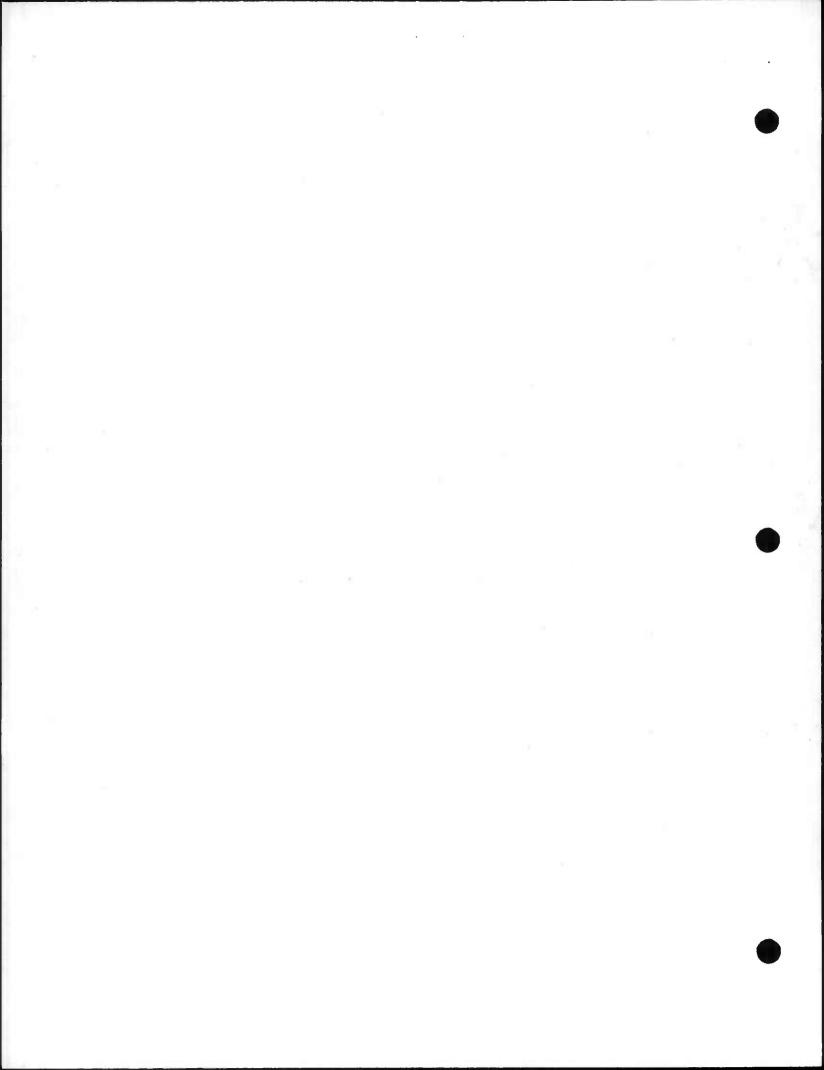
BALTIMORE

29d. DATE SIGNED (Month, Day, Year)



36.

		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / D	EPARTM	ENT OF	HEALTH AND	MENTAL	HYGIENE REG. NO.	E			
		1. OECEDENT'S NAME (First, Middle, Last) Paul	GLADDING						2. DATE OF DEATH DAY YEAR			TIME OF DEATH	P
		4. SOCIAL SECURITY NUMBER 216-16-7059		(In yrs. last bi	irtnday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O (Month, 9 / (8,	BIRTHPL Country)	ACE (State or Fore	ign
	OR	9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWH OR LOCATION OF DEATH 9c. COUNTY OF DEA									OF OEA	тн	
	СТОВ	RESIDENCE OF DECEDENT											
1	DIREC	10e. CITY, TOWN OR LOCATION										Dd. INSIDE CITY LIMITS?	0
11	AL	10e. STREET AND NUMBER					IOI. ZIP CODE			10g. CITIZER		AT COUNTRY?	
	E	100 E. Federal 21863 U.S.A									Α.		
	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	D	If yes,	ECENDENT OF HISPAR specify Cuban, Mexica ES 2 XNO Specifi	an, Puerto Ri	(Specify Yes lican, etc.)	or No — 14		- American Indian, White, atc.	
	8	15. OECEDENT'S EDUC	ATION	18a. OECEI	DENT'S USU	AL OCCUPAT	TION	16b.	KIND OF BUS	INESS/INDUS	TRY	white	
ai.	COMPLET	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)		NOT use reti		nost of working	OV	ner/	opera	tor		
once.	8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First, Mi	iddle, Maiden S	Surname)			
at	H	Ray V. Gladdi	ng				Ella 7						
e notified	2	19s. INFORMANT'S NAME (Type/Print) Cornelia G. G	illette				eral St.					1863	
must be		20a. METHOD OF DISPOSITION 1 XBurlai 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val Irom State cen	b.PLACE AND	DATE OF DI	SPOSITION (Name of	DATE	20c. LOC	ATION — City	or Town	, State	
ě		4 Donation 5 Other (Specify) Bates Cemetery 1/18 Snow Hill, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
or removal. medical examiner		Dennis Funeral HOme, Snow Hill, Md. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate											
or removal		23. PART I. Enter tha diseases, or co	emplications that cause ist only one cause on a	d the deeth	n. Do not e	nter tha m	node of dying, suc	th as cardi	ac or respin	atory arrest	,	Approximate	
		iMMEDIATE CAUSE (Fine) disease or condition	- 7		1		- /					Onset and E	
emati		resulting in death)	TC-P	IRa	tor	47	ai lon	£				l wk	
Hygiene prior to burial, cremation, or other traumatic event, the	_		DOE TO COR AS	CONSEQUE	INCE OF):	1/	+ 4	= /					
I Hygiene prior to burial, cremation, or other traumatic event, the	ERTIFICATION	disease or condition a. Scaping for the sequentially list conditions, if any, leading to immediate a. Scaping for the sequence of: Due to (or as a consequence of): Due to (or as a consequence of):											
prior tra	S	cause, Enter UNDERLYING CAUSE (Disease or injury											
othe		that initiated events resulting in deeth) LAST	OUE TO (OR AS A	A CONSEQUE	NCE OF):								
	CER	d.										-	
and Mental by injury, o	AL 0	PART il. Other eignificant conditions	contributing to deeth b	out not resu	iting in th	e underiyi	ng ceuse given in	Part i.	24a. WAS AN A	UTOPSY	24b. W	ERE AUTOPSY FIND	INGS
th and any in	OI								PERFORM		CC	MILABLE PRIOR TO OMPLETION OF CAU	
shows an	MEDI									0		F DEATH?	
Dept. of	ž	DID TOBACCO USE CONTR	IBUTE TO CAUSE O	F DEATH	YES [] ON [UNCERTAIN	N 🗆				0,145,140,112	
State De	SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE O			9)						
or it	XS	1 TYES 2 NO	1 Inpatient 2 - ER/Outp	patient 3 🗌		HER: Nursing Ho	me 5 Realdence	6 🗆 Other ((Specify)				
death with the	ВУ РНУ	27. MANNER OF DEATH 1 X Natural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)		8b. TIME OF INJURY	M 1	JURY AT ORK? YES 2 NO	28d. OESC	AIBE HOW IN	JURY OCCUR	ΕO		
after 28 l	ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	/ — At home,	larm, street	, factory, off	Ica	281. LOCAT City or	TION (Street an Town, State)	d Number or F	Tural Rout	te Number,	
thin 72 hours INT: If item	COMPLE		IAN: To the best of my know : On the basis of examination								mae(a) ai	nd manner as state	ıd.
be filed within	8	296. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUN			29d. DATE SI	GNED (M	onth, Day, Year)	
	۵ ا	30. NAME AND ADDRESS OF PERSON WHO JEFFREY WILLL	COMPLETED CAUSE OF DE							1	= /	/ 0	
[,	72	31. DATE FILEO (Month, Day, Year)	A2. REGISTRAR'S SIGN	ATURE		2231	05DK.131	01 3	ALI!	nuny.	mo	21401	\dashv
6	~~	1 7 1995	1 miles	1								DHMH-16 R	av 180



TO BE COMPLETED BY EL	O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detached for use as the burial- nal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the builtable filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ir death. Page 6 may be retained by the hospital or attending physic	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physics
BALTIMORE, MARYLAND 21215-0020	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

be notified at once. 2

PHYSICIAN: MEDICAL CERTIFICATION

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COMPLETED

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CAUSE (Disease or Injury that initiated events resulting in death) LAST

										-	CK	02033	1
	FOR STATE REGISTRAR		STATE OF N	MARYLAND A	DEPAR ERTIF	RTMENT OF	F HEALTH	I AND R	MENTAL HYGIEN	_			
- 1	1. DECEDENT'S NAME (First,	Middle, Last)							2, DATE OF DEATH			3. TIME OF DEATH	
	ANN	A ELI	ZABETH	GLENN					JANUARY 14, 199			9:30 A	M
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. le						7. DATE OF BIRTH 8. BI			
	214-28-70	04	1 □ M 2 🙀 F	80	YRS.	MONTHS DA	YS HOURS	MIN.	01 07		Country) MARYLAND		
	9a. FACILITY NAME (If not in:		treet and number)		9b. CITY, TO	WN OR LOCAT	ION OF DE	ATH .	9c. CO	COUNTY OF DEATH			
DIRECTOR	SACRED RESIDENCE OF DEC	L		CUM	BERLAN	D		A	ALLEGANY				
HE	10a. STATE	10b. COUNTY	1		10c. C/1	TY, TOWN OR L	DCATION					10d, INSIDE CITY	
	MARYLAND	AL	LEGANY			CUI	BERL	AND				LIMITS?	,
AL	10e. STREET AND NUMBER						10f. ZIP COL	Œ		10g. CI	TIZEN OF	WHAT COUNTRY?	
EB	13807 ST	ONEPO	INT ROA	AD SW			2	21502	2	1	US	A	
ED BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Divor	T EVER IN U.S. AI YES 2 X MAR OR DATES	RMED NO	IED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— It yes, specify Cuban, Maxican, Puarto Rican, atc.) 1 ☐ YES 2 ▼ NO Specify: 14. RACE Black Specify							d		
COMPLETED	15. DECI (Specify only	ECEDENT'S	USUAL OCCU	PATION	ina	16b. KIND OF BUS	SINESS/II	NDUSTRY					
9	Elementary/Secondary (0-		College (1-4 or 5	+)	. Do NOT u	ise retired.)	ing.	OWN HOME					
MP	8				HOME	MAKER			OW	N H	OME		
8	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)												
BE	JOSEPH MOORE ANNA TIMNEY												
2	19a. INFORMANT'S NAME (7)		19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 13803 STONEPOINT ROAD SW CUMBERLA										
	BONNIE ZI				1380	3 STO	NEPOI	INT 1	ROAD SW	vn, State, Zip Code) 21502 CUMBERLAND, MD			
	20a. METHOD OF DISPOSITION Burial 2 Cremation 4 Donation 5 Other	n 3 🗆 Reme	oval from State	206. PLACE cemetery, cri REST	LACEAND DATE OF DISPOSITION (Name of Party Cremetory or other place) ST LAWN MEM GARDENS JAN LAVALE								
	21. SIGNATURE OF FUNERAL	Las	14.	~	HAF 130	22. NAME AND ADDRESS OF FACILITY HAFER CHAPEL OF THE HILLS MORTUARY 1302 NATIONAL HWY LAVALE, MD 21502							
	23. PART i. Entar the dis	seases, or c	omplications that List only one cau	t caused the de	ath. Do	not entar tha	moda of dy	ing, such	as cardiac or raspi	ratory a	rrest,	Approximata	
	IMMEDIATE CAUSE (Fin		Liet Only Olla Cau	sa on each iin								intarval Batw Onset and De	
	disease or condition resulting in death) a. Respiratory Failure											days	
_	DUE TO (OR AS A CONSEQUENCE OF):											Lay	
ATION	Sequentially list condition if any, leading to immediate		OUE TO			PF):		,					
F	if any, laading to immediate cause. Enter UNDERLYING										years	,	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? prilure 1 TYES 2 AND OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES YOU NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation м 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated,

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year)

033417

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

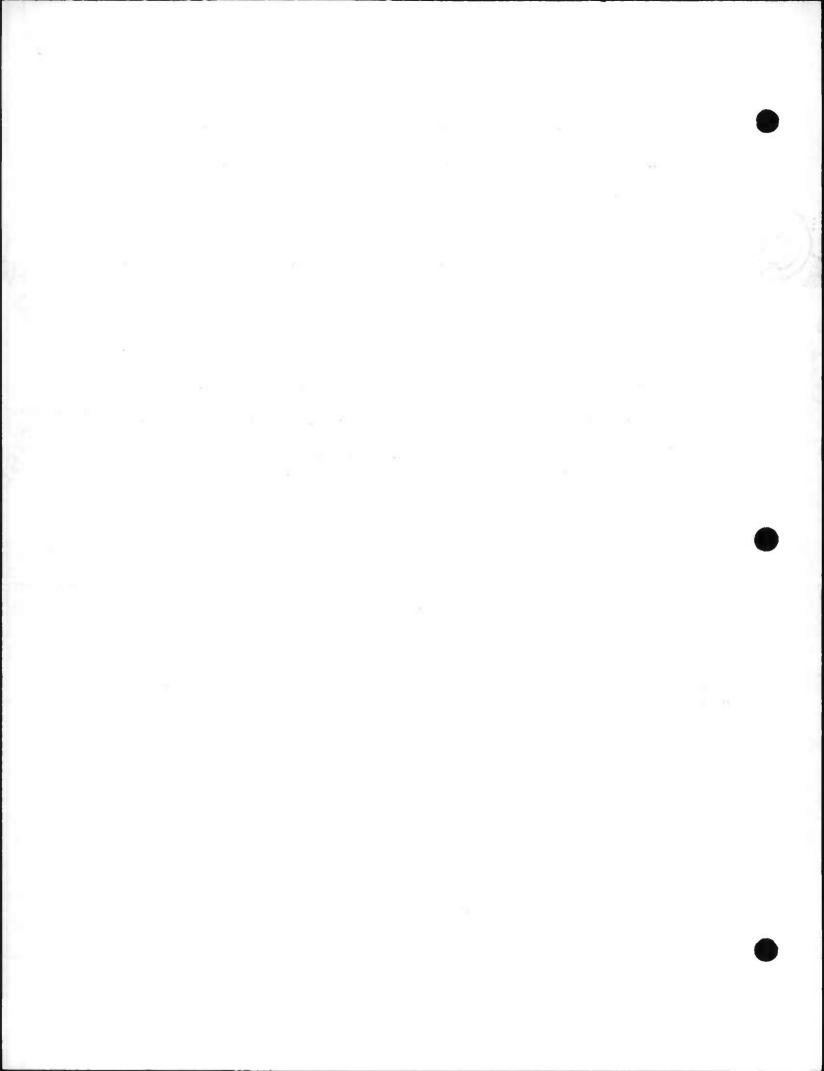
JAMES MOEN M.D. 1068 NATIONAL HIGHWAY-REAR LAVALE MD 21502

132. REGISTRAR'S SIGNATURE IL

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1/16/93

years



DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-01

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1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	1. DECEDENT'S NAME (First, A	Middle, Last)								2. DATE OF MONTH	DEATH DA	W	YEAR	3. TIME OF DEATH
		RGARET	GREEN							JANUA'				6:30 P M
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. le		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH 8. (Month, Day, Year)			8. BIRTH Country	PLACE (State or Foreign
	215-16-4233	3	1 M 2 F	73	YRS.	10 19						21	Md	
	9a. FACILITY NAME (If not inst	titution, give str	eet and number)			9b. CITY	, TOWN C	R LOCATIO	ON OF DE	ATH		9c. COU	NTY OF D	EATH
8	SACRED HE	EART E	HOSPITAL			CUMB	ERT.A	ND				ATT	EGAN	v
5	RESIDENCE OF DECE	EDENT										AUL	10/0/11	
DIRECTOR		Allega	ากเข		_	Y, TOWN O	_	ION						10d. INSIDE CITY LIMITS?
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₹	10e. STREET AND NUMBER	α.						ZIP CODE	E					HAT COUNTRY?
單	32 Rockvill	e St.		_			21	539				US.	A.	
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AI	RMED	D 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14, if yes, specify Cyban, Mexican, Puerto Rican, etc.)							14. RACE	- American Indian, , White, etc.
BY	1 Never Married 2, M 3 Widowed 4 Divorce		IF YES, GIVE V	AR OR DATES		1 TYES 2 NO Specify:						1	Whit	
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핃	15. DECEI (Specify only i	(0	ive kind of	work done	CCUPATIO during mo:	i N st of workin	g	t6b. KII	ND OF BUS	INESS/INC	USTRY			
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (1-4 or 5+) 12 College (1-4 or 5+) 15. DECEDENT'S USUAL OCCUPATION (Give kind of dwork done during most of working life. Do NDT use retired.) HOMEMAKET 16. DECEDENT'S USUAL OCCUPATION (Give kind of working life. Do NDT use retired.) HOMEMAKET 18. MOTHER'S NAME (First, Middle, Maiden Surname)														
Joseph Crawford Jr. Elsie Duckworth														
198. INFORMANT'S NAME (Type/Print) Sylvester B. Green 198. MAILING ADDRESS (Street and Number or Furel Route Number, City or Town, State 2 Cremation 3 Removal from State 1 Donaston 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 1 Date 1 Compared or Town, State 1 Donaston 5 Other (Specify) 198. MAILING ADDRESS (Street and Number or Furel Route Number, City or Town, State 2 Donaston 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 1 Date														
	21. SIGNATURE OF FUNERAL		Nece	Laure.	- 1111									
		· /M	Eichhor						pro-McKenzie Funeral Home					
	Jan- E	1/W	Se							d.2153				
	23. PART V Enter the dis	eeses, or co	mplications the	t caused the de	eath. Do i	not enter	the mo	de of dyl	ng, such	es cerdiac	or reepi	ratory err	est,	Approximate
	shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Fine) Interval Between Onset and Deeth													
- 1	disease or condition - Restricted Parties - Parties										72 inets			
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E	Sequentially liet condition if any, leading to immediate	lete	DUE TO	DUE TO (OR AS/A CONSEQUENCE OF):										
<u>১</u>	ceuse. Enter UNDERLYIN CAUSE (Disesse pr injury		40	(RED)	1	- Kull with efficion								
쁘	thet initiated events DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	resulting in death) LAST													
	PART II. Other significent	t conditione	contributing to	death but not	resulting	in the un	derivino	ceuse o	lven in	Part I. 24	i. 24s. WAS AN AUTOPSY			WERE AUTOPSY FINDINGS
EDICAL											PERFORMED?			AVAILABLE PRIOR TO COMPLETION OF CAUSE
										- t	YES 2	NO		OF DEATH?
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AN	DID TOBACCO US 25. WAS CASE REFERRED TO		BUIE IO CA		CE OF DEA			UNC	EKIAIN	1 FÓ				
PHYSICIAN:	EXAMINER?		HOSPITAL:			OTHER	R:			I I To To				
¥ I	27. MANNER OF DEATH		28a, DATE OF		28b. TIM		28c. INJ		sidenca	8 Other (S)		HIEN OC	CHRED	
	1 Natural 5 Pe		(Month, D			URY	WO	RK?	NO.	zou. DESCH	DE HOW IF	BONT OCC	JUNEO	1
B	2 Outstand	vestigation	28e, PLACE O	F INJURY — At he	me, ferm.	street, fact			,	28f. LOCATIO	N (Street a	nd Number	or Russi B	nute Mumber
	= .Uu	ould not be starmined	building,	etc. (Specify)						City or To	own, State)	no mombo	O. C.C.	oute Number,
COMPLETED	29a, CERTIFIER			_	-					_	_			
MP.			AN: To the best of											
8			On the passe of e.	tamination end/or	investigatio	n, in my o	pinion, de	eth occur	ed at the	time, data and	place, and	due to th	e cause(s)	end manner as stated.
B	296. SIGNATURE AND STYLE O	OF CENTIFIED	No					29c. LICE	NSE NUM	5 26	_	29d. DATE	SIGNED	(Month, Day, Year)
p P	GUMA	-		una				0-	11	5 26			/ -	1-75
- 1	30. NAME AND ADDRESS OF F		The second secon	MANAGEMENT			OIF C				-06			
	JOHN MEH				JN DK	TAE	CUMB	EKLA	ND,M	D. 21.	02			
	JAN 1 2 199		32 REGISTRA	R'S GIGNATURE										
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	24 h	/ filled	llon,	the
,097	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	be filed within 72 hours affer death with the State Deptr. of Health and Merital Hygiene phor to bunal, cremation, or rem	IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the media
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	e execut	an and c	r to buna	umatic
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30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATN (ITEM 27) (Type, Print)

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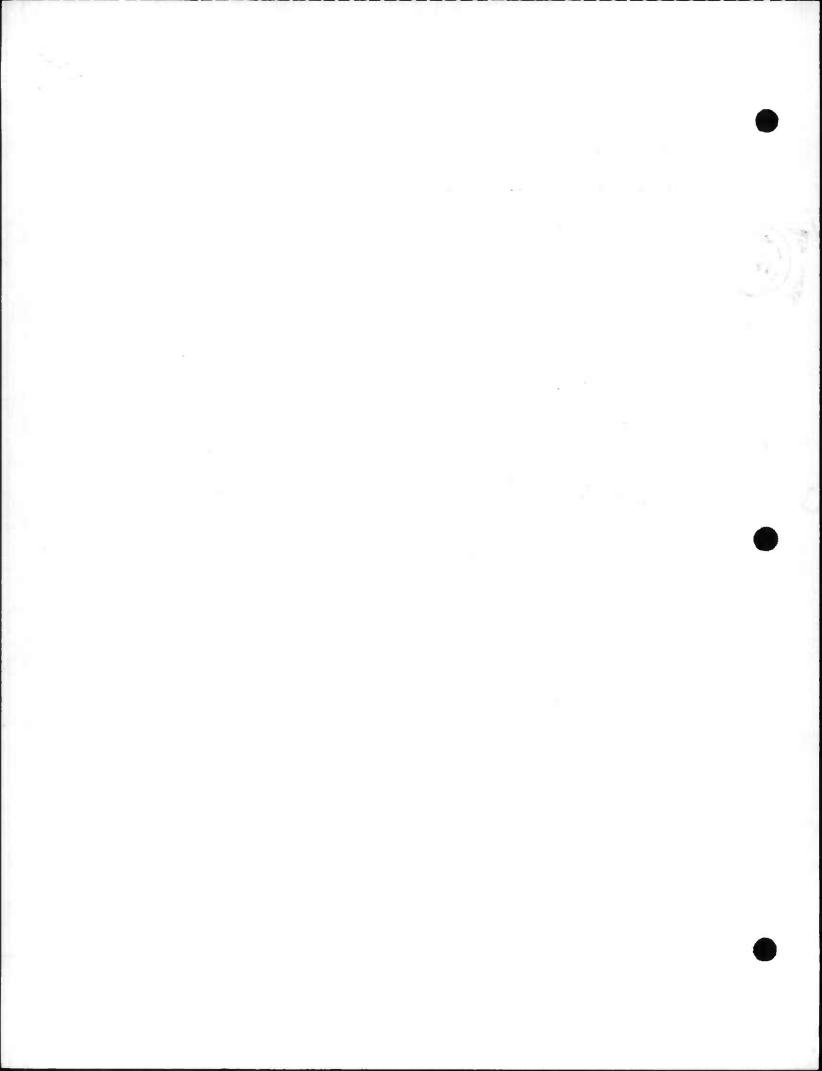
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AT	hours after death with the State Dept. of Health and Mental Hygiene prior	tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medica
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BALTIMORE, MARYLAND 21215-0020

death. Page 6 may be retained by the hospital or attending

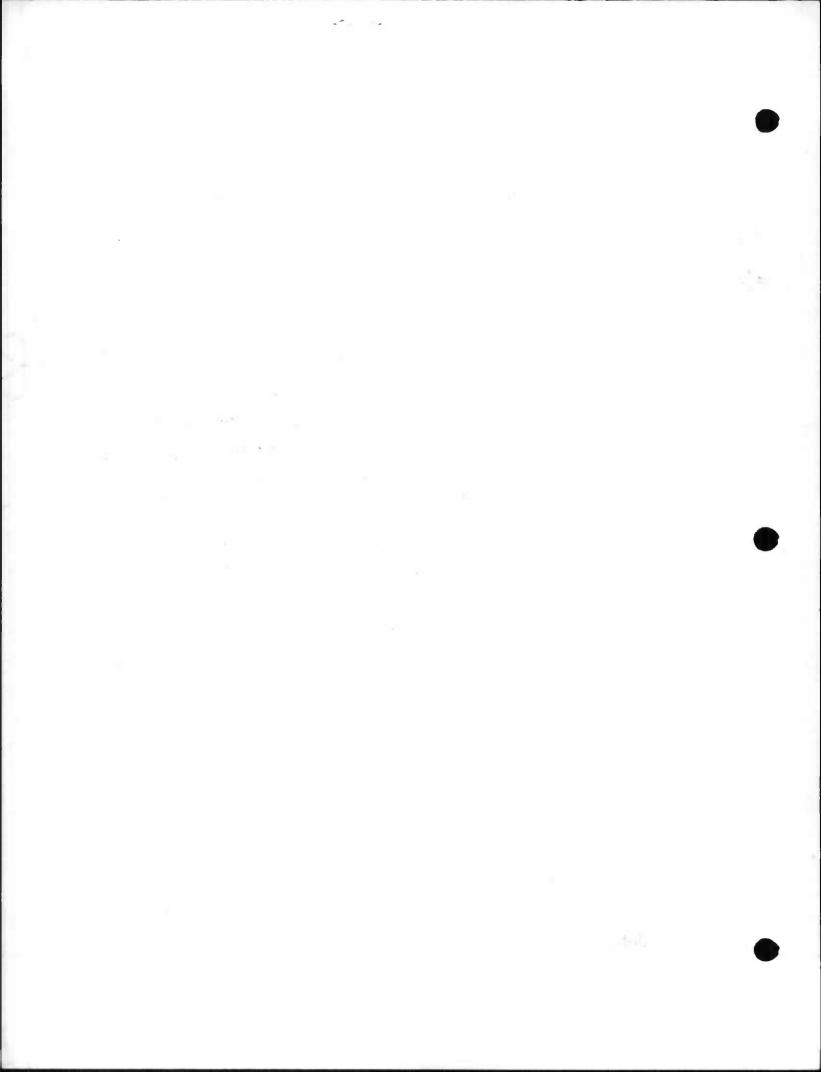
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN MARGARET JANE GOLDEN 95 8:00 PM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign 220-10-7756 DAYS HOURS Jul 2 1902 1 - M 2 X F 92 YRS. W7.7 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH
Allegany Frostburg Village Nursing Home Frostburg DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? W// Morgan Paw Paw FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA RR 1 Box 68 25434 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced Specify: white COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a, DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementery/Secondery (0-12) College (1-4 or 5+) owner/manager restaurant 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Sumame) John McDonald Alberta White BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 William J. Larkin RR 1 Box 68; Paw Paw WV 25434 20a, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - Cify or Town, State OATE Removal from State Camp Hill Cemetery 01/04 Paw Paw, WV 4 Donatton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Scarpelli Funeral Home Cumberland, MD 21502 23. PARVI. Enter the disease Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such ea cerdlec or reepiratory arrest, ehock, or heart feliure. Liet only one cause on each line. Approximate Interval Retween **IMMEDIATE CAUSE (Finei** Onset and Deeth diseese or condition ACUTE MYDCARDIAL INFARCTION
DUE TO (OR AS A CONSEQUENCE OF): N/A resulting in death) ARTERY DISEASE CORONARY CERTIFICATION Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF) CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): thet initieted events resulting in deeth) LAST PART ii. Other aignificent conditions contributing to death but not recuiting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO DIABETES MelliTUS COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | 140 BRAIN O Rganic Syndrome 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO YOUNCERTAIN ICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 D Nursing Nome 5 Residence 8 Other (Specify) PHYSI 1 | Inpetient 2 | ER/Outpetient 3 | DOA 27. MANNER OF CEATH 26e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 26c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO ВҰ Investigation 2 Accident 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, ferm, atreet, fectory, office building, etc. (Specify) 3 Suicide ED 4 Nomicide COMPLET 29e. CERTIFIER 1 DC CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner ee stated. 2 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE mi · Chan 725638 95 12



annended 1/17/95, etern #206, Harford County, 865 02636

		FOR STATE REGISTRAR	STATE OF MARYL	AND /	DEPARTM	ENT OF	HEALTH AND	MENTAL HYGIEN						
		1. DECEDENT'S NAME (First, Middle, Last)	1 0 1					2. DATE OF DEATN		EAR 3. TI	ME OF DEATN			
_ \ \		Richard Cha		n yrs. lasi	hinth day 3	MINER - MEAN		/ /0	75		114			
10+1	1	523-58-0183 9a. FACILITY NAME (If not institution, give s	1½ M 2 □ F 49	m yrs. ias	YRS. MON	UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) June 7, 19	45	Color	E (State or Foreign			
2.3	TOR 1	Harford Memorial			96.		or location of di Havre de		9c. COUNTY	of DEATH Harfor	rd			
	DIRECTOR	10a. STATE 10b. COUNTY Maryland			10c. CITY, TO	WN OR LOC		berdeen		1.00	INSIDE CITY LIMITS? YES 2 X NO			
NH	FUNERAL	100. STREET AND NUMBER 487 Windemere Driv	100			1	of, ZIP CODE	1	10g. CITIZEN	OF WHAT				
212	Ž.	11. MARITAL STATUS		IIIS ADI	MED	12 1416 00	2100		<u> </u>	USA				
ine both	BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 X YES	12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 ▼ YES 2 □ NO If YES, GIVE WAR OR DATES KOrean 13. WAS DECEMDENT OF HISPANI If yes, specify Cuban, Mexican 1 □ YES 2 № 0 Specify:						Black, White	merican Indian, la, atc. white			
21215-0 al or attending for use as the	ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Gi	CEDENT'S USU we kind of work Do NOT use ret	done during n	TION nost of working	16b. KIND OF BU	SINESS/INDUS	TRY				
	COMPLET	1000 11	5+ Chemist					Pub:	lic	Educa	tion			
# 8 € € ₹	BE CO	17. FATHER'S NAME (First, Middle, Last) Richard Leroy Gral	nam				The second secon	ME (First, Middle, Maiden et Lorene		ck				
(D) es	0	19a. INFORMANT'S NAME (Type/Print) Hazel , G. Graham						Route Number, City or Tow Aberdeen,			1001			
		Hazel C. Graham 487 Windemere Drive, Aberdeen, Maryland 21001 206. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) Orem City Cemetery 1/13/95 Orem City, Utah												
ALTIMORE death. Page 6 may funeral director, pa		21. SIGNATURE OF FUNERAL SERVICE LE	ENGEE ALL	41/	/	22. NAME /	AND ADDRESS OF FA							
	-	11710011/11	1000111	WI		1317 (Okeshury	Road Ahi	nadon	FM.				
5 = . 9			complications that caused List only one cause on a	the dea	ath. Do not a	inter tha m	oda of dying, suc	h as cardiac or reap	iretory arrest	t,	Approximate interval Batween Onset and Death			
tion, file		immediate Cause (Final disease or condition Application												
760, ed within ompletely il, cremati	ı	resulting in death)	DUE TO (OR AS A CONSPQUENCE OF): **CONSPQUENCE											
	N	Sequentially list conditions,		101.		467	EN DO	CISM						
BOX 68 cate be execut hysician and control burities of the transmattic.	ATI	If any, leading to immediate cause. Enter UNDERLYING												
phy phy	IFIC	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A											
U + 2 5 5	CERTIFICATION	resulting in death) LAST	s <u>(</u>											
DS the d	CAL C	PART II. Other aignificant condition	contributing to death be	ut not re	aulting in th	e undarlyi	ng cause given in	Part I. 24a. WAS AN		24b. WERE	AUTOPSY FINDINGS			
ECORE puires that the signed by Heatth and Heatth and bws any in	DIC.		-digo!	UL				1 TYES	. A	COMP	ABLE PRIOR TO PLETION OF CAUSE EATH?			
RECO requires the been signed of Health shows an	MEDIC		- Oble	5				_ /			YES W NO			
	AN	DID TOBACCO USE CONTI					UNCERTAIN	4 D						
T the sate	SICI	EXAMINER?	HOSPITAL:			HER:		A [] On (O (I						
OF PHYSICI this cer with th	PHYSICIAN:	27. MANNER OF DEATN 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		28b. TIME OF	28c. IN	### 5 Rasidence ###################################	28d. DESCRIBE NOW I	NJURY OCCUR	RED				
0 5 4 5 %	ED BY	Accident Investigation	28a. PLACE OF INJURY building, etc. (Spec	— At hor	ne, farm, atreel			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
DIVISION ATTEN DIRECTOR: Hours after Item 28 is		29a. CERTIFIER												
로 작은 도	COMPLETED		CIAN: To the best of my knowl R: On the basis of examination							euse(a) and i	menner as stated.			
TO THE HOSPI TO THE FUNER Be filed within	TO BE	296. SIGNATURE AND TITLE OF CERTIFIES	(D)				294 LICENSE HUN	OO .	29d. DATE SI	III (More	95 may			
		20. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF DE	C/	27) (Type, Print	AVF	1/4/6	111	71820	9				



	1 - STATE REGISTRAR	STATE OF N	/ MARYLAND / CE		RTMENT ICATE				MENT	AL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	7	Ger.	stor	,				Ja	TE OF DEATH NTH DA	7,19	YEAR	3. TIME OF SATH
	236-38-2172	5. SEX	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	7. DA	onth, Day, Year)		Country	PLACE (State or Foreign
	9e. FACILITY NAME (If not institution, give at	41	79	THO.	Oh CITY	, TOWN O	D I OCATI	011 05 01		y 27, 1	915 9c. COUNT		t Virginia
E.	7600 Fountain Bl					Car			EAIN				
5	RESIDENCE OF DECEDENT							Lon			Prin	ice (George's
DIRECTOR	10a, STATE 10b. COUNTY			10c. CIT	Y, TOWN (OR LOCAT	ION						10d. INSIDE CITY LIMITS?
D	Maryland Prince	e George	's	S New Carrollton									1 TYES 2 NO
RA	7600 Fountain Blu	Dadaa						_					HAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	20784					UC OBY	OIN2 (Parally Van	U.S		A
В	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1	DENT EVER IN U.S. ARMED 1 ☐ YES 2 ☑ NO E WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Sp If yes, specify Cuben, Mexican, Puerto Rican 1 ☐ YES 2 ☑ NO Specify:							or No 1	Black, Specifi	- American Indian, White, etc.	
COMPLETED	16. DECEDENT'S EDUC (Specify only highest grade :	ATION (completed)	16e. DE(CEDENT'S	USUAL O	CCUPATIO	N et of workle	200	- 1	6b. KIND OF BUS	INESS/INDU	STRY	
LE	Elementary/Secondary (0-12)	College (1-4 or 5 +	·)	Do NOT u	se retired.)	outing mod	or work	19					
MP	10 17. FATHER'S NAME (First, Middle, Last)		Hom	emak	er					Own Hom			
	Lemuel Ridgeway									t, Middle, Maiden S			
H	19e. INFORMANT'S NAME (Type/Print)		104	MAHIM	ADDRESS	(Dissert or				Gregory umber, City or Town			
2	Mary S. Lee												nia 15234
	20e. METHOD OF DISPOSITION 1 \(\tilde{\Delta} \) Burlel 2 \(\tilde{\Delta} \) Cremation 3 \(\tilde{\Delta} \) Remote	- 11 172 78	20b PLACEA	NDDATE	DE DISPOS	ITION /No.	me of			TE 200 LOC	ATION C	ter on Tour	um State
	1. Donation 6 Other (Specify)	wel from State	Arling	matory or o	Nati	ona1	Cen	nete	rv (01/13/95	Arli	ingt	on. Virgini
	1 Burlet 2 Cremetton 3 Removed from State Cemejary, cremetory or other place Arlington National Cemetery 01/13/95 Arl												
	1 W. B. G	0020											ne, P.A. e, MD 20781
	23. PART I. Enter the diseases, or or	omplications tha	caused the des	sth. Do r	not enter	the mod	de of dyl	ing, auc	h aa ca	rdiac or reapir	atory arres	at,	Approximate
	23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in desth) DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequantially list conditions, if sny, leading to immediate	(OR AS A CONSEC											
S	CAUSE (Disease or injury	THE TO OR AS A CONSEQUENCE OF											
E	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):											
													+
MEDICAL	PART II, Other algolificant conditions	contributing to	deeth but not re	ot resulting in the underlying cause given in Par						24a, WAS AN A PERFORM 1 TYES 2	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	DID TOBACCO USE CONTR	IRLITE TO CA	LISE OF DEAT	ru ve	с П »	ио П	LINIC	ERTAIN					1 PYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	IDUIL TO CA			H (Check o		UNC	EKIAII	ч Ц				
SIC	1 YES 2 NO	HOSPITAL:			OTHER	R:		aldaraa.	6 🗆 OH	her (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF (Month, De	INJURY	28b. TIM		28c. INJU	IRY AT	- I		ESCRIBE HOW IN	JURY OCCU	RED	
BY	1 Natural 5 Pending 2 Accident Investigation	(INORA), D	iy, roary	1140	M	1 Y	ES 2	NO					
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE Of building,	F INJURY — At honetc. (Specify)	ne, farm, i	street, facto	ory, office			281, LOCATION (Street end Number or Rural Route Number, City or Town, Stete)				
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC PHYSI	IAN: To the best of	my knowledge, dea amination and/or in	nth occurre	nd at the ti	ma, date o	end place, ath occur	and due	10 the c	ause(s) end mann te end place, and	due to the	cause(e)	end manner ee stated.
BE (296. SIGNATURE AND TITLE OF CERTIFIER	0					29c. LICE	NSE NUN	IBER	1	29d, DATE S	SIGNED (Month, Day, Year)
<u>و</u>	Cinguin 1. 1	oongo	auxin	1 \$21230 January 8-95									
	Aucusto Pi Rod	vigue:	MD,	27) (Type,	The	up b	uri	re	40	1.5M	mo.	13	0748
	JAN 11 1995	Jalia	ENTINE ROLL	dall	1	1			1				

20 yskian. urial-transit peru

THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

DHMH-18 Rev 1/89

A 40 CAS A STANDARD OF THE STANDARD STANDARD The same and the same of the s

1	-	FOR STATE REGISTR	Al
Г	1. D	ECEDENT'S	N

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		OINIE OI II	MITTER	CERTIF					MENIAL	REG. NO			
1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE	OF DEATH			3. TIME OF DEATH
Ruth	J. Ga	askins							.Тап	uary (AY 4. 19	995	7:15 A. M
4. SOCIAL SECURITY NUMBER	BER	5. SEX	8. AGE (In	yrs. lest birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE C	OF BIRTH	,, 1.	8. BIRTI	IPLACE (State or Foreign
265-56-4347	7	1 M 2 F	57	YRS.	MONTHS	DAYS	HOURS	MIN.		1, 1	938	F1 C	orida
9a. FACILITY NAME (If not in		et and number)			9b. CITY, 1	OWN	OR LOCATIO	ON OF DE		1, 1		JNTY OF D	
Holy Cross	Hospit	a1			Silv	7er	Spri	no			Mont	taoma	ry County
RESIDENCE OF DEC	CEDENT							1116			Pion	Lgome	rly County
10a. STATE	18b. COUNTY			10c. CIT	Y, TOWN OR	LOCA	TION						10d, INSIDE CITY LIMITS?
Maryland	Prince	George'	S	Fo	rt Was	-							1 YES 2 NO
100. STREET AND NUMBER						10	H. ZIP CODE				10g. CI	TIZEN OF V	WHAT COUNTRY?
7910 Winnsh	7					_	20744					ted S	States
11. MARITAL STATUS 1 Never Married 2 X		12. WAS DECEDEN FORCES? 1	YES	2 VNO	13. W/	S DE	CENDENT OF pecify Cuber	F HISPAN	C ORIGIN	(Specify Yellican, etc.)	or No—	14. RACE Black	E — American Indian, k, White, atc.
3 Widowed 4 Dive		IF YES, GIVE W	AR OR DATE	s ^A			S 2 № NO	Specify				Spec	
15, DEC	EDENT'S EDUCA	TION	1.10	6a, DECEDENT'S	USUAL OCC	IIPATI	ION .		166	KIND OF BU	CIME CO /IN	DUCTRY	Black
(Specify onl	y highest grade co	College (1-4 or 5 +		(Give kind of life. Do NOT u	work done du	ring m	ost of working	g	100.	KIND OF BU	SIME SS/IN	DUSINI	
Elementary/Secondary (C	F12)	Obinege (1-4 of 5 +	'	Nurs	9					Healt	h Ca	ro	
17. FATHER'S NAME (First, M	liddle, Last)			Nuls		-	18. MOTH	ER'S NAM	_	liddle, Maiden	_	16	
John W. Jon	nes								Simms		ournamoy		
19a. INFORMANT'S NAME (1	lype/Print)			19b. MAILING	ADDRESS (Street i		_			n. State. Z	ip Code)	
Fred E. Gas	kins			7910 1									1D 20744
20a. METHOD OF DISPOSIT	ION		20b.PI	ACE AND DATE				.,,	DATE			- City or To	
1 1 Burial 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other		al from State	cemete FO	ry, cremetory or c	ther plece)	lem	eterv	1 /	/10/9	5 Bre	ntwo	od 1	Maryland
21. SIGNATURE OF PUNERS	L SERVICE LICE	NSEE			22. NA	ME A	ND ADDRES	S OF FAC	CILITY				laryrand
1/4			_							al Ho			
23. PARY I. Enter the di	leases Dr. Co.	molications that		a death On	340	ĴΤ	Blade	nsbu	irg R	d., B	rent	wood	MD 20722
ahock, or h	eart failure. Li	at only one cau	se on aaci	bina.	not antar tr	ie mo	oda or dylr	ng, such	aa cardi	ac Dr reap	iratory a	raat,	Approximata interval Batween
IMMEDIATE CAUSE (Fir disease or condition	nal	Consta											Onset and Death
resulting in death)	41.	Sepsis											72 Hours
				onsequence of Bowe 1	,								
Sequentially list conditi				DOWEL O		uc	LIOII						72 Hours
if any, leading to imme- cause. Enter UNDERLY				enal D									F 37
CAUSE (Disease or Inju	ry S			ONSEQUENCE O		_							5 Years
reaulting in death) LAS	T	Diabet	es Me	llitus									5 Years
DARK II Osh I - III -													
PART ii. Othar aignifica	nt conditions	contributing to	death but	not reaulting	in the unde	eriyin	g cause g	ivan in f	Part i.	24a. WAS AN PERFOR		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
										1 YES 2	X NO		COMPLETION OF CAUSE OF DEATH?
									_				1 TYES 2 NO
DID TOBACCO U		BUTE TO CA						ERTAIN					
25. WAS CASE REFERRED TO EXAMINER?	1	HOSPITAL:		PLACE OF DEA	OTHER:	y one)						-	
1 TYES 2 NO	1	Inpetient 2	_		4 - Nursin		na 5 🗆 Res	idence (
27. MANNER OF DEATH 1 V Natural 5	Pending	28a. DATE OF (Month, Da		28b. TIM	IURY	WC	JURY AT DRK?		28d. DE\$0	CRIBE HOW I	NJURY OC	CURED	
2 Accident	Investigation	20 - PLACE OF	F IN HIPM	As beautiful and a second			YES 2	NO					
	Could not be determined	building,	etc. (Specify)	At home, lerm,	street, lactory	, offic	:•		28I. LOCA City of	TION (Street : r Town, State)	and Numbe	r or Runal F	loute Number,
no oceanicies													
(Check only X CEHT		AN: To the best of											
2 MEDI	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.												
29b. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)													
D37529 ▶ Jan. 10, 1995													
30. NAME AND ADDRESS OF													
Ronald C. W	Ronald C. Wheeler, M.D., 6104 Old Branch Avenue, Temple Hills, Maryland 20748												
31. DATE FILED (Month, Day,	Ybar)	32. REGISTRA											
JAN	TT 1992	James		JAN 11 1995 Jahr Division Randall									

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

T. .

within 24 hours after death. Page 6 may be retained by the hospital or attending phys	pletely filled in by the funeral director, page 5 should be detached for use as the buri cremation, or removal.	rent, the medical examiner must be notified at once.	TO BE COMPLETED BY FUNE
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-limin filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	*MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMI			MENTAL HYGIENI REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	/ /	S 1			2. DATE OF OEATH DA	VE_YE	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 5.	. SEX 6. AGE //o	sandy			anuary 8	1993	//t H
216-12-8961	□ M 2 🔏 F 74	YRS. last birthday) / IF U	INDER 1 YEAR THE DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2/26/20		BIRTHPLACE (State or Foreign Country) altimore, Md.
9a. FACILITY NAME (if not institution, give strast	and number)	9b.	CITY, TOWN O	R LOCATION OF OE	ATH	9c. COUNTY	OF DEATH
1513 Fenwood Ave.		0	xon Hi	11		Prince	e George's
10e. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATI	ON			10d. INSIDE CITY
Maryland Prince	George's	0xon	Hill				1 X YES 2 NO
10e. STREET AND NUMBER		•	101.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
1513 Fenwood Ave.			2	0745		USA	100
11. MARITAL STATUS 12 1 Never Merried 2 Married	2. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED			C ORIGIN? (Specify Year, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	ES	1 TYES			1	Specify: Vnite
15. DECEDENT'S EDUCATI	ION	16a. DECEDENT'S USUA	AL OCCUPATIO	N .	16b. KIND OF BUS		
(Specify only highest grade con Elementary/Secondary (0-12)	npleted) College (1-4 or 5+)	(Give kind of work d	lone durina mos	t of working	Table Killy Or 2003	1450/1145031	ni
12th		Homema	ker		at home		- Bi
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	AE (First, Middle, Maiden S	iumame)	300 milk 5 h
Unknown	Sprou	ıse		Lillia	n Taylor		16 A V 18 X
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDI	RESS (Street an	d Number or Rural R	oute Number, City or Town	State, Zip Coo	le)
Arthur W. Gandy	<u> </u>	same a	s item	10			
20e. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remove	I from State 20b.f	PLACE AND DATE OF DIS	SPOSITION (Ner	neof	DATE 20c. LOC		or Town, State
4 Donation 5 Other (Specify) 21. SIGNATURE OF UNERAL SERVICE LICEN:	Md.	veteran	s Ceme	tery 1/	41/95 Che		ım, Md.
21. SIGNAL OF LICENSE	1		George	P. Kala	s Funeral	Home	
23. PART I. Enter the diseases, or com	las for		6160 0	xon Hill	Rd. Oxon	Hill.	Md. 20745
immediate cause. Enter Underlying Cause. Enter Underlying Cause or initiated events	OUE TO (OR AS A C	ch line.			rula o		Interval Between
resulting in death) LAST PART ii. Other significant conditions c			e underlying	cause given in F	Part I. 24s. WAS AN A	шторзу	24b, WERE AUTOPSY FINDINGS
					PERFORI		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
DID TOBACCO USE CONTRIB				UNCERTAIN			
	OSPITAL:	8. PLACE OF DEATH (CH	neck only one) HER:				
1 DYES 2 NO 1	Inpatiant 2 ER/Output	tlant 3 DOA 4 D	Nursing Home	5 Residence			
1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	M 1 N	RY AT IK? ES 2 NO	28d. OEŞCRIBE HOW IN	JURY OCCURE	ED
3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY - building, atc. (Specify	– At home, lerm, street,	lectory, office		261. LOCATION (Street er City or Town, State)	d Number of R	tural Route Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL ONE) 2 MEDICAL EXAMINER: C							use(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM			GNED (Month, Day, Year)
31. DATE FILED (Month, Day, Year)	Eldry W	H (ITEM 27) (Type, Print)	500	9212 C	bum Ch	musi	18,1993 ANNS
JAN 11 199	5 Jalia d'au	West Rardall	_			. 0	0 7 -0

1	-	FOR STATE REGISTRAR
i.		REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

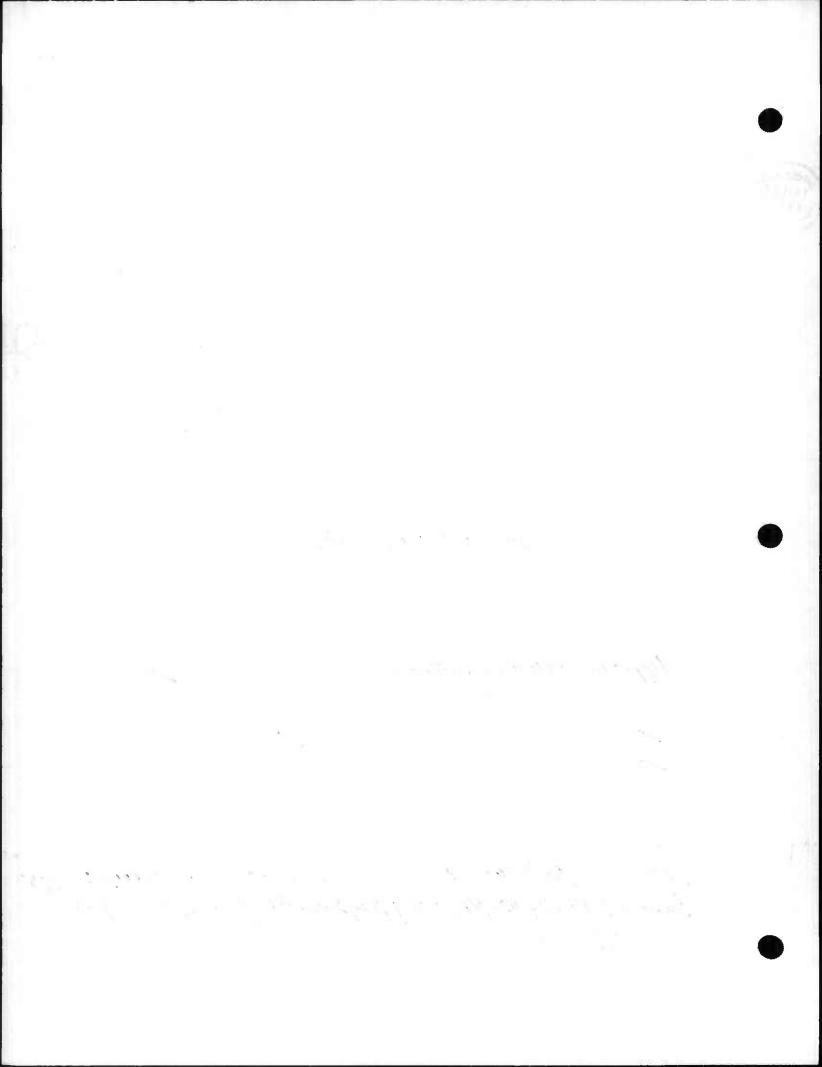
	1 - STATE REGISTRAR		CATE OF		REG.					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	1		3. TIME OF DEATH		
	MICHAEL ANIS	GIBBS, JR.			January	5, 199	95	7:50 A M		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AC	GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dmy, Year			IPLACE (State or Foreign		
	216-21-9274	216-21-9274 1 ⊠ M 2 □ F 25 YRS. MONTHS						nidad		
	Bs. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN C	R LOCATION OF DE	Feb. 16,	7 7 7	JNTY OF D			
DIRECTOR	5707 38th Avenue Hyattsville Prince G									
2	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY									
	Maryland Prince George's		10d. INSIDE CITY LIMITS?							
	10e. STREET AND NUMBER	liya	ttsville	ZIP CODE				1 X YES 2 NO		
FUNERAL	5707 38th Avenue		- 1	0782				WHAT COUNTRY?		
Š	ti. MARITAL STATUS 12. WAS DECEDENT EVE	R IN U.S. ARMED			IC ORIGIN? (Specify		nida	E — American Indian.		
	1 Never Married 2 Married FORCES? 1 Y	ES 2 X NO	If yes, sp		, Puerto Ricen, etc.)		Black	k, White, etc.		
ВУ	3 Widowed 4 Divorced	. • • • • • • • • • • • • • • • • • • •	1 1 1 1 2 3	z gg NO Specify			Speci	Black		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16s, DECEDENT'S	USUAL OCCUPATIO	N et of working	16b, KIND OF	BUSINESS/IN	DUSTRY			
9	Elementary/Secondary (0-12) College (1-4 or 5+)	Ille. Do NOT us	e retired.)	n or working	.,,					
MP M	2	None			None					
႘	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAM	AE (First, Middle, Mak	den Sumame)				
BE	Michael Anis Gibbs, Sr.				Beatrice					
5	19e. INFORMANT'S NAME (Type/Print)				oute Number, City or			20782		
	Angela Beatrice Gibbs				tsville,					
Ť	20e. METHOD OF DISPOSITION 1 Buriel 2 G Cremation 3 Removal from State	cometery, crematory or ot letropolit	F DISPOSITION (Na her place)	ne of	OATE 20c.	LOCATION —		- 13-34-7		
- 1	4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	letropolit	an Crema	DADDRESS OF FAC	7/95 A	Lexand	rıa,	Virginia		
- 1	7/0 4-	1 0			s Sons F	uneral	l Hom	e, P.A.		
	H tonslance D	asek	4739 E	altimore	Ave. Hv	attsvi	llle.	MD 20781		
	23. PART I. Enter the disease, or complications that ceushock, or heart feilure. List only one cause of IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Due to (or A	S A CONSEQUENCE OF			To the contract of the		,	Approximete Interval Between Onset and Death		
HILLCATION	if any, leading to immediate	S A CONSEQUENCE OF):							
2	CAUSE, Enter UNDERLYING CAUSE (Disease or Injury									
	that initiated events resulting in deeth) LAST	S A CONSEQUENCE OF):							
	d									
- 1	PART II. Other algnificent conditions contributing to death	but not resulting in	n the underlying	ceuse given in i	Part I. 24s. WAS	AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS		
DICAL	Upper proporatory infe	clim.				ORMEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
ME								OF DEATH?		
	DID TOBACCO USE CONTRIBUTE TO CAUSE	OF DEATH YE	S NO	UNCERTAIN						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	28. PLACE OF DEAT								
ā	1 PES 2 NO HOSPITAL: 1 Input lent 2 ER/O	utpatient 3 🗆 DOA	OTHER: 4 Nursing Home	5 Emssidence	Other (Specify)					
> 1	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation		JRY WO	RY AT RK?	28d. DESCRIBE HO	W INJURY OC	CURED			
LED B	- Indicate	IRY — At home, ferm, si pecify)	treet, factory, office		26f. LOCATION (Stree City or Town, Sta	et and Number	r or Rural R	loute Number,		
	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my kn	Coulodro doub and	d at the the A	ad alass and day						
COMPL	(Check only one) 2 MEDICAL EXAMINER: On the best of examine							and magner on stated		
- 11	29b. SANATURE AND TITLE OF CRATIFIES		1							
2	Avenus to P Liduary 3	MA	1	99c. LICENSE NUM	867 207	29d. DAT	E SIGNED	(Month, Dmy, Year)		
2	30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print)	7		ANA	4	46,1995		
	Augus to PRONIGOREZ_MIT	5009	Rou Kin	mALI	In San	ma	20	748		
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SI	GNATURE	wypu		The sales	0.00	00	170		
	IAN 09 1995 Julia Davidson Ra	dall			V					
- 1	The same of the sa	- 4								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permut be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

DHMH-16 Rev 1/89



FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	SIAIE UF I	MARYLAND C	ERTIF					MENIA	REG. NO.	E			
1. DECEDENT'S NAME (First, Middle, Last)				OATE	01	DEAI		2. DATE	OF DEATH		1	3. TIME OF DEATH	
Clara Alice HECKE	R							MONT	H DA		YEAR		
4. SOCIAL SECURITY NUMBER (. SEX	6. AGE (In yrs. Is	st birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.		nuary 1			5:48 p. M	
214-09-5099	214-09-5099 1 □ M 2 ☑ F 79 YRS. MONTHS DAY							(Mont	h, Day, Year)				
9a. FACILITY NAME (If not institution, give stree	t and number)	13		9b. CITY	TOWN O	R LOCATIO	N OF DE		7.14,19		Pennsylvania		
413 Ridge Avenue	,												
RESIDENCE OF DECEDENT				1	iage	rsto	wn			Was	shing	ton	
10a. STATE 10b. COUNTY			10c. CITY	, TOWN OF	LOCATI	ION					1	Od. INSIDE CITY LIMITS?	
W Massaul 1 TT- 1. !										YES 2 NO			
10e. STREET AND NUMBER					10f.	ZIP CODE				10g. CITIZ	EN OF WH	AT COUNTRY?	
413 Ridge Avenue						21	740				USA		
		T EVER IN U.S. A		13. W	AS DECE	ENDENT OF	F HISPAN	IC ORIGI	N? (Specify Yea	or No-		- American Indian, Whita, atc.	
1 Never Married 2 Married	IF YES, GIVE V	YES 2X	NO			cify Cuban 2 X NO			Rican, etc.)		Black, Specify	White, atc.	
3 Widowed 4 Divorced						.57					whi	te	
15. OECEDENT'S EDUCAT (Specify only highest grade cor		(0	ECEOENT'S Give kind of w	rork done de	CUPATIO	N it of working	g	161	. KIND OF BUS	INESS/INDU	ISTRY		
Elementary/Secondary (0-12)	College (1-4 or 5	- 66	a. Do NOT us	e retired.)									
8	0		home	maker	-				her o	wn ho	ome		
17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAI	WE (First,	Middle, Maiden	Sumame)			
John H. Kunkleman						Ma	ae O	tt					
19a. INFORMANT'S NAME (Type/Print)		19							ber, City or Town				
Paul Hecker, Sr.			413	Ridge	e Av	e., 1	Hage	rsto	wn, Ma	rylar	nd 21	740	
20a. METHOD OF DISPOSITION 1 XBurial 2 Cremation 3 Remova	I from Casts	20b. PLACE	AND DATE C	F DISPOSIT	TION (Nar	ne of		DAT	E 20c. LO	CATION — C	ity or Town	n, Stata	
4 Donation 5 Other (Specify)	THOM State	_ Res	t Hav	en Ce	met	ery	1-2	0 - 95	Hag	ersto	wn,	Maryland	
1 (X Burdal 2 Cremation 3 Ramoval from State cemetery, crematory or other placel 4 Donalion 5 Other (Specify) Rest Haven Cemetery 1-20-95 Hagerstown, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MINNICH FUNERAL HOME													
1 South	ny	7	/										
22 PART i Feter the diseases or one	111	inne	ar	- 41	.5 E	. Wi.	Lson	Blv	d., Ha	gerst	own,	Md. 21740	
23. PART i. Enter the diseesea, or con shock, or heert failure. Lie	t only one cau	se on each lin	eeth. Do n e.	ot enter t	he mod	de of dyle	ng, such	aa car	diac or reapi	ratory arre	ent,	Approximate Interval Between	
IMMEDIATE CAUSE (Final	222			01.								Onset and Death	
disease or condition resulting in death) a	PROF	OR AS A CONSE	$\equiv f$	NE	· レ/	MON	VIA					IWEEK	
	DUE TO	(OR AS A CONSE	OUENCE OF):									
Sequentially list conditions, b.	LUNC	3 CAN	KEI	RO	F	UNS	<nc< td=""><td>WN</td><td>ETI</td><td>OLOG</td><td>. YN</td><td>6 MONTHS</td></nc<>	WN	ETI	OLOG	. YN	6 MONTHS	
if any, leeding to immediate cause. Enter UNDERLYING	DUE 10	(OR AS A CONSE	OUENCE OF):									
CAUSE (Disease or injury C.	Due To	(OR AS A CONSE											
thet initieted eventa resulting in deeth) LAST	DOE 10	(ON AS A CONSE	OUENCE OF):								1	
d													
PART II. Other aignificent conditions of	ontributing to	death but not	resulting i	n the und	terlying	ceuse q	iven in (Part I.	24a. WAS AN	AUTOPSY	24b. V	VERE AUTOPSY FINDINGS	
CARCINOMA		ARYI			1.00				PERFOR	MED?	A	MAILABLE PRIOR TO COMPLETION DF CAUSE	
HYPERTENSI									1 TES 2	NO		OF DEATH?	
DID TOBACCO USE CO		E TO CAL	ISE OF	DEAT	u v	ES 🔀	NC				1	YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL	JINIKIDOT	L TO CAL	JOE OF	DEAT			•						
EXAMINER?	OSPITAL:	,		OTHER	:	ACE OF DE	ATH (Che	ick only a	ne)				
1 YES 2 NO 1	28a. DATE OF	ER/Oulpatient		4 Nursi			sidence		r (Specify)				
1 Netural 5 Pending	(Month, E	ay, Year)	28b. TIME		WOF	RK?		28d. DE	SCRIBE HOW II	NJURY OCC	URED		
2 Accident Investigation	2 Accident Investigation " 1 YES 2 NO												
3 Suicide 8 Could not be 4 Homicide datarmined													
29a. CERTIFIER Check only	N: To the best of	my knowledge, d	aeth occurre	d at the tin	ne, deta	and place,	and dua	lo the ca	use(a) and man	ner aa state	d,		
one) 2 MEDICAL EXAMINER:	On the basis of a	xamination and/or	Investigation	n, in my op	Inion, de	ath occure	ed at the	time, date	and place, and	d dua to tha	cause(a) a	and manner as stated.	
290 SIGNATURE AND TULE OF CENTIFIER		· · · · · · · · · · · · · · · · · · ·				29c. LICE	NSE NUM	BER		29d. DATE	SIGNED (A	fonth, Day, Year)	
Mark Str	MESTY	MD					1 cm m	37	J	▶ T	4 A/ 15	8 1995	
Mark Jameson MD D 31537 DAN 18, 1995													
30. NAME AND ADDRESS OF PENDON WHO CO													

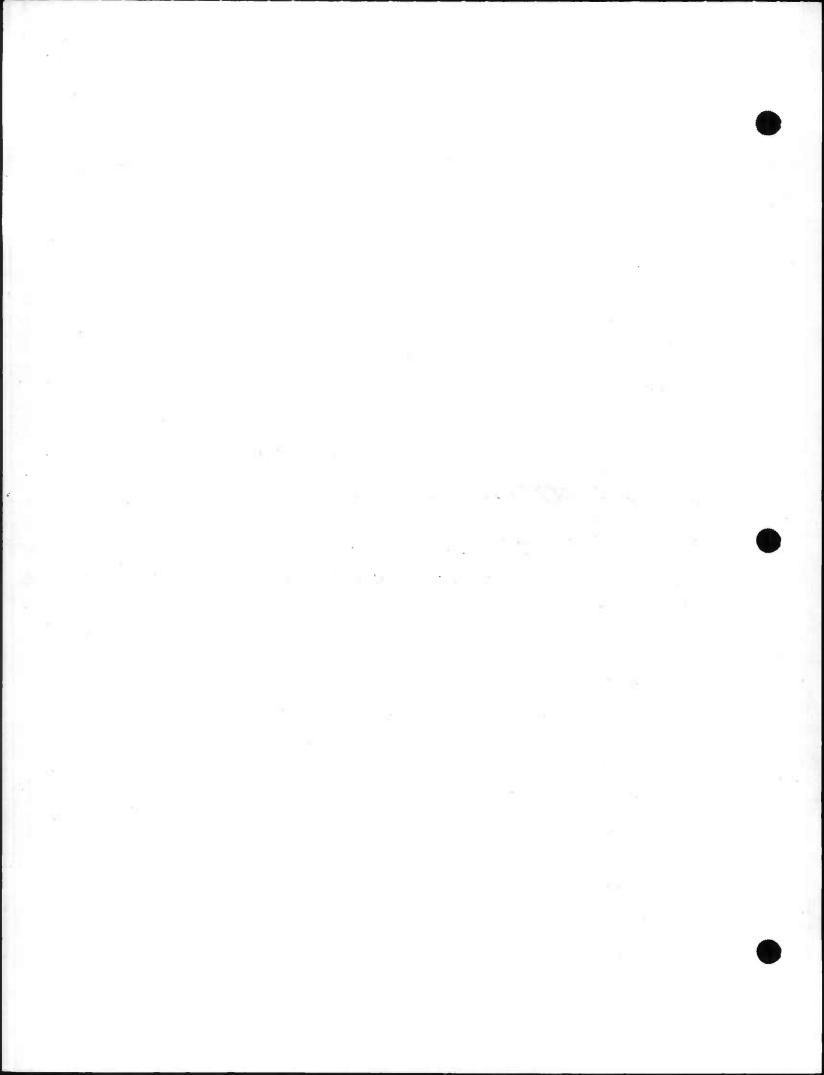
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the most feath. Page 6 may be retained by the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

JAN 1 9 1995

DHMH-16 Rev 1/89



	- STATE REGISTR
ı	1. DECEDENT'S
ľ	Cha

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR		STATE OF I	ARYL	AND /	DEPART	MENT CATE	OF OF	HEALTH AND	MENT	TAL HYGIEN	E			
1. DECEDENT'S NAME (First	, Middle, Last)								2. DA	TE OF DEATH			3. TIME OF OE	ATH
Charles	Frede	erick Ho	1tzm	ann					MOI	NTH DA		1995	10:12	A
4. SOCIAL SECURITY NUME		5. SEX		in yrs. las	t birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7 DA1	TE OF BIRTH			IPLACE (State or	Fomian
168-10-3151	Δ	1 😡 M 2 🗆 F	85		YRS.	MONTHS	DAYS	HOURS MIN.	May	onth, Bay, Year) 90)9	Peni	ísylvan:	ia
9e. FACILITY NAME (If not in		tniet end number)	- 03			9b. CITY, 1	rown	OR LOCATION OF D		, -,		INTY OF D		
Washington County Hospital Hagerstown Washington														
40. OTHE											10d. INSIDE CI	ΓY		
Maryland	Maryland Washington Williamsport										LIMITS?			
10e. STREET AND NUMBER							10	of. ZIP CODE			10g. ÇI1		WHAT COUNTRY	1
16505 Vir	ginia	Avenue						21795				USA		
11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER IN	U.S. AR	MED			CENDENT OF HISPAI			or No-	14. RACI	E — American Inc.	dian,
1 Never Married 2 3 Widowed 4 Divo	3 - 2 - 2 - 2 - 2	IF YES, GIVE V						S 2 NO Specif		io meen, etc.)		Spec	thr:	
													White	
15. DEC (Specify only	EDENT'S EDUC y highest grade	CATION completed)		(G)	CEDENT'S U	nrk done du	UPATI	ION ost of working	1	66. KIND OF BUS	INESS/IN	DUSTRY		
Elementary/Secondary (0	1-12)	College (1-4 or 5	-)	life.	Do NOT use	retired.)						-		
12				ma	nager					electri	cial	sale	es	
17. FATHER'S NAME (First, M	liddle, Last)							18. MOTHER'S NA	ME (Firs	I, Middle, Maiden	Sumame)			
Walter	Jacob	Holtz	nann					Alma		Herrman	nn			
19e. INFORMANT'S NAME (7	ype/Print)			198	. MAILING	AOORESS (Street	end Number or Rural	Floute Nu	imber, City or Town	n, State, Zi	p Code)		
Helen H.		er		_	O Bri		_	-		agersto				740
1 Donellon 6 Other	n 3 🗌 Remo	oval from State			Haver					200. LO		OWN,		nd
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Gerald N. Minnich 305 N. Potomac Street									et					
Mara	0/1	11/01	ruc	1				al Home					Marylar	nd
Appear of the second state	aart fallure. i	complications that List only one cau	t caused se on a	tha da och ilna	ath. Do no	ot anter ti	ha me	oda of dying, suc	ch as ca	ardiac or respi	ratory ar	rest,		Between
IMMEDIATE CAUSE (Fin disease or condition	ial	Cond		2 1						1				nd Daath ,
resulting in death)	→ ,	. Cara	101	111	mo	nar	U	arre	251				aco	ite
							/							day:
Sequantially list conditi	ions.	Viver											21	day
If any, laading to immed	dlata	OUE TO	(OR AS A	CONSEC	UENCE OF)	:								- 1
CAUSE (Disease or Inju		D												
that initiated events resulting in death) LAS	,	OUE TO	(OR AS A	R AS A CONSEQUENCE OF):										
resulting in death) EAO	' L a	s												
PART II. Other significa	nt conditions	s contributing to	daath bi	ut not re	sulting in	the und	nelvin	o cause alven la	Dort I	24a, WAS AN	ALITORAY	Lau	WEDE AUTOBOU	
D. Carci	10000	of pro	cta	4	6 1		a	ag cause given in	rait i.	PERFOR		240	WERE AUTOPSY AVAILABLE PRIO	R TO
C) COLICIO	101719	01 700	00	1	01	The	0	war.	1	1 □ YES 2	NO		OF DEATH?	CAUSE
melas	tose	2 (2)	Re	en	ma	loc	d	green	ru	10			1 - YES 2 -	NO
DID TOBACCO U	SE CONTR	RIBUTE TO CA	USE O	F DEA	TH YES	S □ N	O E	UNCERTAIL	N \square					
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	1	28. PLAC	E OF DEATH		ly one)							
1 YES 2 NO		1 Inpatient 2	ER/Oulp	ntient 3		OTHER: 4 - Number	g Hon	ne 5 🗆 Reeldence	6 🗆 Ot	her (Specify)				
27. MANNER OF DEATH		28e. OATE OF			28b. TIME	OF 2	8c. IN.	JURY AT		ESCRIBE HOW IN	JURY OC	CUREO		
Netural 5 Pending (Month, Day, Year) INJURY WORK? 1 YES 2 NO														
2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, form, streel, factory, office 28f, LOCATION (Street and Number or Rural Route Number)										$\overline{}$				
	determined	building,	atc. (Spec	ny)					Ch	ty or Town, State)				
290. CERTIFIER	TEVINO BUDGO	CANAL TO ALL TO ALL THE ALL TH				Vincente		000010010000						
(Check only								end place, end due						
			aminetion	end/or li	rvestigation	, in my oph	nion, i	death occured at the	time, da	Me end place, end	due lo ti	he ceuse(e) end menner ee	stated.
296. SIGNATURE AND TITLE	OF CERTIFIER	1/.				a N	^	29c. LICENSE NUI	MBER	1.0	29d. OAT	E SIGNED	(Morth, Day, Year)
1/1029	2 /1	lun	na	nd	VIL	D.M.	0	121	53	12		1/21	4/95	_
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETEO CAUS	E OF DE	TH (ITEN	1 27) (Type, I	Print)		01 1					11	
Laborce 1	No.		17	60	Har.	1011		U = U	2	1		. /		

32. REGISTRAR'S SIGNATURE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

JAN 25 1995

DHMH-16 Rav 1/89

TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: After be filed within 72 hours after deat IMPORTANT: If frem 28 is ma

COMPLETED

BE

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		in DESCRIPTION TO THAME (7 85)	, minums, cast)								
			GA				LAND				
		4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (/	n yrs. lasi		IF UND	ER 1 YEA		
29		215-62-019	-	1 🔀 M 2 🗆 F		39	YRS.	MONTHS	DAY		
/		9a. FACILITY NAME (If not in						9b. CI	ry, row		
	DIRECTOR	9863 Deal :		Road					De		
HME	ਹ	RESIDENCE OF DEC	10b, COUNT								
(finis)	E .	1000	324 524				10c. CIT	Y, TOWN			
	0	Maryland		Somerset			<u></u>		ame		
d	A A	100. STREET AND NUMBER									
020 physician. burial-transit	FUNERAL	24901 Dea1	Island								
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the buriat-tran totlified at once.	5	11. MARITAL STATUS 1 Never Married 2 K		1:I. WAS DECEDEN FORCES? 1	T EVER IN	U.S. ARI	MED	13	WAS D		
ing ph	ВУ	3 Widowed 4 Divo	Married	IF YES, GIVE V		TES			1 Y		
as th											
use use	COMPLETED	(Specify only	EDENT'S EDU	carion completed)		16a. DEC	CEDENT'S re kind of v Do NOT us	USUAL	DCCUPA during		
2 2 differ of for	٦	Elementary/Secondary (0)-12)	College (1-4 or 5	,)		
NE hosp	M	H. S. Gradi				rub1	.oyee	}			
MARYLAND retained by the hospit S should be detached notified at once.		17. FATHER'S NAME (First, M									
₩ 6 5 4 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	BE		lland								
AAA shor	0	19a. INFORMANT'S NAME (7					MAILING		SS (Stree		
		Dawn P. Hol		(Wife)		2	4901	De	al :		
BALTIMORE, MARYLAND 21215-0020 er death. Page 6 may be retained by the hospital or attending physic the funeral director, page 5 should be detached for use as the buriah val.		20a. METHOD OF DISPOSITI 1 X Burial 2 Crematic 4 Donation 5 Other	n 3 🗆 Rame	oval from Stata	20b. ceme St.	PLACE A	ND DATE OF OR	her place	sition mete		
Page al dir		21. SIGNATURE OF FUNERA	L SERVICE LIG	9ISEE /	1	1			. NAME		
ALT death. tunera		· lebus	11.15	icolek	alo,	h		B	rad		
B/B rs after or by the removal.	-	Robert		acisnaw, J	r //			3	06 1		
dus in b		23. PART i. Enter the di shock, or he	iseases, or c eart failure. 1	omplications the list only one cau	t ceused	the dea	th. Do n	ot ente	r the r		
	- 1	IMMEDIATE CAUSE (Fin			tast		car	ciu	an a		
atio		disesse or condition resulting in death)	→	1.	0000	201.0	· CCLL	CE	JIIa		
C68760, executed within and completely o burial, cremati matic event, ta				DUE TO	(OR AS A	CONSEO	UENCE OF):			
687 precuted and com burial,	Z	Constant House		Gastric carcinoma							
OX 68 be executivition and confiction to buriestic	CERTIFICATION	Sequentially list conditi if any, leading to immed	diate	DUE TO	(OR AS A	CONSEC	JENCE OF):			
BOX icate be a physician ne prior to	S	CAUSE (Disease or inju									
D.O. B.C. in certificate inding physic Hygiene pri or other tr	E	thet initiated eventa		DUE TO	(OR AS A	CONSEQ	JENCE OF):			
death certification attending brital Hygier ry, or oth	#	resulting in daeth) LAS									
the death the death of the attend of Mental P		PART II. Other aignifice	nt condition	contributing to	dooth by						
ORC that the	S	707	- Solidition	tonthoung to	ueeth ou	t not re	suiting i	n tha u	naeriy		
Signed by Health any									_		
RECC requires been sign. c. of Healt shows	Σ										
AL F has be Dept.	PHYSICIAN: MEDICAL		-								
N: The icate he State D	5	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:				OTHE	26.		
F VIT, SICIAN: The Scartificate the State to or Item	XS	1 TES 2 NO		1 Inpatient 2 I		tient 3 [DOA	4 Nu			
OF VITAL RECORDS, P.O. BOX 68760, PHYSICIAN: The law requires that the death certificate be executed with this certificate has been signed by the attending physician and complete with the State Dept. of Health and Mental Hygiene prior to burial. cremited, or filem 23 shows any Injury, or other traumatte event.	표	27. MANNER OF DEATN		26a. DATE OF (Month, Da			28b. TIME	OF	28c. I		
NG PHYSI Ther this contact with 1	₽		Pending rivestigation					М	1 [
C 0	-04						_				

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH 3. TIME OF OEATH DAY 1995 Jan. 14, 3:55 P. AR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Jan. 30, 1955 Maryland YN OR LOCATION OF DEATH 9c. COUNTY OF DEATH al Island, MD Somerset CATION 10d. INSIDE CITY s Quarter 1 YES 2 NO 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21820 U.S.A. DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-specify Cuban, Mexican, Puarto Rican, atc.) 14. RACE — American Indian, Black, White, atc. ES 2 KNO Specify: Specify: White ATION most of working 16b. KIND OF BUSINESS/INDUSTRY Eastern Correctional Institution 18. MOTNER'S NAME (First, Middle, Meiden Surname) Josephine Webster et and Number or Rural Route Number, City or Town, State, Zip Code) Island Rd. - Dames Quarter, MD DATE 20c. LOCATION - City or Town, State ery- 1/17/95 Wenona, MD AND ADORESS OF FACILITY shaw & Sons Funeral Home W. Main St. - Crisfield, MD mode of dying, such as cerdiac or respiratory arrest, Approximata Interval Between **Onset and Death** 4 mont is 5 month ing ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PLACE OF DEATH (Check only one) ome 5 K Residence 6 Other (Specify) NJURY AT 26d. DESCRIBE NOW INJURY OCCURED YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Nomicide 29e. CERTIFIER 1 🔀 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beals ion and/or investigation, in my opinion, death occured at the time, data and place, and dua to the cause(a) and manner so stated. SENATURE AND TITLE OF 29d. DATE SIGNED (Month, Day, Year) D10818 WAG COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) E. C. Sutter, M.D. - Dames Quarter, MD 21820 Jali Standar Rangell

(HV)

2015

1647 9 3905 July June State

BALTIMORE, MARYLAND 21215	24 hours after death, Page 6 may be retained by the hospital or attern	y filled in by the funeral director, page 5 should be detached for use as tion, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attent	THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use an be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

		FOR 1 - STATE REGISTRAR	STATE OF N	IARYL	AND /	DEPAR	TMEN	T OF	HEALTH DEA	I AND	MENTA				02044
		1. DECEDENT'S NAME (First, Middle, Last) EDWIN CHARLE	ES			FMAN	ICAI	E OF	DEA	un_	2. DATI	REG. NO	AY	YEAR	3. TIME OF DEATH 2:08 p
		4. SOCIAL SECURITY NUMBER 705-05-8534	5. SEX	MONTHS DAYS HOURS MIN. D								of BIRTH	14	6. BIRTH Counti	MARYLAND
DIRECTOR		96. FACILITY NAME (If not institution, give street MEMORIAL HOSPITAL RESIDENCE OF DECEDENT	MEDICAL Se CENTER Se CENTER Se CENTER CUMBERLAND											NTY OF D	
- 1	- 11	MD . ALLE	EGANY									:			10d. INSIDE CITY LIMITS? 14 YES 2 NO
FUNERAL		810 SHAWNEE AVE	12. WAS DECEDEN	r EVED II	WII S ADI	MED	10		2150	02	NC ODIO	ADD 470-1-14	U.	S.A.	WHAT COUNTRY?
ě		1 Never Married XX Married 3 Wildowed 4 Divorced	FORCES? 15 IF YES, GIVE W	YES OR D	2 N	0		13. WAS DECENDENT OF HISPANIC ORIGIN? (Spif yes, specify Cuban, Maxican, Puerto Ricen, 1 ☐ YES ▼♥ NO Specify:					B or No.	Black	E — American Indian, k, White, etc. My:WHITE
PLETED		15. DECEDENT'S EDUCI (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5 +		(Gir life.	Do NOT us	work done se retired.	during m	ION lost of work	ing		b. KIND OF BU			
ed at once. BE COMPLET	ıl											FREIGHT & PASSENGER FLAGMAN (First, Middle, Meiden Sumerne)			
be notifie		19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zi FRANCES HOFFMAN 810 SHAWNEE AVE CUMBERLAND MARYLAND									21502				
examiner must be notified at once.		20s. METHOD OF DISPOSITION 1/2 Paurial 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MERRITT-ADAMS FUNERAL HOME													
		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or recognizatory errest.											RYLAND		
t, the medical		shock, or heert fallure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	B. DUE TO (OR AS A CONSEQUENCE OF):									Interval Between Onset and Death			
natic ever		Due to (or as a consequence of): Sequentially list conditions, Due to (or as a consequence of):											51		
r other traumatic event, the RTIFICATION		If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST				UENCE OF		9							(weel
5 6		PART II. Other eignificent conditions	contributing to	deeth b	ut not re	euiting	In the u	nderlylr	ng ceuse	given in	Part I.	24s. WAS AN		24b.	WERE AUTOPSY FINDINGS
shows any injury, : MEDICAL CI		PERFORMED? 1 VES 2 NO AVAILABLE PRIOR TO COMPLETION OF CALL OF DEATH?										COMPLETION OF CAUSE			
r item 23 sl 'SICIAN:			HOSPITAL:		26. PLAC	E OF DEAT	OTHE	only one)	CERTAII					
marked, or BY PHYS		1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	1.0 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28a. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY WORK? 28b. TIME OF INJURY AT WORK? 1 VES 2 NO												
28 is TED		3 Suicide 6 Could not be determined	26a. PLACE Of building,	INJURY	— At hor	ne, ferm, s	streat, fa	ctory, offi	Ce			CATION (Street or Town, State)		or Rural F	Route Number,
IMPORTANT: It Item 2 O BE COMPLET) and manner as stated.
TO BE	ш	296. BIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DF	ATH (ITEM	27) (Time	Printl			36766			29d, DAT	E SIONED	(Month, Day, Year)

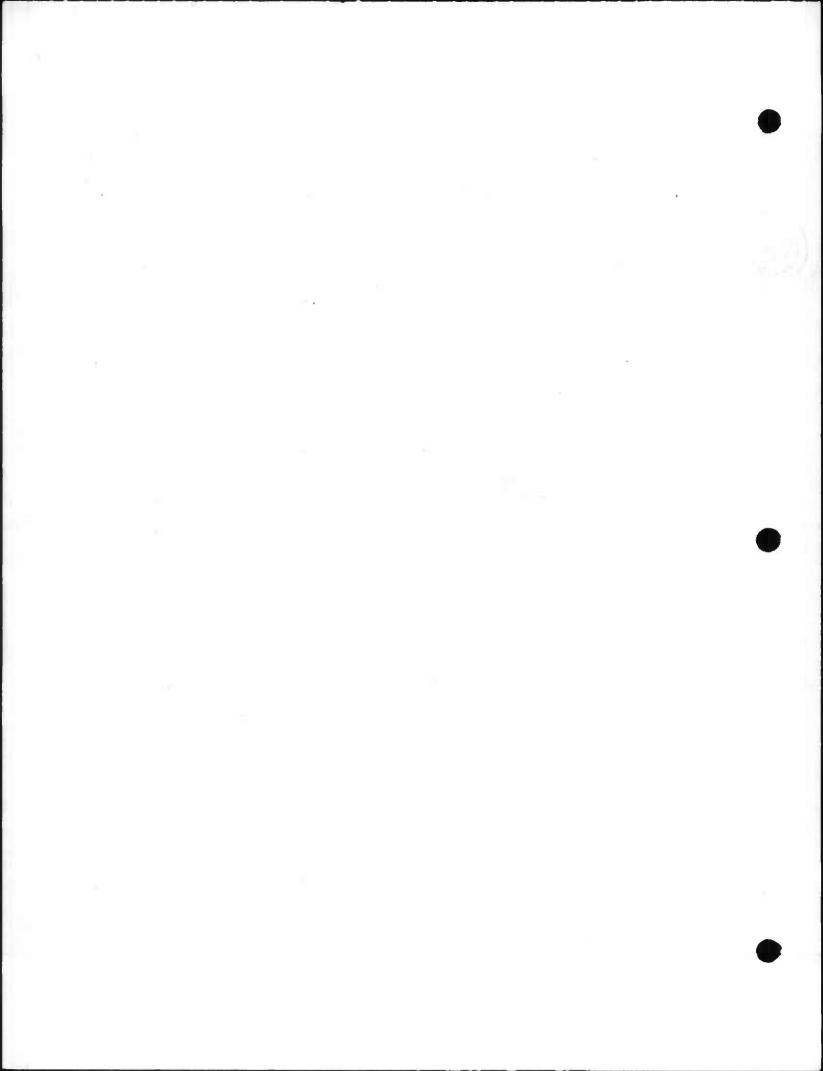
955 FREDERICK ST., CUMBERLAND, MD

32. REGISTRAR'S SIGNATURE Sawales Randal

21502

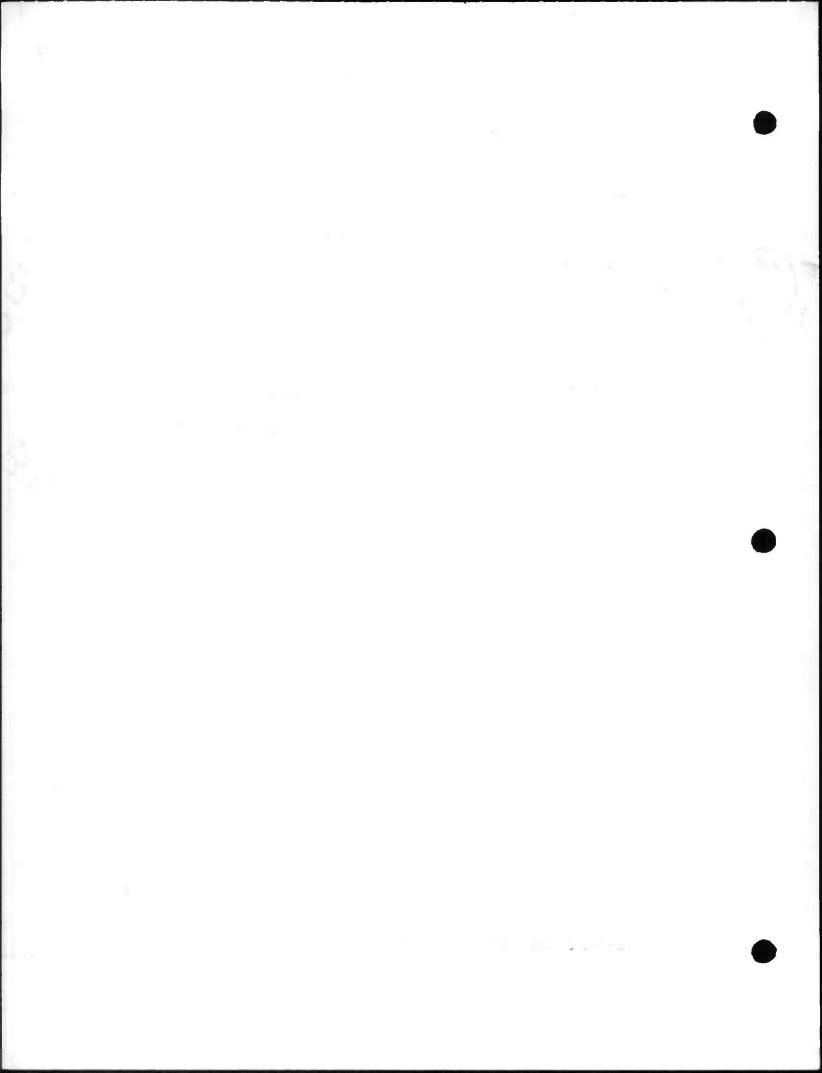
VIK POONAI M.D.,

31. DATE FILED (Month, Day, Year)



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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR **CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ELith Marie Hasse JAN 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 066-03-2940 A 1 M 2 K F 81 30,1913 New York March 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Harford Memorial Hospital Havre de Grace Harford RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Harford Belcamp 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1301 Jervis Square 21017 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexicen, Puerto Ricen, stc.) RACE — American Indian, Black, White, etc. 1 X Never Married 2 Married IF YES, GIVE WAR OR DATES BY 1 TYES 2 NO Specify Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY 100 BALTIMORE, MARYLAND 2121 hours after death. Page 6 may be retained by the hospital or (Specify only highe Elementary/Secondary (0-12) JQ. College (1-4 or 5+) funeral director, page 5 should be detached 12 Executive Secretary Bank once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surneme) Ħ Anders Gustave Hasse] Ohlsson BE Maria (nmn) notitled 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Alice L. Hassel Belcamp, .301 Jervis Square, Md. 21017 pe 20e. METHOD OF DISPOSITION
1 → Buriel 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must 4 Donation 5 Other (Specify) Memorial Gardens 1-13-95 Aldino. medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Howard K. McComas III Funeral Home, P.A. 1317 Cokesbury Rd., Abingdon, Md. 21009 ysician and completely filled in by the prior to bunal, cremation, or removal. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ehock, or heart failure. List only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (Finel Onset end Death the disease or condition within 24 ARDS 10 days event. resulting in death) DUE TO (OR AS A CONSEQUENCE OF): executed 61 Blinding traumatic 3 wut CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate the attending physician I Mental Hygiene prior tr that the death certificate be cause. Enter UNDERLYING CAUSE (Disease or injury Hypother and a consequence of: other that initiated evente resulting in deeth) LAST 10 Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS the been signed by the pt. of Health and N AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? shows any 1 YES 2 NO 1 YES 2 NO has bee PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO 12 UNCERTAIN THE HOSPITAL OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem certificate h HOSPITAL: OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 6 this certifi 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED marked. 1 Natural WORK 5 Pending DIRECTOR: After the hours after death v BY 1 YES 2 NO 2 Accident 26e. PLACE OF INJURY — At home, lerm, streel, factory, office building, stc. (Specify) 3 Sutcide 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) 28 Is 6 Could not be determined ETED 4 Homicide hours item 1
CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. COMPL TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 PC IMPORTANT: It its 2 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occured at the time, date end piece, end due to the ceuse(e) end manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 95 101 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)



DR. KENDALL FAULKNER
31. OATE FILEO (Month, Day, Year)

JAN 1 3 1995

2300

DULANEY

VALLEY RD., TOWSON, MD

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPAR					MENTA	L HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last) Thomas Ignat	ius Himme	luoher					MONT	OF DEATH	Y	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212-42-7278		rs. last birthday) YRS.	IF UNDER	1 YEAR	IF UNDER	MIN.	(Mont	OF BIRTN	030	Country	PLACE (State or Foreign
1	9e. FACILITY NAME (If not institution, give str	reet end number)		9b. CITY	Sept. 2, 1939 Maryla							
TOR I	Stella Maris Hospi			Towson Bal								imore
EG	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY		10c, CIT	Y. TOWN C	R LOCAT	ION			_		T	10d. INSIDE CITY
DIRECTOR		Harford				Abin	gdon	l				LIMITS?
FUNERAL	100. STREET AND NUMBER 44 Boxthorn Road	ā			101	zip cod	E 1009			10g. CITI		JSA
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 ☑ YES 2 IF YES GIVE WAS OR DATE:	2 NO		f yes, spi		n, Maxica	n, Puerto	Y? (Specify Yes Ricen, etc.)	or No—	Black	,— American Indian, , white, etc.
COMPLETED											-man-L	
PA	17. FATHER'S NAME (First, Middle, Last)	2 ht	eratio	ns R	esea				Middle, Meiden		overi	ment
BE CC	Thomas Joseph Hi	immelheber		_		17-00			adette		ickeı	c
2	190. INFORMANT'S NAME (Type/Print) Terry Himmelheber								ber, City or Town			21009
20e, METNOD OF DISPOSITION 20h, PLACE AND DATE OF DISPOSITION (Name of company) 20h, METNOD OF DISPOSITION 20h, PLACE AND DATE OF DISPOSITION (Name of company) 20h, PLACE AND DATE OF DATE OF DATE OF COMPANY 20h, PLACE AND DATE OF DATE OF COMPANY 20h, PLACE AND DAT									wn, State			
	4 Donetion 5 Other (Specify)	ENSEE	Mary	22.	NAME AN	O AODRE	SS OF FA	CILITY		-		
	* Stepley	7. Aluella							III Fu d, Abi			ne, P.A.
	23. PART I. Entar tila diseases, or co ahock, or haart fallura. L	omplications that caused the	ie death. Do i Ilna.	not enter	tha mo	da of dy	ing, auci	h aa card	diac or reapli	ratory arr	eat,	Approximate Interval Batween
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	GUOBLA	MSTO	MA	M	JUT	FO	2m	3.			5 mos.
_	_	DUE TO (OR AS A CO										
NOIT!	Sequantially list conditiona, if any, leading to immediate	DUE TO (OR AS A CO	ONSEQUENCE O	F):								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting In death) LAST	OUE TO (OR AS A CO	INSEQUENCE O	F):								
띩	d d											
PHYSICIAN: MEDICAL	PART II. Other significant conditions	contributing to death but i	not resulting	In the un	darlying	j cauaa (given in	Part i.	24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
WE.	DID TOBACCO USE CONTR	BUTE TO CAUSE OF I	DEATH YE	S 🗆 I	10/X	LINC	ERTAIN		•			1 NO
AN I	25. WAS CASE REFERRED TO MEDICAL		PLACE OF DEA			0140	LKIMI	10]				
EXAMINER? 1 YES 2 NO EXAMINER? 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Name 5 Realdence 8X Other (Specify) HOSPICE												
ВУ РН	27. MANNER OF DEATH Netural 5 Pending Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF JURY M		URY AT RK? 'ES 2] NO	28d. DES	SCRIBE NOW IN	JURY OCC	CURED	
	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, lerm, (street, lect	ory, office			28f. LOC C/ty	ATION (Street e or Town, State)	nd Number	or Rural Ro	oute Number,
COMPLETED	1	IAN: To the best of my knowledg										end manner ee stated.
BE CC	296 SIGNATURE AND TITLE OF CERTIFIER	Far. Obaca					INSE NUM	IBER				(Month, Day, Year)

1 - STATE REGISTRAR	STATE OF N	MARYLAND . C		ITMENT (MENTA	L HYGIENI REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Last)					J. DE/	****	2. DATE	OF DEATH			3. TIME OF DEATH
	Mary	Evelyn	Heen	an			Jar	H 4,	1995	YEAR	12:05 A.Mw
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	st birthday)	IF UNDER 1 YE		DER 24 HRS.		OF BIRTH		8. BIRTHI	PLACE (State or Foreign
214 32 8315	1 🗆 M 2 戻 F	61	YRS.	MONTHS D	AYS HOURS						yland
9a. FACILITY NAME (If not institution, give :	treet and number)			96. CITY, TO	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF						ATH
1224 Port Echo I	arie			Во	George's						
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	γ		10c CIT	Y, TOWN OR L	OCATION						10d. INSIDE CITY
Maryland Princ	e George	1 0		wie	.00411011					7.1	LIMITS?
10e. STREET AND NUMBER	e George	5	ВО	MIC	101. ZIP CC	ODE	_		10a. CIT	IZEN OF W	HAT COUNTRY?
1224 Port Echo I	ane					716					States
11. MARITAL STATUS	12 WAS DECEDEN			13. WAS			NIC ORIGII	N? (Specify Yes		14, RACE	— American Indian.
1 Never Married 2 Married	FORCES? 1	YES 2 AR OR DATES	NO		s, specify Cu YES 2 🔯 N			Rican, etc.)		Black Specif	White, etc.
3 Widowed 4 Divorced								No .			White
15. DECEDENT'S EOU (Specify only highest grade		16a. D	Give kind of	USUAL OCCU work done during se retired.)	PATION ng most of wo	rking	161	. KINO OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	,						0 11-			
17. FATHER'S NAME (First, Middle, Last)		П	omema	ker	40.34	THER'S N	ME (Class	Own Ho			
Pearl Tippett					Ë	dith	Johr	ison	sumame)		
19a. INFORMANT'S NAME (Type/Print)		11	6. MAILING	AOORESS (St	reet and Numi	ber or Rural	Aoute Num	ber, City or Town	. State. Zi	ip Code)	
Patrick D. Heena	.n							vie Mar			716
20e METHOD OF DISPOSITION		20b.PLACE	ANDDATE	OF DISPOSITIO	N (Name of		OAT			City or Tox	
1 Burial 2 Cremetion 3 Removal trom State 4 Donation 5 Other (Specify) Resurrection Cemetery							1				yland
21. SIGNATURE OF FUNERAL SERVICE LE	CENSEE		7	22. NAI	ME AND ADDI	RESS OF FA	CILITY	al Hom	0 D	Δ	-
Robert 8	C 17	ma 1	nen					d. Bow			715
23. PART i. Enter the diseases, or	complications tha	t caused the d	eath. Do								Approximate
ahock, or haart failure. IMMEDIATE CAUSE (Final											intarval Batween Onset and Death
disease or condition resulting in death)	a. Pung C	ancer									2-3 mo.
Tooling in additiy	DUE TO	(OR AS A CONSE	OUENCE O	F):							
Sequentially list conditions,	b										
If sny, leading to immediata cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	OUENCE O	F):							
CAUSE (Disease or Injury that initiated events	c	(OR AS A CONSE	OUENCE O	Fi:							
resulting in desth) LAST	4										
DART II ON A LONG A CONTROL	u										<u> </u>
PART II. Other significant condition								24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
S/P liver transp		4		nepat	The C	INTE	ction	1 YES 2	NO		COMPLETION OF CAUSE OF DEATH?
on immunos				T				'	Į.		1 YES 2 NO
DID TOBACCO USE	CONTRIBUTE	TO CAU	SE OF] NO					
EXAMINER?	HOSPITAL:	E9/Outentlant	2 🗆 🗆	OTHER:	26. PLACE OF						
27. MANNER OF DEATH	1 Dinpatient 2 28a. DATE OF	INJURY	28b. TIM	E OF 28	c. INJURY AT	Hasidenca		SCRIBE HOW IN	JURY OC	CURED	
1 Netural 5 Pending Investigation	(Month, D	ay, Ybar)		IURY	WORK? YES 2	□ NO	1000000		ni-ci		
2 Accident investigation 3 Suicide 8 Could not be	26a. PLACE O	F INJURY — At h	ome, farm,	street, tactory,	office			ATION (Street a	nd Numbe	or Runal R	oute Number,
4 Homicide determined	ounding,	атс. (орвску)					City	or Town, State)			
29a. CERTIFIER (Check only	CIAII: To the beat of	my knowledge, d	eath occurr	ed at the time,	, data and pla	ce, end du	to the ce	use(e) and man	ner as sta	rted.	
one) 2 MEDICAL EXAMINI	R: On the basis of a	xemination and/or	investigation	on, in my opini	on, death oc	cured at the	time, dete	and place, and	d due to t	he cause(s)	and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE	R				29c. L	ICENSE NU	MBER		29d. DA	TE SIGNED	(Month, Day, Year)
Teter Ecklosig	MD				I	7350	820			1/4/	95
30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAU	SE OF DEATH (IT								-	
14300 Gallant F	of Lane	#110	130	wie	, MD	20	2715)			
31. DATE FILED (Month, Day, Year)	11.	R'S SIGNATURE									
IAN 1 0 199	Jalia	dividen	randall	b				_			



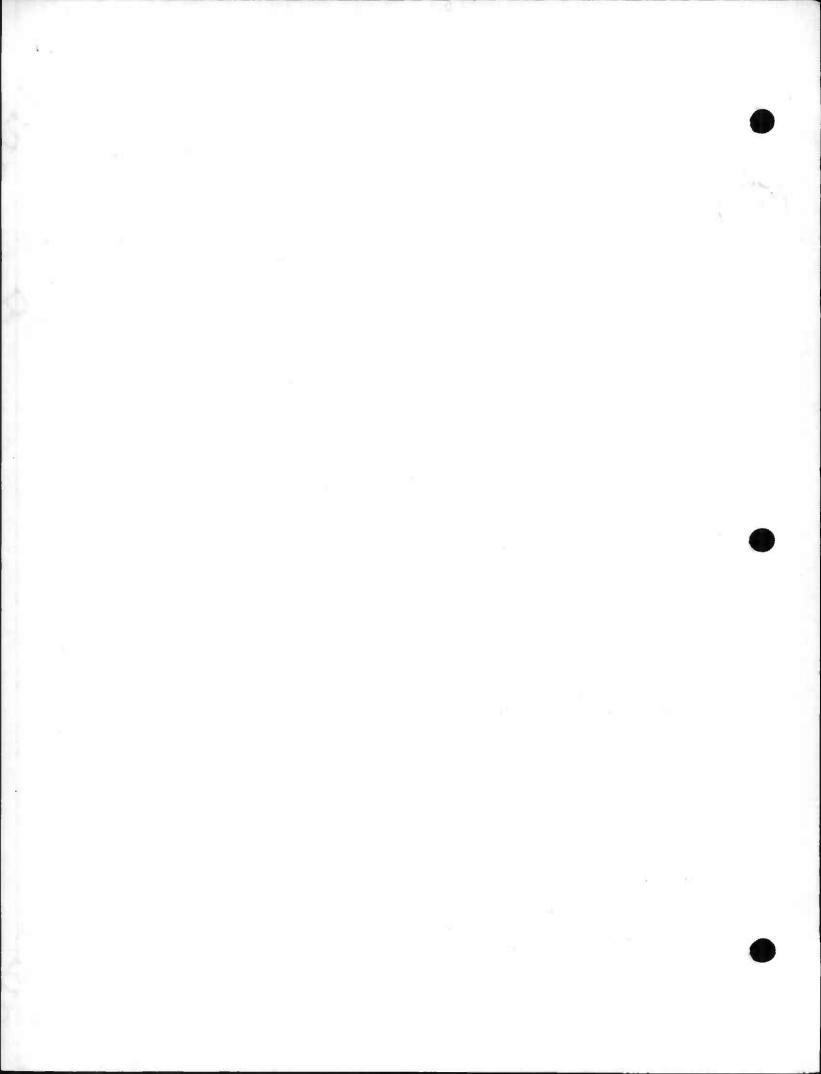
TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use at the bornal transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



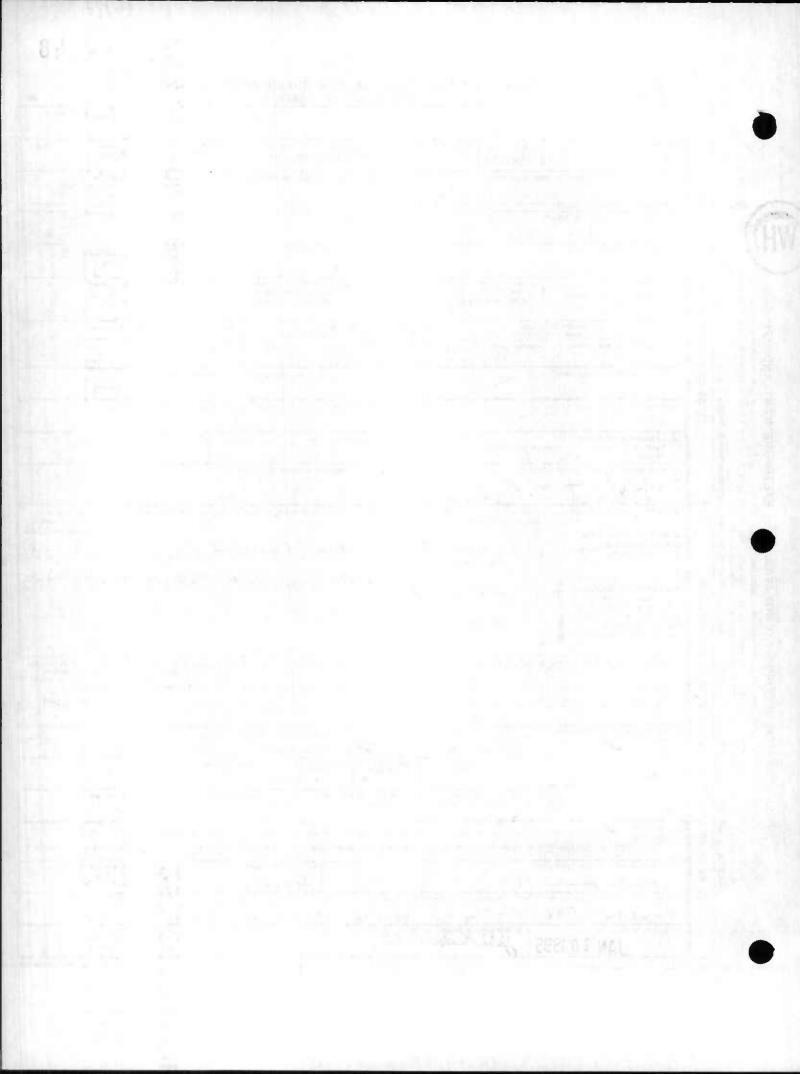
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filled within 72 hours after death with the State Deat, of Health and Mental Hydiene prior to burial, cremation, or removal.		l
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	=	cate	r item 23 shows any injury, or other traumatic event, the medical examiner must be r	
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	AL O	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filler within 72 hours after death with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			ERTIF	ICALE	: OF	DEAL	H		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	JOHN	В.	Нат	ris,		Jr.		2. DATE OF MONTH	DEATH DAY		YEAR	TIME OF DEATH 11:42 AM
4. SOCIAL SECURITY NUMBER 578 05 8627	5. SEX 1x2 M 2 F	6. AGE (In yrs. In	est birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER :	HRS.	7. DATE OF (Month, I	BIRTH Day, Year) 0-1916		8. BIRTHPL Country)	ACE (State or Foreign
9a. FACILITY NAME (If not institution, give s Larkin-Chase Num		ter			Bowie 90. COUNTY OF DEATH Prince Geo:							ГН
RESIDENCE OF DECEDENT			_									
Maryland Anne	Arundel		10c. CITY, TOWN OR LOCATION Lothian							10d, INSIDE CITY LIMITS?		
305 Wayson Court			101. ZIP CODE 20711						1	C to to c		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	Y YES 2	3. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify NO If yes, specify Cuben, Maxican, Puerto Rican, etc.)						an, etc.)	Yee or No— 14. RACE — American Indian, Black, White, etc. Specify: White		
15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	(ECEDENT'S Give kind of te. Do NOT us	work done			,		INO OF BUS	NESS/INDU	STRY	WILCE	
12			Firef	ight	er						D.(
17. FATHER'S NAME (First, Middle, Leat)						18. MOTH	ER'S NAI	ME (First, Mic	idle, Maiden S	iumame)		
John B. Harris								Reas				
19a. INFORMANT'S NAME (Type/Print)		1						Route Number				
Isabel Harris							L	othia				
20e. METHOD OF DISPOSITION 1 💢 Buriel 2 🗆 Cremation 3 🗆 Rem 4 🗆 Donation 5 🗀 Other (Specify)	oval from State	comotony c	rematory or o	thee place!			eter	1	20c. LOC			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Beall—Evans Funeral Home, P.A. 16000 Annapolis Rd. Bowie Md. 207												
23. PART I. Enter the diseesea, or o		ms,	16	16	000	Anna	pol:	is Rd.	. Bowi	le Md	207	15
disease or condition liver Friling and Circhosis											Onset and Dea	
Sequentially illat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): Lead of tage Melanomo with Mets To live Due To (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
PART II. Other aignificant condition	a contributing to	deeth but not	resulting	In the un	derlyln	g cause g	ven in	Part I. 2	4a. WAS AN A			ERE AUTOPSY FINDING MILABLE PRIOR TO
								_ 1	YES 2		C	OMPLETION OF CAUSE F DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF DE	ATH (Ch	eck only one)				
1 TYES 2 THO	1 Inpatient 2	ER/Outpatient	3 DOA	4 W Nun	रः sing Horr	e 5 🗆 Rec	idence	8 Other (Specify)			
27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, E		28b. TJM IN.	E OF JURY M		URY AT IRK? YES 2	NO	28d. DESCI	PIBE HOW IN	JURY OCC	VRED	
3 Suicide 6 Could not be 4 Homicide datarmined	28e. PLACE (building.	of INJURY — At I	nome, farm,	street, fact	ory, offic				ION (Street or Town, State)	nd Number o	or Rural Rou	te Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI (Check only one) 2 MEDICAL EXAMINE												nd menner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER						29c, LICE	344			29d. DATE	SIGNED (M	onth, Day, Year)
30. NAME AND ADDRESS OF PERSON WH	- 1	SE OF DEATH OF	EM 27) (700s	Print		- 7	275		,	/	-/	1)
ROINTAN FAR	AHI -FI	PR M.D.	400	o Mi	tche	lle vi	110	B21 Voca	Bowie	. 1	10 =	20716
JAN 10 199	5 32. RESISTRA	divilor	Rardal	6								



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
ne death certificate be executed within 24	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fut be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ijury, or other traumatic event, the	
PHYSICIAN: The law requires that th	ir this certificate has been signed by the with the State Dept. of Health and	arked, or item 23 shows any in	
TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: After the before the total the transport of the t	IMPORTANT: If Item 28 is m	

			•						15 (12049		
_	1 - FOR STATE REGISTRAR	STATE OF MAR			OF HEALT		MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	AY	YEAR	3. TIME OF OEATN		
	James	Robert			Hud	son J	January 17			11:25A M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. lest birthd	77	YEAR IF UN	DER 24 HRS.	7. DATE OF BIRTH	, _ , ,	8. BIRTHP	LACE (State or Foreign		
	578-09-2264	1 🔀 M 2 🗆 F	80 YR	S. MONTHS	DAYS HOUR	S MIN.	June 18, 1	914	Virg			
	9a. FACILITY NAME (If not institution, give stre	net and number)		9b. CITY,	TOWN OR LOC				UNTY OF DE			
PARECTOR	Physicians Memor	ial Hospit	al	La	Plata			Cha	rles			
in i	,10a. STATE 10b. COUNTY			CITY, TOWN OF	R LOCATION				- 1	IOd. INSIDE CITY		
1	Maryland Charl	es	Ir	dian H	lead					LIMITS?		
Z1	10e. STREET AND NUMBER				10f. ZIP C	DDE		10g. Cl		AT COUNTRY?		
ER	10 Green Meadows C	ourt			2	0640		Uni	ted S	tatos		
FUNERA		12. WAS DECEDENT EVE FORCES? 1 X Y	R IN U.S. ARMED	13. W	AS DECENDEN	T OF NISPAN	IIC ORIGIN? (Specify Yes			- American Indian, White, etc.		
	A manne	FORCES? 1 [X] Y	ES 2 NO	11	yes, specify Ct ☐ YES 2 ¥ N	ban, Mexicer	n, Puarto Rican, etc.)		Black, Specify:			
ВУ	3 Widowed 4 Divorced	WW-2			X					ite		
	15. DECEDENT'S EDUC (Specify only highest grade of	ATION ompleted		T'S USUAL OC	CUPATION uring most of wo	rkina	16b. KIND OF BUS	SINESS/IN	IDUSTRY			
9	Elementary/Secondery (0-12)	College (1-4 or 5+)	life. Do NO	T use retired.)	uring most or wo	rang.						
NP.	12	0	Super	visor			U.S. Go	vern	ment			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. M	OTHER'S NAI	ME (First, Middle, Malden	Sumame)				
BE	Robert A. Hudson				Vi	rginia	a V. Wells					
2	19e. INFORMANT'S NAME (Type/Print)						Route Number, City or Tow					
-	Jack H. Hudson		6190	Bryan	town D	rive,	Bryantown	, Ma	rylan	d 20617		
	Jack H. Hudson 6190 Bryantown Drive, Bryantown, Maryland 206 20th METHOD OF DISPOSITION 1/1 Burlel 2 Cremation 3 Remcval from State 4 Donetion Other (Specify) Md. Veterans Cemetery 01-20-95 Cheltenham, Mary								n, State			
	4 Donetion Other (Specify)		Md. Vete	rans C	emeter	y 01-2	20-95 Ch	elte	nham,	Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LIGE	PSEE		22. N	AME AND ADD	RESS OF FAC	CILITY					
- 1	Mark G. Broh	awn MOO	053				ERAL HOME, ALDORF. MA			CO.4		
	23. PART I. Enter the diseases, or co	emplications that cau	sed the deeth. D	o not enter t	the mode of o	lying, such	n es cardisc or respi	retory si	rrest.	Approximate		
	shock, or heart feliure. List only one ceuse on each line.											
	disease or condition (QA) QA Cardio huga Dathy											
H	resulting in death)	DUE TO (OR A	AS A CONSEQUENCE	E OFI:	11	1						
_		and C.	tage	Read	0 1	D= w/1	10			j		
<u>ō</u>	Sequentially list conditions, if sny, lesding to immediate	DUE TO (OR	S A PONSEQUENCE	E OF):		, , , , ,				1		
CERTIFICATION	cause. Enter UNDERLYING		V							1		
Ĕ.	CAUSE (Disesse or injury that initiated events	DUE TO (OR A	S A CONSEQUENCE	E OF):								
	resulting in deeth) LAST											
- 1	DART II Other clanificant and dilag-	a and all the same of the										
MEDICAL	PART II. Other significent conditions	D	n but not resultil	ng in the und	lerlying ceus	given in i	Part i. 24a. WAS AN PERFOR		A	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO		
ă		VIOTERIA	- 1	1 7	1/1	1	1 TYES 2	K HO		OMPLETION OF CAUSE OF DEATH?		
×	Onorexia, Choon		+ 1 brillay	7.N 90	45H-17:5	, Gag	tourlan		1	☐ YES 2 ☐ NO		
Ž.	DID TOBACCO ÚSE CONTRI	BUTE TO CAUSE	OF DEATH	YES' N	10 U UN	ICERTAIN	1 🗆					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF C	OTHER:								
XS.	1 TYES 2 T'NO	1 Inpatient 2 ER/C				Residence (8 Other (Specify)					
F	27. MANNER OF DEATH 1 A Natural 5 Pending	(Month, Day, Yes		TIME OF 2	28c. INJURY AT WORK?		28d. DEŞCRIBE HOW II	NJURY OC	CURED			
ĕ.	2 Accident Investigation			м	1 YES 2	□ NO						
Q	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJI building, etc. (3	JRY — At home, fer Specify)	m, street, factor	ry, office		281. LOCATION (Street a City or Town, State)	and Numbe	or Rural Rou	ite Number,		
	4 Nomicide determined											
P	29e. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my ki	nowledge, death occ	urred at the tim	ne, date and pla	ce, and due	to the cause(a) and man	mer ea sta	rted.			
COMPLET		On the beals of examin								ind manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER		0 0 (11		ICENSE NUM				fonth, Day, Year)		
H		And	ul C	Ko-		7174		•	17	17/90		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED DAMES OF	25 4504 45504	,000		1114				1112		

7C Post Office RoadCenna Waldorf,Maryland 20602

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Song Chol Chon, MI)

32. REMISTRAR'S SIGNATURE
JULY D'AUGUST RONDALL

JAN 1 9 1995

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BALLIMURE, MARYLAND 21215-	10	PS	
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URDS, P.O. BOX 68/60,	s that the death certificate be executed within lours after death. Page 6 may be retained by the hospital or attending	ned by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	ith and Mental Hydiene prior to herial cremation or nemoval
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		1 - STATE REGISTRAR	STATE OF MA	ARYLAN	ID / DEPAR	TMENT OF	HEALTH AND	MENTAL HYGIEN			
		1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		3. TIME OF DEATH	н
		Marie Lucas t	T					January 8	, 1995	12:20	A.M
		4. SOCIAL SECURITY NUMBER		B. AGE (In y	rs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		. BIRTHPLACE (State or Fore Country)	reign
3		579-26-8053 9a. FACILITY NAME (If not institution, give s	1 □ M 25€\$F	101	YRS.					Kentucky	
1	2						OR LOCATION OF D	EATN		Y OF DEATH	
HWI	1E	Doctor Communi		tal		Lanh	-15		P.G.		
Chin	煋	10a. STATE 10b. COUNT	Υ			Y, TOWN OR LOCA				10d. INSIDE CITY LIMITS?	
	8	Maryland P.G.			Col	lege P	ark or, zip code			Ú\XYES 2 □ N	NO
sit pe	FUNERA	5128 Niagara P	1				0740		U.S	N OF WNAT COUNTRY?	
020 physician. burlal-transit	3	11. MARITAL STATUS	12. WAS DECEDENT			13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify Ye		4. RACE — American Indian	n,
5-0020 nding physic is the burlal	BY F	1 Never Married 2 Married \$\infty \text{Widowed} 4 \cap Divorced	FORCES? 1 FYES, GIVE WA				pecify Cuban, Mexico S 2XXVO Specif	rri, Puarto Rican, etc.)	- 1	Specify Black	
15-0 ending as the		15. DECEDENT'S EDU	CATION	1 40	- 2505251710		- M				
2121 al or atte	ETED	(Specify only highest grade	Completed) College (1-4 or 5 +)		(Give kind of v life. Do NOT us	USUAL OCCUPAT vork done during m e retired.)	iost of working	16b. KIND OF BU	ISINESS/INDUS	TRY	
Spital hed for	립	8th	College (I-4 of 5 f)		House	wife		House			
AN the hos detach		17. FATHER'S NAME (First, Middle, Last)					18. MOTNER'S NA	AME (First, Middle, Maiden	Surname)		-
RYL ad by	I or I	Clarence Lucas						illiams			
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burta-transmittled at once.	2	19a. INFORMANT'S NAME (Type/Print)						Route Number, City or Tox			
ay be	1 1	Ann D. Dunmore 200. METHOD OF DISPOSITION		20h PI		NIAGAL DEDISPOSITION (A		llege Pa		ty or Town, State	
ALTIMORE, death. Page 6 may be funeral director, page 1.		1 Donation 5 Other (S)	ovel from State	cameter	ry, crematory or of Crem	her place!			inton		
TIN Pag ral dir	П	21. SIGHATURE OF FUNERAL SERVICE LI	ENSEE		O C C C C C	22. NAME /	ND ADDRESS OF FA	CILITY			
BALTIMORE, nours after death. Page 6 may be dof in by the funeral director, page or removal.		- Cully	1	-		W1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	nam F.M Martin	lagruder Luther	Funer King	al Home Jr.S.E.	
		23. PART I. Enter the diseases, or shock, or heart fellure.	complications that	ceused th	e deeth. Do n	ot enter the m	ode of dying, auc	h es cerdiac or resp	iratory errea		
filled i		IMMEDIATE CAUSE (Final disease or condition	1							interval Bet Onset end	
3760, red within cours completely filled in ial. cremation, or reserved.		resulting in death)	Meno	Rle	INSEQUENCE OF	andist	mul	or due	are	. Place	5
cecuted with and complete by burial, cremmatic even	4 4		502 10(0	n as a co	MSEODENCE OF	·);					
IOX 68 te be execut sician and c prior to buri	RTIFICATION	Sequentially list conditions, if eny, leeding to immediate	DUE TO (O	R AS A CO	INSEQUENCE OF	ን፡					
BOX cate be e	2	CAUSE. Enter UNDERLYING CAUSE (Disease or injury	C	D 40 4 00	INSEQUENCE OF	_					
P.O. El h certifical anding phy Hygiene p	E	that initiated events resulting in death) LAST	200 10 10	n AS A CO	MSEGUENCE OF	.):				İ	
DS, P.O. BOX the death certificate be ex the attending physician a d Mental Hygiene prior to		DARTE II Other cloudings and seed distance	0								
T in a m	CAL	PART II. Other algnificent condition	s contributing to d	eeth but i	not resulting i	n the underlylr	ng ceuse given in	Part i. 24a. WAS AN PERFOI		24b. WERE AUTOPSY FIN AVAILABLE PRIOR TO	0
CO lires the signed dealth	MEDIC							1 TES	NO	COMPLETION OF CA OF DEATH?	
- > 0		DID TOBACCO USE CONT	RIBUTE TO CAU	SE OF I	DEATH YE	S \square NO Γ	UNCERTAI			1 TES 2 NO	°
10 CO CO CO	CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINENT				N (Check only one					
CIAN: The lician: The State Dathe State Dather State Dath	YSICI	1 VES 2 NO	HOSPITAL:		nt 3 🗆 DOA	OTHER: 4 Nursing No	ne 5 🗆 Raaldenca	6 Other (Specify)			
O F SE SE	PHY	27. MANNER OF DEATH 1 Antiural 5 Pending	28e. DATE OF IN (Month, Day,		28b. TIMI INJ	URY W	JURY AT ORK?	26d. DEŞCRIBE NOW	INJURY OCCUI	RED	
ON DING F	B	2 Accident Investigation	28e. PLACE OF	INJURY	At home, farm, a	M 1 1		281. LOCATION (Street	and Alumber or	Dural Druda Alumbar	
TISI TISI TIOR: after	哥	4 Nomicide 6 Could not be determined	building, at	c. (Specify)	, , , , , , , , , , , , , , , , , , , ,	,,,		City or Town, State)	Turer roote reunion,	
DIV OR A hours	P.E.	29a. CERTIFIER (Check only	CIAN: To the best of m	y knowledg	e, death occurre	d at the time, dat	e and plece, and due	to the cause(a) and ma	nner as stated.		
HOSPITAL FUNERAL within 72	COMPL									cause(a) and menner as sta	ited.
TO THE HOSPI TO THE FUNER De filed within	ш	29b. SIGNATURE AND TITLE OF CENTIFIES		•			LICENSE NUI	MBER	20d. DATE S	BIGNED (Month, Day, Year)	
5 5 %	TO B	Trugusto P.	to due	wx	MD)		1212	30	arius	my9,199,	4
(F)		30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE	OF DEATH	(ITEM 27) (Type,	Print	6 1	110.0	, m		
		31. DATE FILED (Month, Day, Year)	1 /37 REGISTRAR	SANGHATU	300 y	ray!	num C	ry all	11/1/	110/4	X
		JAN 10 1995	diwellor	Merda	4						
						_					

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

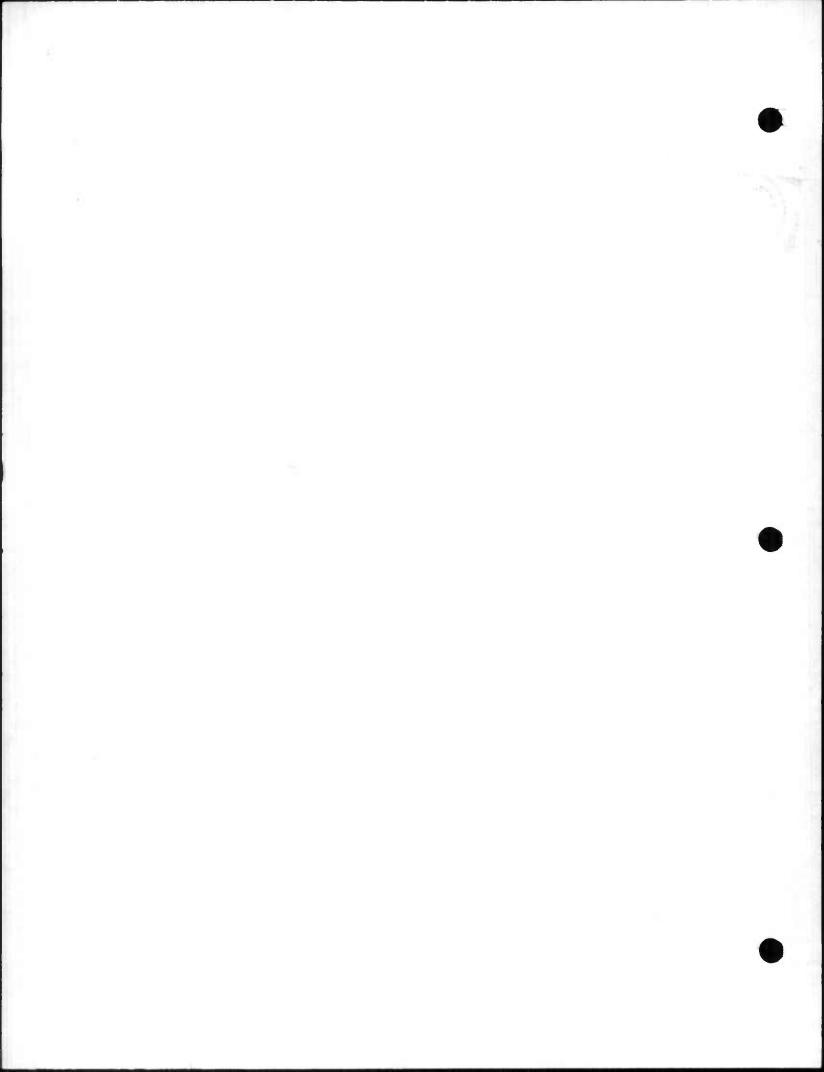
-	REGISTRAR	CERTI	FICATE (OF DEATH	REG. NO	D.						
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF OEATH					
	HAROLD HENRY HINEGA	RDNER			January 4	1995 Tea	9:50 A M					
	4. SOCIAL SECURITY NUMBER 5, SEX 6.	AGE (In yrs. lest birthday	y) IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. Bi	IRTHPLACE (State or Foreign					
-	578-09-8204	74 YRS.		YS HOURS MIN.	July 27,	C	shington, DC					
100	9a. FACILITY NAME (If not institution, give street and number)	"		WN OR LOCATION OF D	DEATH	9c. COUNTY C						
0	7525 Greenway Center Drive	e, #T-6	Green	nbelt		Prince	George's					
EC	10a. STATE 10b. COUNTY	10c, C	ITY, TOWN OR L	OCATION			10d. INSIDE CITY					
DIRECTOR	Maryland Prince George's	Hva	ttsvil	le			LIMITS?					
4	10e. STREET AND NUMBER	101. ZIP CODE		OF WHAT COUNTRY?								
FUNERA	4922 56th Place			20781		U.S.A.						
5	11. MARITAL STATUS 12. WAS DECEDENT ET		13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Specify Ve	NIC ORIGIN? (Specify Yes or No - 14. RAC						
BY	1 Never Married 2 Married IF YES, GIVE WAR			YES 2 NO Speci			Nock, White, atc. Specify: White					
COMPLETED	15, DECEDENT'S EDUCATION	16a. DECEDENT	'S USUAL OCCU	PATION g most of working	16b, KIND OF BU	JSINESS/INDUSTR						
E	(Specify only highest grade completed) Elementary/Secondary (0-12) Coffege (1-4 or 5+)											
4PL	3	ghway D	epartment									
Ö	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	AME (First, Middle, Maider	n Surname)						
BE (William Carson Hinegardner	<u> </u>		Lena	Della My	rers						
10	19a. INFORMANT'S NAME (Type/Print)	19b. MAILI	NG ADDRESS (St	eet and Number or Rural	Route Number, City or Tox	wn, State, Zip Code)					
-	Ruth Cecile Hinegardner	4922	56th P	lace, Hyat	tsville, M	laryland	20781					
	20a. METHOD OF DISPOSITION 1 ⊠ Burlei 2 □ Cremetion 3 □ Removal from State	20b. PLACE AND DAT	E OF DISPOSITIO	N (Name of	DATE 20c. LC	OCATION — City o	r Town, State					
	4 Donation 5 Other (Specify)	Fort Line	coln Cer	metery 1/	7/95 Bre	ntwood,	MAryland					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1, 1	22, NAM	E AND ADDRESS OF FA	's Sons Fu	meral H	ome. P.A.					
	A Constance	Jasch					e, MD 20781					
	23. PART I. Enter the diseases, or complications that co	used the death. Do	not enter the	moda of dying, aud	ch as cardlec or reep	olratory arrest,	Approximate					
	anock, or heart failure. List only one cause on sech line. IMMEDIATE CAUSE (Finel Onset and Death											
1	disease or condition resulting in death) a. Cardiac Arrest											
ı	DUE TO (OR AS A CONSEQUENCE OF):											
N	Sequentially list conditions Severe Heart Failure											
CERTIFICATION	Sequentially list conditions, If any, leading to immediate											
5	CAUSE (Discoses or injury Let Intelleted experts Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF):											
ĒI	ne suble a le de ste la CT	s Mellitus										
E												
	PART II. Other algnificant conditions contributing to dec	th but not reculting	In the under	lying ceuse given in	Part I. 24s. WAS AP		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO					
DICAL					1 YES		COMPLETION OF CAUSE OF DEATH?					
WE	<u> </u>						1 YES 2 NO					
ä	DID TOBACCO USE CONTRIBUTE TO CAUS	E OF DEATH	ES NO	☐ UNCERTAI	N 🗆							
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF DE		one)								
Z.	1 YES 2 NO 1 Input 2 ER	/Outpatient 3 DOA	OTHER:	Home 5 - Residence	8 Other (Specify)							
H	27. MANNER OF DEATH 28s. DATE OF INJI (Month, Day, W		ME OF 28c	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURED	,					
BY	1 Netural 5 Pending 2 Accident Investigation			YES 2 NO								
	building, etc.	JURY — At home, farm (Specify)	, streel, factory,	offics	281. LOCATION (Street City or Town, State	and Number or Rui	rel Route Number,					
	4 Homicide determined					,						
2	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the beat of my	knowledge, death occu	rred at the Jime,	date end place, and due	to the cause(a) and ma	nner as atsted.						
COMPLETED	one) 2 MEDICAL EXAMINEFI: On the beals of exami						ae(s) end menner as stated.					
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER	29d. DATE SIGN	IED (Month, Day, Year)					
386	Venande	m		D08520)	N .	5/95					
유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Typ	oe, Print)	200520		1 1/0	1 - 5					
	Tomas J Hernandez M.D. 75	25 Greenwa	y Cent	er Drive T	6, Greenbe	elt, Mar	yland 20770					
	31. DATE FILED (Month, Day, Year) / 12. REGISTRAR'S)	SIGNATURE				-						
	JAN 09 1995 Julia Davidson Re											

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 may be intained by the hospital or attending physician and completely filled in by the function page 5 ahourd be detached for use as the burish-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

95 02652

3. TIME OF CEATN

8. BIRTHPLACE (State or Foreign

Washington, DC

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

Specify:

Black.

YES 2 NO

d Death

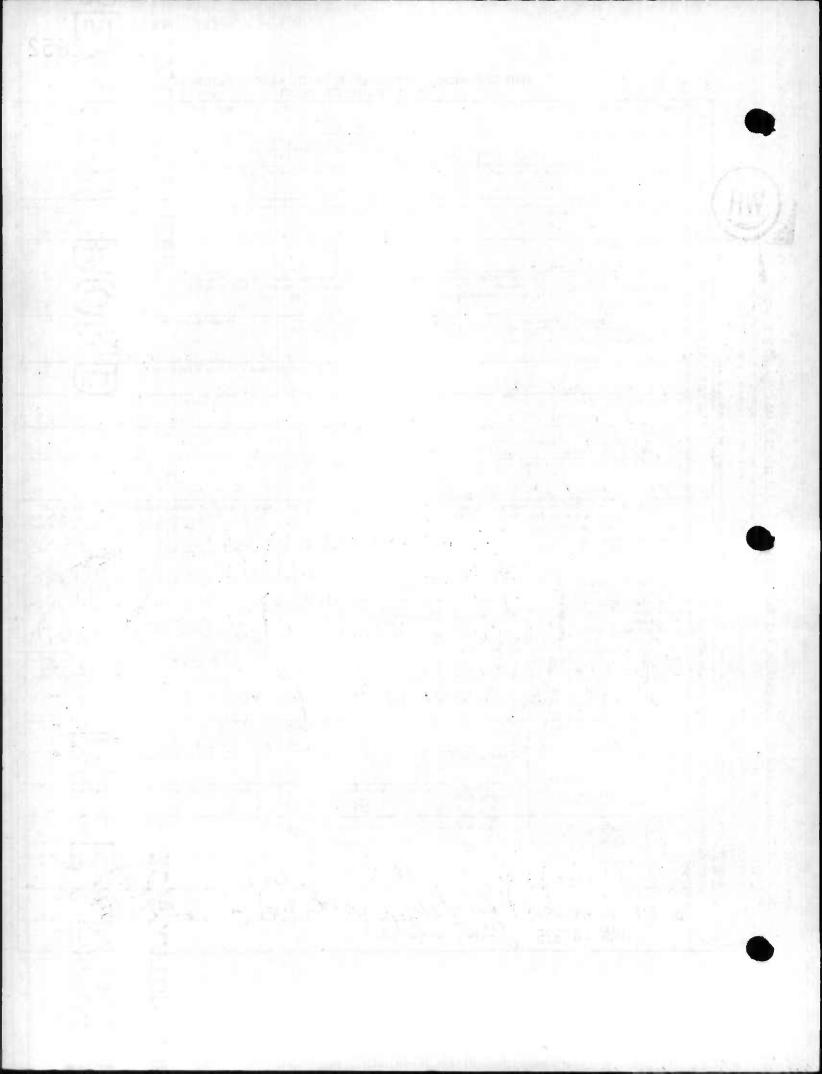
WAILABLE PRIOR TO

TO YES 2 TO NO

(Month, Day, Year)

OF DEATH?

COMPLETION OF CAUSE



FOR

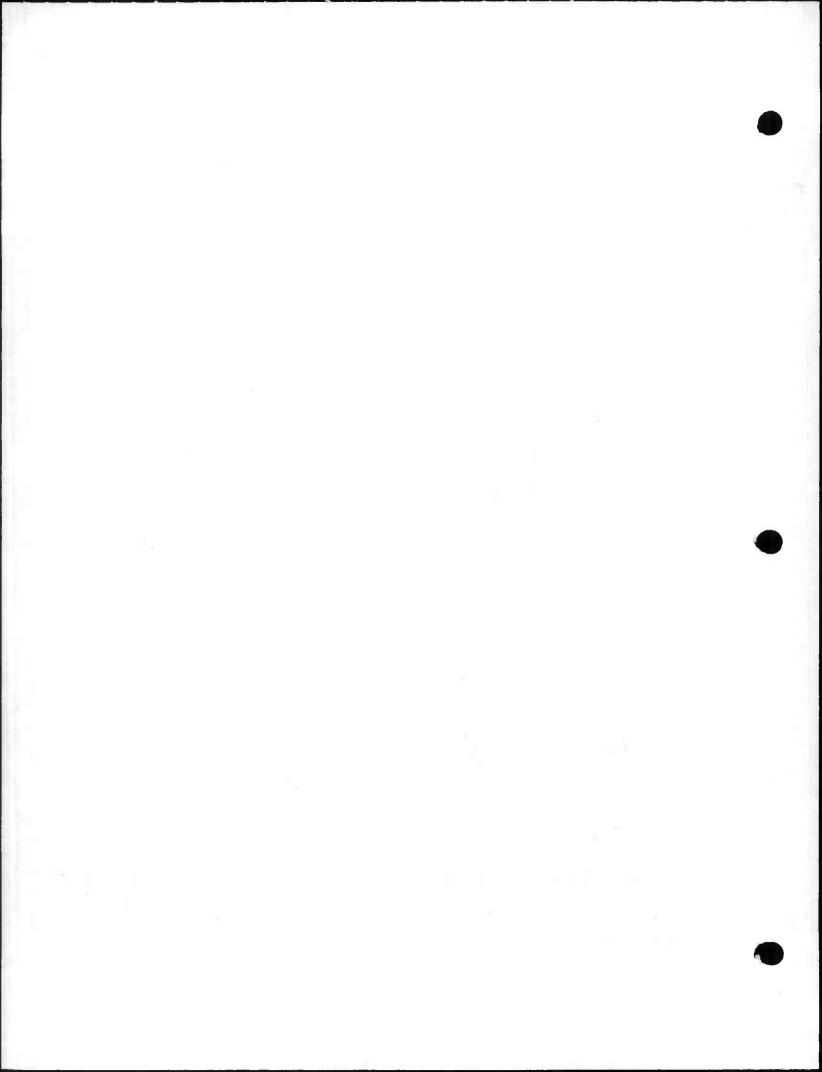
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CEI	REIFI	CATE	F DEAT	Н	A	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF C	EATH			3. TIME OF CEATH	
	SHARON LOUISE HAI	LL					1	Janua:	cv 1	ž, 19	995	12:40 r	n M
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last b	irthday)	IF UNDER 1 YE	AR IF UNDER		7. DATE OF 8		_,		HPLACE (State or Foreig	
	215-74-5125	1 M 2 N F	50	YRS.	MONTHS DA	YS HOURS	MIN.	(Month, Den		044	Count	try)	,
	9a. FACILITY NAME (If not institution, give st				Oh CITY TO	MN OR LOCATIO		Feb. 1	0, 1			shington	
COC.		cor and namber						TH			NTY OF D		
5	3810 40th Avenue				Cott	age Cit	<u> </u>			Pri	nce	George's	
EC	10a. STATE 10b. COUNTY			10c. CITY.	TOWN OR LO	CATION						10d. INSIDE CITY	
8	Maryland Prince	e George's	- 1					LIMITS?					
3	10e. STREET AND NUMBER	ocorge s	,	000	tage							1 YES 2 NO	
X						10f. ZIP CODE						WHAT COUNTRY?	
FUNERAL DIRECTOR	3810 40th Avenue					20722				U.S	.A.		
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT E FORCES? 1		D	13. WAS	DECENDENT OF	HISPANIC	ORIGIN? (Sp	ecify Yes	or No-	14. RACI	E — American Indian, k, White, atc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR				YES 2 NO		T GETTO TRICE!	, 410.7		Spec	M	
												White	
田	15. DECEOENT'S EDUC (Specify only highest grade	ATION completed)	(Give	kind of wo	SUAL OCCUP ork done during	ATION most of working	7	16b. KIN	OF BUS	INESS/INC	DUSTRY		
<u>"</u>	Elementary/Secondary (0-12)	College (1-4 or 5+)		NOT use	•								- 1
₹	11		Home	make	r			0wn	Hom	е			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTH	ER'S NAME	E (First, Middle	, Maiden	Surname)			
BE	Walter Fletcher					Mari	e Ta	nner					
	19a. INFORMANT'S NAME (Type/Print)		19b. I	AAILING A	DDRESS (Str	et and Number o	or Rural Ros	ute Number, C	ity or Town	, State, Zip	Code)	-	
2	William H. Hall,	Sr.	38	10 4	Oth A	venue.	Cott	age C	itv.	Mar	vlan	d 20722	
	204 METHOD OF DISPOSITION		206 PLACE AN	DDATEOF	DISPOSITION	I (Name of		DATE	200 100	CATION	City or To	ouin Chata	\dashv
	1 N Burial 2 □ Cremation 3 □ Ramo 4 □ Donation 5 □ Other (Specify)	ival trom Stata	Fort T	tory or other	er place)	otory	01/	14/05	Pro	nerro	o.d	Manuland	- 1
- 1	1 N Burlal 2 Cremation 3 Removal from State 4 Densition 5 Other (Specify) Fort Lincoln Cemetery 01/14/95 Brentwood, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												-
	Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Ave., Hyattsville, MD 20781												
- 33	Cliarles	T. 126	41		473	9 Balti	more	Ave.	Hv	atts	vill.		81
	23. PART i. Entar the diseesea, or co	omplications that co	eused the deat	h. Do no	t enter the	mode of dyin	ig, auch :	as cerdiac	or respli	ratory an	rest,	Approximata	
	shock, or heart fallure. List only one cause on each line. Interval Between Onset and Death Onset and Death												
- 1	disease or condition resulting in death) . ruetastatic caucer of eneast												
	resulting in death)	DUE TO (OF	AS A CONSEQU	ENCE OF):			-)		-			\dashv
2	-											İ	
CERTIFICATION	Sequantially list conditions, if any, leading to immediate	DUE TO (OF	AS A CONSEQU	ENCE OF):								_	_
NA I	cause. Enter UNDERLYING											1	
E	CAUSE (Disesse or Injury that Initiated events	DUE TO (OF	AS A CONSEQUE	ENCE OF):									
E	resulting in death) LAST												- 1
兴 』												j	
O 1		•											
	PART II. Other significent conditions				the underl	ying ceuse gi	ven In Pa	art I. 24a.	WAS AN		24b	. WERE AUTOPSY FINDIN	NGS
	PART II. Other significent conditions		ath but not res		the underl	ying ceuse gi	ven in Pa		PERFOR	MEDI	24b	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS	
DICAL		0	secto	۵_	the underl	ying ceuse gi	ven In Pa			MEDI	24b	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
MEDICAL	hou	parie .	secto	ie				_ 10	PERFOR	MEDI	24b	AVAILABLE PRIOR TO COMPLETION OF CAUS	
MEDICAL	DID TOBACCO USE CONTR	parie .	Secto delle POF DEATH	i YES	i □ NO	UNCE	ven In Pa	_ 10	PERFOR	MEDI	24b	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
MEDICAL	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINERT	BUTE TO CAUS	OF DEATH	YES DEATH		UNCE		_ 10	PERFOR	MEDI	24b	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
MEDICAL	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINENT 1 VES NO	BUTE TO CAUS	OF DEATH 28. PLACE of Courtpotternt 3	YES DEATH DOA	(Check only)	UNCE	RTAIN	_ 10	PERFOR	MEDI	24b	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
DICAL	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 VEB NO 27. MANUAR OF DEATH	BUTE TO CAUS	26. PLACE	YES DEATH	(Check only) OTHER: Nursing OF 28c.	UNCE	ERTAIN	_ 10	PERFORI	NO		AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
PHYSICIAN: MEDICAL	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINENT 1 VES NO	BUTE TO CAUS	26. PLACE	YES DF DEATH DOA G	(Check only) OTHER: Nursing OF 28c.	Home 5 Rae	ERTAIN	1	PERFORI	NO		AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 VES NO 27. MANUER OF DEATH 1 Nintrol S Pending Investigation 3 Suicitle S Could not be	BUTE TO CAUS	OF DEATH 28. PLACE (ACOUT patient 3 URY AURY — At home	YES DEATH DOA GEBB. TIME	(Check only) OTHER: Nursing OF RY M 1	UNCE	Idenca 8	Other (Spe	PERFORI	NO JURY OCC	CURED	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 VEE NO 27. MANUAR OF DEATH 1 Notices S Pending Investigation	HOSPITAL: Impatient 2 December	OF DEATH 28. PLACE (ACOUT patient 3 URY AURY — At home	YES DEATH DOA GEBB. TIME	(Check only) OTHER: Nursing OF RY M 1	UNCE	Idenca 8	Other (Spe	PERFORI	NO JURY OCC	CURED	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 VES NO 27. MANUAL OF DEATH 1 Natural S Pending Investigation 3 Suicide S Could not be determined 29s. CENTIFIER	HOSPITAL: Inputent 2 Input	POF DEATH 28. PLACE (SOUTPETION 3 URY URY URY (Specify)	YES OF DEATH DOA OR OF THE INJUITATION, tarm, str	OF RY M 1 Dest, factory, c	UNCE	RTAIN Idenca 8	Other (Speed DESCRIB	PERFORI YES 2 cify) E HOW IN I (Street as	NO NO NUMBER	CURED or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 VES NO 27. MANUER OF DEATH 1 Nintual 5 Pending Investigation 3 Suicide 6 Could not be determined 29s. CERTIFIER (Check only 1 CERTIFYING PHYSIC	HOSPITAL: Inputent 2 Input	POF DEATH 28. PLACE (SOUTPETHENT 3 URY URY (Specify) knowledge, death	TYES OF DEATH DOA Reb. TIME INJUI tarm, str	OF 28c. At the time, of at the time, of the	UNCE	RTAIN Idenca 8 2 NO 2	Other (Special Describe City or Tow	PERFORI YES 2 cify) E HOW IN I (Street au rn, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	SE
COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 VEE NO 27. MANUAR OF DEATH 1 Notice S Pending Investigation 28 Suicité S Could not be distarmined 29s. CERTIFIER (Check any) One) MEDICAL EXAMINES	HOSPITAL: Inputent 2 Input	POF DEATH 28. PLACE (SOUTPETHENT 3 URY URY (Specify) knowledge, death	TYES OF DEATH DOA (18b). TIME INJUI tarm, str	OF 28c. At the time, of at the time, of the	UNCE	RTAIN Idence 8 2 NO 2 and due to d at the time	Other (Special City or Towns, data and	PERFORI YES 2 cify) E HOW IN I (Street au rn, State)	JURY Oct	or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO Route Number,	SE
COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 VES NO 27. MANUER OF DEATH 1 Nintual 5 Pending Investigation 3 Suicide 6 Could not be determined 29s. CERTIFIER (Check only 1 CERTIFYING PHYSIC	HOSPITAL: Inputent 2 Input	POF DEATH 28. PLACE (SOUTPETHENT 3 URY URY (Specify) knowledge, death	TYES OF DEATH DOA (18b). TIME INJUI tarm, str	OF 28c. At the time, of at the time, of the	UNCE	RTAIN Idence 8 2 NO 2 and due to d at the time	Other (Special City or Towns, data and	PERFORI YES 2 cify) E HOW IN I (Street au rn, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO Route Number,	SE
BE COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONTR SE WAS CASE REFERRED TO MEDICAL EXAMINERY 1 VEE NO 27. MANUAR O DEATH 1 Noticed Investigation Accident Investigation 3 Suicide 6 Could not be distermined 296. CENTIFIER (Check unity one) MEDICAL EXAMINER 296. SIGNARURE AND TITLE OF CERTIFIER	HOSPITAL: Impatient 2 Impa	26. PLACE (A COUNTY POST) AT HOME (Specify) At home (Specify) knowledge, death instion and/or invitation and/or invitation.	YES DF DEATH DOA (4) Peb. TIME INJUI term, str	(Check only) (Check only) OTHER: S	UNCE	RTAIN Idence 8 2 NO 2 and due to d at the time	Other (Special City or Towns, data and	PERFORI YES 2 cify) E HOW IN I (Street au rn, State)	JURY Oct	or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO Route Number,	SE
COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 VEE NO 27. MANUAR OF DEATH 1 Notice S Pending Investigation 28 Suicité S Could not be distarmined 29s. CERTIFIER (Check any) One) MEDICAL EXAMINES	HOSPITAL: Impettant 2 Imp	26. PLACE (NOUTPETION 3 NURY NOUTPETION At home NURY NOUTPETION AT home NURY NOUTPETION AT home NURY NOUTPETION AT home NURY NOUTPETION AT home NURY NOUTPETION AT home NURY NOUTPETION AT home NURY NOUTPETION AT home NURY NUR	YES OF DEATH DOA G 18th TIME INJUIT , term, str occurred eatlgetlon,	(Check only) (Chec	UNCE	Idenca 8 2 2 and due to d at the tin	Other (Specied, Describe City or Roy or Roy or Roy on the cause(s) me, data and the Roy of the Cause(s) one, data and the Roy of the Cause(s) one, data and the Roy of the Cause(s) one, data and the Roy of the Cause(s) one, data and the Roy of the Cause(s) one, data and the Roy of the Cause(s) one, data and the Roy of the Cause(s) one, data and the Roy of the Cause(s) one, and the Roy of the Cause(s) one, and the Ca	YES 2 I (Street air, State) and maniplaca, and	NO NO NO NO NO NO NO NO NO NO NO NO NO N	or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO ROUTE Number, and manner as stated of (Month Day, Year)	BEE dd.
BE COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONTR S. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 VEE NO 27. WAN AR O DEATH 1 Minish S Pending Investigation 28 Societies Could not be determined 296. CENTIFIER (Check unity one) MEDICAL EXAMINER 296. SIGNARUME AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO Dr. Martin Weltz	HOSPITAL: Impettant 2 September 2 Sep	AJURY At home knowledge, death instion and/or inw	YES OF DEATH DOA G 18th TIME INJUIT , term, str occurred eatlgetlon,	(Check only) (Chec	UNCE	Idenca 8 2 2 and due to d at the tin	Other (Specied, Describe City or Roy or Roy or Roy on the cause(s) me, data and the Roy of the Cause(s) one, data and the Roy of the Cause(s) one, data and the Roy of the Cause(s) one, data and the Roy of the Cause(s) one, data and the Roy of the Cause(s) one, data and the Roy of the Cause(s) one, data and the Roy of the Cause(s) one, data and the Roy of the Cause(s) one, and the Roy of the Cause(s) one, and the Ca	YES 2 I (Street air, State) and maniplaca, and	NO NO NO NO NO NO NO NO NO NO NO NO NO N	or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO ROUTE Number, and manner as stated of (Month Day, Year)	BEE dd.
BE COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINERT 1 VEE NO 27. WAN AR O DEATH 1 Nation S Pending Investigation Accident Investigation CERTIFUER (Check unity One) MEDICAL EXAMINER 296. SIGNARUME AND TITLE OF CERTIFUER 30. NAME AND ADDRESS OF PERSON WHO	BUTE TO CAUSE HOSPITAL: Inpetient 2 Let 28a. DATE Of IN. (Month, Dey. 1) 28a. PLACE OF In. building, etc. CIAN: To the best of my R: On the basis of axam COMPLETED CAUSE 7525 Gre	AJURY At home knowledge, death instion and/or inw	YES OF DEATH DOA G 18th TIME INJUIT , term, str occurred eatlgetion,	(Check only) (Chec	UNCE	Idenca 8 2 2 and due to d at the tin	Other (Specied, Describe City or Roy or Roy or Roy on the cause(s) me, data and the Roy of the Cause(s) one, data and the Roy of the Cause(s) one, data and the Roy of the Cause(s) one, data and the Roy of the Cause(s) one, data and the Roy of the Cause(s) one, data and the Roy of the Cause(s) one, data and the Roy of the Cause(s) one, data and the Roy of the Cause(s) one, and the Roy of the Cause(s) one, and the Ca	YES 2 I (Street air, State) and manipleca, and	NO NO NO NO NO NO NO NO NO NO NO NO NO N	or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO Route Number,	BEE dd.



IMPORTANT: Il Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020



1 -	FOR STATE REGISTRAR

	1 - STATE REGISTRAR		ICATE OF	DEATH	MENIAL HYGIEN REG. NO.	E					
	1. DECEDENT'S NAME (First, Middle, Last) John George Hann	a			2. DATE OF DEATH MONTH 1/10/95	NY '	7:23P M				
		AGE (In yrs. last birthday) 73 YRS.	#F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5/18/21		BIRTHPLACE (State or Foreign Country)				
	9a. FACILITY NAME (If not institution, give street and number)	7.0	9b. CITY, TOWN	OR LOCATION OF D			Y OF DEATH				
DIRECTOR	Southern Maryland Hospital	Center	Clinto	n		Princ	e George's				
JEC.	10a. STATE 10b. COUNTY	19c. CITY, TOWN OR LOCATION 10									
ā	Maryland Prince George's	Ox (on Hill				LIMITS?				
FUNERAL	10s. STREET AND NUMBER			r. ZIP CODE			N OF WHAT COUNTRY?				
NS I	7417 Riverhill Rd. 11. MARITAL STATUS 12. WAS DECEDENT B	VER IN U.S. ARMED		20745	NIC ORIGIN? (Specify Yes	USA	I. RACE American Indian,				
ΒX	1 Never Merried 2 Married FORCES? 1 To IF YES, GIVE WAR WIT	YES 2 NO	If yes, s		in, Puarto Rican, etc.)		Bleck, White, etc. Specify: hite				
9	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. DECEDENT'S	USUAL OCCUPATI	ON ost of working	16b. KIND OF BUS						
COMPLETED	Elementary/Secondary (0-12) CoSege (1-4 or 5+)	Itte. Do NOT us	nplyed S		Restaura	ant&Ho	tel Equipment				
8	17. FATHER'S NAME (First, Michile, Last)				ME (First, Middle, Maiden	Surname)					
8	George Hanna	T 405 MARIANO		Sara	George						
2	Julia E. Hanna		as item		Route Number, City or Town	n, State, Zip G	ode)				
	108. METHOD OF DISPOSITION 200. PLACE AND DATE OF DISPOSITION (Name of DATE 200. LOCATION - City of Town										
	Donation 1 Other (Specify) Metropolitan Frematory 1/11/95 Alexandria 22. NAME AND ADDRESS OF FACILITY George P. Kalas Funeral Home										
	· Ku P. Kalah		Md 20745								
	23. PART I Enter the diseases, or complications that can shock, or heart failure. List only one cause	sused the death. Do r	not enter the me	ode of dying, suc	h se cerdiac or respi	ratory srres	t, Approximats				
	IMMEDIATE CAUSE (Final disease or condition resulting in desth) Pneumo						Interval Between Onset and Death 5 days				
	DUE TO (OR AS A CONSEQUENCE OF):										
ON	Sequentially list conditions, If any, leading to immediate COPD Due to (or as a consequence of):										
CAT	trany, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury										
CERTIFICATION	that initiated events resulting in death) LAST	AS A CONSEQUENCE OF	F):								
	6.	-Ab b. A - A (Al-									
DICAL	PART II. Other significent conditions contributing to de ASHD, Inanition	eth but not resulting	in the underlyin	g cause givan in	Part I. 24e. WAS AN PERFOR 1 - YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
. MEI	DID TOBACCO USE CONTRIBUTE TO CAUS	E OF DEATH VE	S EN NO F	UNCERTAIL			1 - YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE OF DEAT			40						
YSIC	HOSPITAL:	NOutpetlant 3 DOA	OTHER: 4 Nursing Hor	ns 5 🗆 Residence	6 Other (Specify)						
ВУ РН	27. MANNER OF DEATH 1 X Natural 5 Pending 2 Accident Investigation		URY W	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW IF	JURY OCCUP	RED				
COMPLETED B		JURY — At home, term, a (Specify)	street, tectory, offic	î a	28f. LOCATION (Street a City or Town, State)	nd Number or	Rural Route Number,				
PLE	29a. CERTIFIER (Check only 1 X CERTIFYING PHYSICIAN: To the best of my	knowledge, death occurre	ed at the time, date	end place, and due	to the cause(a) and man	ner as atated.					
Š.	one) 2 MEDICAL EXAMINER: On the beals of exam	Ination and/or investigation	n, In my opinion,	seath occured at the	time, data and place, and	d due to the o	ause(a) and manner as stated.				
띪	296. SIGNATURE AND TITLE OF CENTIFIER		IGNED (Month, Day, Year) 1/95								
2	30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE										
	O.L. Haye 9131 Piseataway 31. DATE FILED (Month, Day, Your) 32. REQUETRAR'S		-								
	JAN 12 1995 Julia	BIGNATURE Randa	47								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within or hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be defached for use as the bunal-transfil be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at some. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR		STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.												
1. DECEDENT'S NAME (First,	Middle, Last)						2. DAT	E OF DEATH			3. TIME O	F DEATH		
VERNON		Α.	J	ONES			Jai	3.5	199	YEAR 5	8: 3	35	Ам	
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yr		F UNDER 1 YE		7. DATE	E OF BIRTH			PLACE (Ste			
212-22-461	1	1 🔀 M 2 🗆 F	86	YRS.	ONTHS DA	YS HOURS MIN.	Ser		1908		" arvla	nd		
90. FACILITY NAME (If not ins	stitution, give stre	et and number)		9	b. CITY, TO	WN OR LOCATION OF D			9c. COUNT			ПО		
Salisbury Nu		& Rehab	Cente	er	Salis	bury, Md.			WICOM	ICO			9-6	
RESIDENCE OF DEC	10b. COUNTY			100 CITY	CITY, TOWN OR LOCATION						1			
Maryland	Some	noot								10d. INSIDE CITY LIMITS?				
10e. STREET AND NUMBER	301118.	rset		Una	ance	101. ZIP CODE			44 01010		1 TES		0	
23636 Earl	Webstan	r Poad							10g. CITIZI		HAT COUN	IRY7		
11. MARITAL STATUS		12. WAS DECEDENT	EVER IN U.S	S. ARMED	13 WAS	21816 DECENDENT OF HISPA	MIC OBIG	IN2 (Gracify Vac	or No.	U.S	— America	an Indian		
1 Never Married 2	YES 2	NO	If yes	s, specify Cuben, Mexic YES 2 NO Speci	an, Puerto	Rican, etc.)	or No=	Black	, White, etc); ;	· [
3 Widowed 4 Divor	beor	11 120, 0112 12	III OII DATE	,	1	TES 2 JE NO Speci	ny		ľ	Specif	Whi	te		
15. DECE (Specify only	DENT'S EDUCA	(TION ompleted)	16:	DECEDENT'S US	WAL OCCUP	PATION g most of working	16	b. KIND OF BUS	INESS/INDU	STRY				
Elementary/Secondary (0-		College (1-4 or 5 +)	life. Do NOT use i	retired.)	g most or working								
8			1	<u>Watermar</u>				Seafood	Indu	str	У			
17. FATHER'S NAME (First, Mi	,					16. MOTHER'S N	AME (First,	Middle, Meiden	Surname)					
Albert H		S			_	Eva								
19+. INFORMANT'S NAME (Ty						eet end Number or Rural			, State, Zip C	Code)				
Vernon A. J		Jr.				ett Lane,	Sali	sbury.	Md. 2	2180	1			
20e. METHOD OF DISPOSITION 1 M Burlel 2 Cremation	n 3 🗆 Reniov	al from State	cemeter	ACE AND DATE OF	r place)		DA		CATION — CI	,				
4 Donation 8 Other			Roc	ck Creek	Ceme	etery	1/	20 Char	nce. M	lary	land			
21. SIGNATURE OF FUNERAL	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hinman Funeral Home													
Kumma	2. H		5 MC	0295					353					
23. PART 1/Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory erreat, Approximate														
IMMEDIATE CAUSE (Findisesse or condition resulting in death)		et only one ceut	ce on escn	fine.	10	ar ,	hu	Ry.	_			rvei Beti et and [
		DUE TO	OR AS A CO	NSEQUENCE OF):	************			-			1)	4		
Sequentially liet condition	one. Th.	Lef	17 5	caron							10	TE	2.	
if any, leading to immed cause. Enter UNDERLY!!	liete	Delle 10 (OR AS A CO	NSEQUENCE OF):							3			
CAUSE (Diseese or Injur		DUE TO	OR AS A CO	NSEQUENCE OF							13	-		
thet initiated events resulting in death) LAST		202120									1		- 1	
								2			1			
PART II. Other eignificer	nt conditions	contributing to	deeth but r	ot reculting in	the under	lying ceuse given in	Pert I.	24a. WAS AN		24b.	WERE AUTO			
								1 TYES 2	. /		COMPLETIC OF DEATH?	ON OF CAL		
											1 YES			
DID TOBACCO US	SE CONTRI	BUTE TO CAL	JSE OF D	EATH YES	□ NO	☐ UNCERTAI	N 🗆							
25. WAS CASE REFERRED TO EXAMINER?			26. 1	PLACE OF DEATH		one)								
1 TYES 2 NO		HOSPITAL:	ER/Outpaties		THER:	Home 5 - Realdence	8 🗌 Oth	er (Specify)						
27. MANNER OF DEATH	0.15	28e. DATE OF I		26b. TIME (OF 26c.	INJURY AT WORK?	28d. DE	SCRIBE HOW IN	JURY OCCU	RED				
	Pending nvestigation					YES 2 NO								
3 Suicide 8 C	Could not be	28s. PLACE OF building, o	INJURY — A	At home, ferm, stre	et, factory,	office		CATION (Street e	nd Number o	r Rurai A	oute Numbe	v.		
4 Homtcide d	letarmined							, 0, 10,111, 0,10,07						
29e. CERTIFIER (Check only	FYING PHYSICIA	AN: To the best of a	ny knowledge	e, death occurred	et the time,	date end place, end du	a to the co	suse(e) end man	ner se atatec	1.				
						on, death occured at the					and menne	er ee stat	ed.	
29b. SIGNATURE AND TITLE		/_				29c. LICENSE NU			29d. DATE :				-	
1///	171	-	~			025	70	9	•	1/1	101			
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATH	(ITEM 27) (Type, Pr	int)	/.	-7	/	-/		(1.)			
31. DATE FILED (Month, Day,)	CODINS	S. M.T	1'90 IGNATUI	1104	HEAL	THWAY DR.	SAL	ISBURY,	MD.					
JAN 1 9 199	5 Jah	a dimension	Kardal	,										

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

Charles and the second of the second

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

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amended citims # 14,206, 1/19/95, Harbord County, SB

	1 - STATE REGISTRAR	STATE OF M	IARYLAND / Ce				EALTH DEAT		/ENT	REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)									TE OF DEATH	,	YEAR	3. TIME OF DEATH		
	SARA				J	ONES	5		.T.A			95	8:00 PM		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DA	TE OF BIRTH		e. BIRTH			
	218-72-6612	1 M 2 XF	31	YRS.	WOWTHS	DATS	HOURS	MIN.	Fε	eb 11, 1	.963		PLACE (State or Foreign MD		
~	9a. FACILITY NAME (If not institution, give s						R LOCATIO	ON OF DE	НТА		9c. COUNTY OF DEATH				
5	WEST BOUND RT	.40			ABI	ERDI	EEN		HARFO				ORD COUNTY		
<u> </u>	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY		
DIRECTOR	Md Har	ford		Aberdeen									LIMITS?		
	10e. STREET AND NUMBER						. ZIP CODE				10g. CITI	ZEN OF W	WHAT COUNTRY?		
ER,	139 Hanover St						210	78				USA	A		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARA	MED						GIN? (Specify Yea	or No-	14. RACE	- American Indian,		
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W		U			2 XNO			to Rican, etc.)		Speci	white, atc.		
									_				Wuite		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	18a. DEC	EDENT'S	work done	CCUPATIO during mo	ON st of workin	g		16b. KIND OF BUS	INESS/IND	USTRY			
12	Elementary/Secondary (0-12)	College (1-4 or 5+			wife										
No.	17. FATHER'S NAME (First, Middle, Last)			-			18 MOTH	IED'S NAS	AE /Elec	at, Middle, Maiden	Pumpana)				
Ö	James Strawbri	ilge								kman	ourname)				
BE	19a. INFORMANT'S NAME (Type/Print)	N	19b.	MAILING	ADDRESS	S (Street a				umber, City or Town	State Zip	Code)			
2	Mary Koonce									le Grac					
	29a METHOD OF DISPOSITION 1 February 2 Commention 3 February	and these Physics	20FPEASE F	OTTO	OF MEN	MIOI GIE	rrde	ns	0	ATE 20c. LOC	OCATION — City or Town, State				
ı	4 Donetion 5-5 Other (Specify)	Jymi rrom prate	constitute pren	Willows	mos	Cen	A-	11.23	1-	20 Abe	rde	en.,	, MD		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENGER /	/	7			D ADDRES			TImmo					
	16.11	1. 11.	_ //		Ha Be	earc	ı ru:	nera Gra	an ace	Home MD					
	23. PART I. Enter the diseases, or o	omplications that	ceused the dea	th. Do							atory sm	est,	Approximate		
	shock, or heert fellure. IMMEDIATE CAUSE (Finel	List only one caus	ee on each line.										Intervel Between Onset and Death		
	disease or condition resulting in desth)	M	It. of.		luji										
ľ	resulting in destiny	DUE TO	OR AS A DONSEO	UENCE O	F):	ww							. 9		
z	Sequentially list conditions.														
E S	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):														
2	CAUSE (Disesse or injury	DUE TO	OR AS A CONSEC	HENCE O	σ.										
Ē	that initiated events resulting in death) LAST	002 10 (ON AS A CONSECU	DENCE O	rj:								j l		
CERTIFICATION		1		_											
CAL	PART II. Other significent condition	s contributing to	deeth but not re	eulting	in the ur	deriying	ceuse g	iven in I	Pert I.	24a. WAS AN /		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
_										1 YES 2			COMPLETION OF CAUSE OF DEATH?		
ME										1			1 VES 2 NO		
ä	DID TOBACCO USE CONTI	RIBUTE TO CAL					UNC	ERTAIN							
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE	OF DEA	TH (Check										
YSI	XXYES 2 NO	1 Inpatient 2			4 🗆 Nun	sing Hom		sidence i		ther (Specify)					
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF I		28b. TIM	JURY		RK?		28d. [ESCRIBE HOW IN			6ycar		
BY	2 Accident Investigation	200 BLACE OF	INJURY — At hor	183		1 🗆 ۷		NO	PE						
ED	3 Suicide 8 Could not be datarmined	building, e	etc. (Specify)	tre		ory, omici	1		281. L	OCATION (Street as ity or Town, State)	R + 2	or Rural R	Rt 22		
	29a, CERTIFIER				-				#	City or Town, State) R + 40, R+22					
MP	(Check only 1 CERTIFYING PHYSI	CIAN: To the best of a													
Significant and place and place and due to the cause(a) one) 29a. CERTIFIER (Check only one) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINEF: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place.											dua to the	cause(a)	and manner as stated.		
BE	29b. SIGNATURE AND TITLE OF CHITIFIED	. 1	00.				29c. LICE	NSE NUM	BER		29d. DATE	SIGNED	(Month, Day, Year)		
5	Nen	us of (bute on				0.C	.М.	Ε.		J	AN	16,1995		
	30. NAME AND ADDRESS OF PERSON WHO	J COMPLETED CAUS										_			
	31. DATE FILED (Month, Day, Year)	32 PERISTAN	1 1		enn	St	reet	. В	al [·]	timore	, Ma	ryl	and 21201		
	JAN 1 9 1995	Java al	US SIGNATURA	Xa.ll											

7000 - 7000

8. BIRTHPLACE (State

9c. COUNTY OF DEATN

TIME OF DEATH

815

KY

2

FOR STATE REGISTRAR CERTIFICATE OF DEATH 2. DATE OF DEATH DAY DECEDENT'S NAME (First, Middle, Last) JANUA JUDIE SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6-11-2 HOURS 1 - M 2 XF YRS. 400-34-6674 67 9a. FACILITY NAME (If not institution, give stree and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Fallston General Hospital Fallston RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Havre De Grace Harford MD FUNERAL 10e, STREET AND NUMBER 101, ZIP CODE 21078 2113 Williams Drive 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Morried BY 3 Widowed 4 Divorced Page 6 may be retained by the hospital or attending ed in by the funeral director, page 5 should be detached for use at the or removal. 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Elementary/Secondery (0-12) College (1-4 or 5+) Housewife 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) notified at Ora Turner Harod Ecton BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2113 Williams Dr. Havre de Grace, Md. Perry T. Jones 9 20a. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must 1 Buriel 2 Cremetion 3 A ST. JAMES CEMETERY ny 🖰 Other (Specify)g FUNERAR SERVICE LISTRISEE examiner ours after death. medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, signed by the attending physician and completely filled in by the aith and Mental Hygiene prior to burial, cremation, or remo ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final the disease or condition_ METASTATIC resulting in death) event. DIVISION OF VITAL RECORDS, P.O. BOX 68760, executed with DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING other t CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 0 Injury, PART ii. Other aignificant conditions contributing to death but not regulting in the underlying cause given in Part I. MEDICAL PATIC mura any this certificate has been a with the State Dept. of DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO HOSPITAL DR ATTENDING PHYSICIAN: 1 Inpatient 2 - ER/Outpatient 3 - DOA g Nome 5 Realdence 8 Other (Specify) 9 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? marked, 1 Natural 5 Pending Investigation 1 YES 2 NO м DIRECTOR: After the hours after death w BY 2 Accident 28e. PLACE OF INJURY — At home, lerm, street, factory, office building, stc. (Specify) 3 Suicide 8 Could not be COMPLETED 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(a) end menner as stated. TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CHATIFIER 29s. LICENSE NUMBER BE 를 볼 물

M. NIME AND ADDRESS OF PERSON MAC COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

EDWARDS

JAZ REGISTRAR'S SIGNATURE LOLL

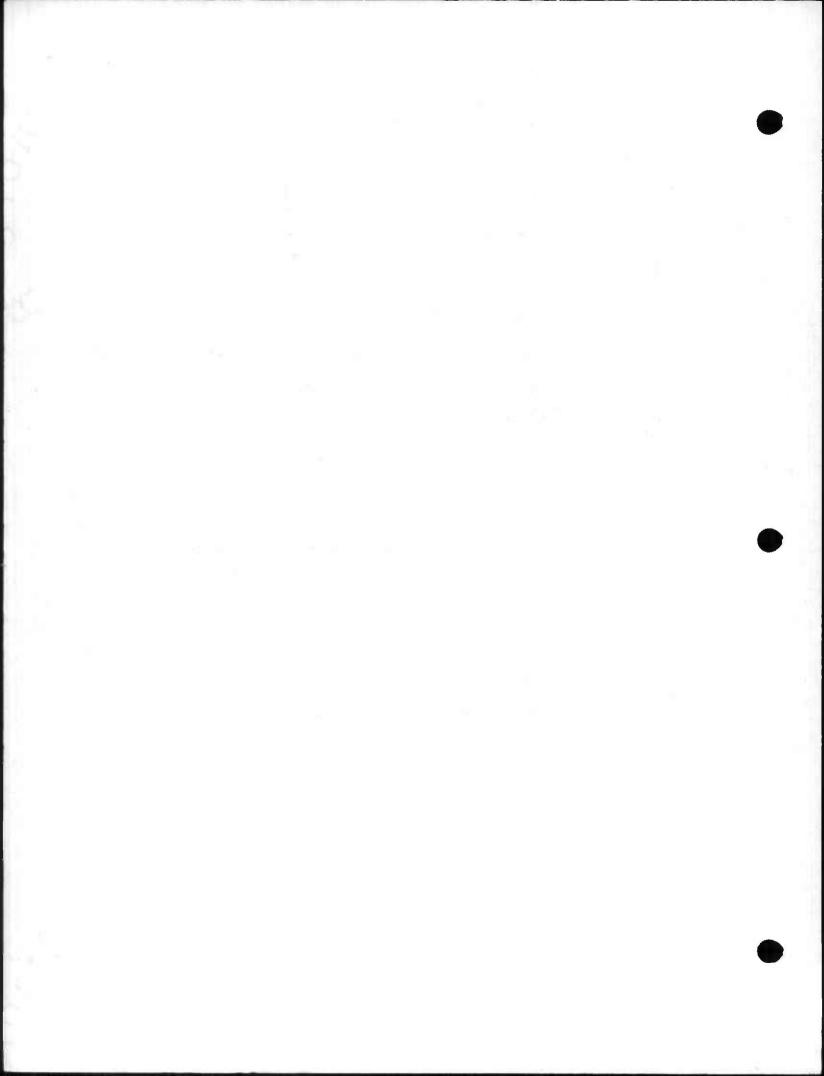
mb

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Harford 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g, CITIZEN OF WHAT COUNTRY? US 14. RACE — American Indian, Black, White, etc. Specify: Black 16b. KIND OF BUSINESS/INDUSTRY 21078 20c. LOCATION — City or Town, State 1-18-95 HAVRE DE GRACE, MD 22. NAME AND ADDRESS OF FACILITY
Arnold W. Beard Funeral Home 552 Lewis St. Havre De Grace, Md 2107 Approximate Interval Between **Onset and Death** BREAST CANCER 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO OF DEATN? 1 TYES 2 T NO 28d. DESCRIBE HOW INJURY OCCURED 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 284 DATE SIGNED (STORE) COM

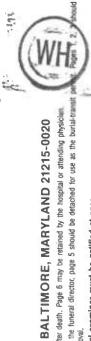
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH ones MULLESU 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign July 27, 1 **∑** M 2 □ F 215-36-8050 HOURS 90 YRS. 1904 North Carolina 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Fallston General Hospital Fallston Harford RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Harford Pylesville 1 YES 2 1 NO 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 1320 Harkins Road 21132 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 25 Married It yes, specify Cuban, Maxican, Puerlo Rican, etc.) 1 YES 2 NO BALTIMORE, MARYLAND 21215-00 Specify: BY 3 Widowed 4 Divorced retained by the hospital or attending funeral director, page 5 should be detached for use as the white COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementery/Secondary (0-12) College (1-4 or 5+) 11 Dairy Farmer Agriculture 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Charles Alter Jones Ħ Allie Lavina Osborne BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Mary Jane Knode 1807 Woodrail Drive, Millersville, Maryland 21108 Page 6 may be pe 20e. METHOD OF DISPOSITION
1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 1/14/95 20c. LOCATION - City or Town, State must cometery, cremetory or other piaco)
William Watters U.M.Cemetery ☐ Donetion 5 ☐ Other (Specify) Jarrettsville, Maryland examiner 21. SIGNATURE OF FUNDRAL SERVICE LICEUSEE 22. NAME AND ADDRESS OF FACILITY Howard K. McComas III Funeral Home, P.A. 1317 Cokesbury Road, Abingdon, Md. completely filled in by the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and/Death ŏ IMMEDIATE CAUSE (Final the disease or condition vile Myorardia reauiting in death) event, Стет DIVISION OF VITAL RECORDS, P.O. BOX 68760, and com bunial, schemic traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): Hygiene prior to the attending physician Mental Hygiene prior to if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a WAS AN AUTOPSY signed by the PERFORMED? 1 - YES 2 1 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO IN UNCERTAIN I has by Dept. 23 HOSPITAL OR ATTENDING PHYSICIAN: The law 28. PLACE OF DEATH (Check only the 25. WAS CASE REFERRED TO MEDICAL r this certificate h HOSPITAL OTHER: 1 TYES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA raing Home 5 - Residence 8 - Other (Specify) 0 27, MANNER OF DEATH 28a. DATE OF INJURY (Month, Oay, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED marked, Natural 5 Pending Investigation м 1 YES 2 NO After t BY 2 Accident 28s. PLACE OF INJURY — At home, term, street, tactory, office building, atc. (Specify) 69 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be DIRECTOR: / COMPLETED 4 Homicide 28 29a. CERTIFIER 1 M CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. FUNERAL within 72 h TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 1 MEDICAL EXAMINER investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE 29c. LICENSE NUMBER R 1567 2 PLETED CHUSE OF DEATH (ITEM 27) (Type Print)

			9	5 02659							
1 - STATE REGISTRAR	STATE OF MARYLAND / DEPAR CERTIF	TMENT OF HEALTH ANI	MENTAL HYGIENE REG. NO.								
1. DECEDENT'S NAME (First, Middle, Last) HENRY	ALFRED JACK	sod	2. DATE OF DEATH MONTH DAY DAY 5. 19	YEAR 11:37							
	SEX 8. AGE (In yrs. last birthday) M 2 F 59 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN	0.4 at the 14 t	8. SIRTHPLACE (State or Foreign Country) VIRGINIA							
PRINCE GEORGE H	and number) topital CENTER	96. CITY, TOWN OR LOCATION OF CHEVERL	A	TY OF DEATH							
PRINCE GEORGE H RESIDENCE OF DECEDENT 10a. STATE MARY LAND PRINCE	CES GEORGES FO	Y, TOWN OR LOCATION SMESTVILLE		10d, INSIDE CITY LIMITS? 1 Yes 2 No							
10e. STREET AND NUMBER	LL COURT	10f. ZIP CODE	74°7 10g. CITIZ	EN OF WHAT COUNTRY?							
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE 15 Yes, apecity Cuben, Mexican, Puerto Ricen, etc.) 16. PORCES? 16. PORCES? 17 YES, GIVE WAR OR DATES 18 YES, GIVE WAR OR DATES 19 YES 2 NO Specify: 11. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No) 14. RACE 15 Heach 16 Heach 17 YES 2 NO Specify:											
3 Wildowed 4 Divorced 1954-1959 16. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. KIND OF BUSINESS/INDUSTRY (Sine kind of work done during most of working											
	ollege (1-4 or 5+)	I ICATIONS SUP	GOVERNA	TENT							
15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) WILMER JACO	KSON	16, MOTHER'S	NAME (First, Middle, Maiden Sumame) 10 RA JOHNSI	DN .							
Doretha A. Jackson (use) 19th MAILING ADDRESS (Street and Number or Rural Roune Number, City or Town, State, Zip Code) 19th MAILING ADDRESS (Street and Number or Rural Roune Number, City or Town, State, Zip Code) 1411 FERNHILL CT Fores Tuille, Md 20747											
20e, METHOD OF DISPOSITION 1 Burist 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State cametery, crematory er o	TERAWS CEM	DATE 20c. LOCATION - C	Hy or Town, State							
21. SIGNATURE OF FUNERAL SERVICE LICENS	red.	22. NAME AND ADDRESS OF ALEXANDER S 5538 MARLBOR	POPE FUNERAL HOO PIKE, FORESTVI	OMES LLE.MD 20747							
23. PART I. Enter the discesse, or com ahock, or haart failure. List IMMEDIATE CAUSE (Final	plications that caused the death. Do r Dnly one cause on each line.	not anter the mode of dying, a	uch as cardiec or respiratory arre								
disease or condition resulting in death) a Systematic Arteriosclerolic Dy Tr (OR AS A CONSEQUENCE OF):											
Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
cause, Entar UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQUENCE OF	F):									
d_	resulting in death) LAST										
Hia	htes Mellitu	Cause given	In Part i. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?							
	NTRIBUTE TO CAUSE OF		0 🛛	1 YES 2 NO							
1 YES 2 NO 1	OSPITAL: ER/Outpetient 3 DOA	28. PLACE OF DEATH OTHER: 4 Nursing Home 5 Realden									
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation		M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCI	URED							
3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — At home, farm, a building, etc. (Specify)	street, factory, office	281. LOCATION (Street and Number of City or Town, State)	or Rural Route Number,							
	N: To the best of my knowledge, death occurrent the basis of examination and/or investigation										
29b. SIGNATURE AND THE OF CERTIFIER	all M.D.	29c, LICENSE I	NUMBER 29d.	SIGNED (Month, Day, Year)							
30. NAME AND DRESS OF PERSON YHO CO	OMPLETED CAUSE OF DEATH (ITEM 27) (Type,	Print) TRAFTEN	OR LANGO, N	1020777							
31. DATE FILED (Month, Dey, Your) JAN 11 1995	32. REGISTRAR'S SIGNATURE Fordal	6		1000							
				DHMH-16 Rev 1							



1 -	FOR STATE REGISTRAR

	1 - STATE REGISTRAR	SIMIL OF N		RTIF	ICATE	OF	DEAT	H	WIEN IA	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)			_	-				2. DAT	E OF DEATH	AY	YEAR	3. TIME OF DEATH	
	HATTIE H. JOI								Ĵċ	än. 0	3 1	995	10:25 A.M	
		5. SEX 1	6. AGE (In yrs. last	birthday)	IF UNDER 1	YEAR DAYS	HOURS	24 HRS. MIN.	7. DATI	25-16		8. BIRTH Countr		
	9a. FACILITY NAME (If not institution, give stree		70	rns.	9b. CITY, 1	200001-01	D 000***			23-16	Latina		S.C.	
Œ	PRINCE GEORGE'S		ፐጥአፐ				RLY	ON OF DE	ATH			NTY OF D		
	RESIDENCE OF DECEDENT	inose.	LIAL		Cn	EVE	KLY				PKT	NCE	GEORGE'S	
DIRECTOR	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR	LOCATI	ON				10d, INSIDE CITY LIMITS?			
		Georg	ge's		Laı	_	ver						1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 1820 Allendale 1	Place				101.	ZIP CODE	: 0785	=				WHAT COUNTRY?	
N.			IT EVER IN U.S. ARM	4ED									States	
BY FL	1 ☐ Never Merried 2 ☐ Merried FORCES? 1 ☐ YES 2 ☑ IF YES, GIVE WAR OR DATES				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify of the specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ YES 2 ☑ NO Specify:					Ricen, etc.)	s or No-		E — American Indian, k, White, etc. W: Black	
	15. DECEDENT'S EDUCA	TION	16a, DEC	EDENT'S	USUAL OCC	LIPATIO	M		16	b. KIND OF BU	CINESC /IN		DIACK	
E	(Specify only highest grade co	mpleted) College (1-4 or 5 +	(Giv	o kind of the Do NOT us	work done du se retired.)	ring mos	t of working	g	"	o. Kille of Go	3111E337114	DOSTRI		
AP.	12		· .	Seam	stre	SS				Gove	rnme	ent		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	Im lam ou	- \				18. MOTN	IER'S NAI		Middle, Malden				
B		Jnknowr								Jnknov				
2	19a. INFORMANT'S NAME (Type/Print) Barbara J. Roon'	naraine								nber, City or Tow			20700	
	Barbara J. Roopnaraine 9224 Cherry Lane, Laurel Maryland 20708 20b. PLACE AND DATE OF DISPOSITION DATE 20c. LOCATION — City of Town, State													
	Cemes Cheltenham 1/9/95 Cheltenham Md													
	21. DIGNATURE OF FUNERAL SERVICE LICEN	The same		77	-02. N/	AME AND	DADDRES	S OF FAC	CILITY	AL HOM				
	JULY 1. /	News	W/1	1								Was	h. D.C.	
	21 PART Enter the diseeses or cor ehock, or heer fallure. Lis	nplicatione the	t coused the dee	th. Do r	not enter ti	he mod	le of dyl	ng, eucl	n as car	dlec or reep	ratory er	rest,	Approximata	
	IMMEDIATE CAUSE (Finel												Interval Between Oneet and Death	
	resulting in deeth) a.		O RESP			AR	REST	r						
	/	DUE TO (OR AS A CONSEQUENCE OF): ELECTROLYTE IMBALANCE												
Į.	Sequentially list conditione, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									-				
CAT	cause. Enter UNDERLYING CAUSE (Disease or injury	RENAL FAILURE												
THE	thet initiated events resulting in death) LAST		(OR AS A CONSEO											
CERTIFICATION	d.	DIABE	ETES ME	LLI	rus									
	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY PRINCIPLY AMAILABLE PRIOR TO AMAILABLE PRIOR TO													
EDICAL										1 TYES 2			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?	
ME													1 TES 2 NO	
	DID TOBACCO USE CONTRIB	BUTE TO CA					UNC	ERTAIN	1 🗆					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:													
HYS	1 VES 2 NO 1	Inpatient 2 28a. DATE OF	ER/Outpatient 3 (DOA 28b. TIM	4 - Nursin	8c. fNJU		sidence			HIEW OO	CURE		
	1 Netural 5 Pending	(Month, De		INJ	URY M	WOR	K?	NO	200. DE	SCRIBE NOW I	NJURY OC	CURED		
) BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF	F INJURY — At hom	ne, farm, s	treet, tactor				28f. LO	CATION (Street a	and Numbe	r or Rural R	loute Number,	
TED	4 Nomicide determined	J. Johnson	etc. (Specify)						City	or Town, State)				
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	N: To the best of	my knowledge, dear	th occurre	d at the time	e, date a	ind place,	and due	to the ca	ruse(a) and mer	iner aa ata	ted.		
OM	one) 2 MEDICAL EXAMINER	In the beals of ex	camination and/or in	rventigatio	n, in my opi	nion, de	ath occur	d at the	time, dat	e and place, an	d due to ti	he ceuse(a) and manner ea stated.	
BE C	29b, SIGNATURE AND TITLE OF CERTIFIER	: 0				T	29c. LICE	NSE NUM	BER		25d. DAY	E SKONIJO	(Mogifis, Clay, Mear)	
D 0	01000	- ml					D19	9891	1		•	1/3/95		
-	30. NAME AND ADDRESS OF PERSON WHO					Do a		D : * * *	222	210 1	/ A	2077	. 7	
	31. DATE FILED (Month, Day, Year)	-	404 Que	eno	иту.	коа	u, l	KTA	=raa	are, r	na.	207	5 /	
	JAN 1 0 1995	della	thursdown ho	dell										



TO THE HOSPITAL DR ATENDING PHYSICIAN: The law requires that the death certificate be executed with Jours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 687604

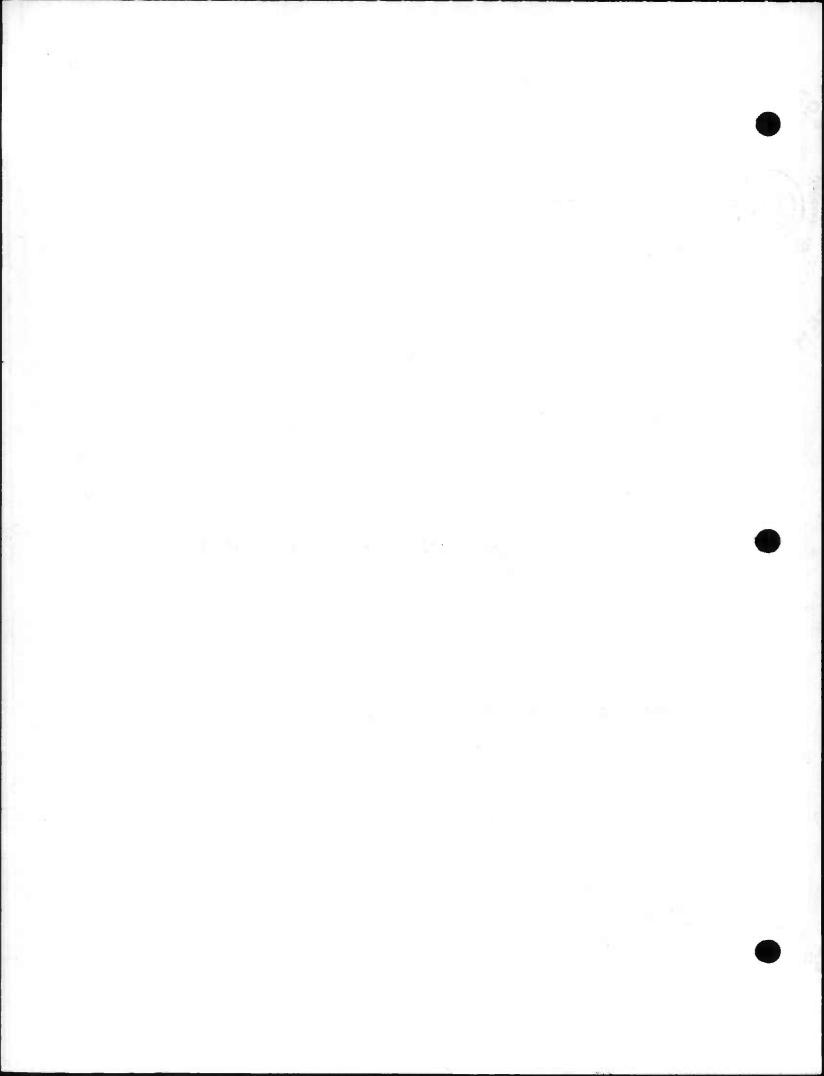
FOR

	1 - STATE REGISTRAR	SINIE OF MA			ICATE				MENIAL	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF MONTH	DEATH		VEAD	3. TIME OF DEATH
	DORE	ГНЕА	JONES						JAN	Ő	8, 1	995"	10:35 P M
	4. SOCIAL SECURITY NUMBER	5. SEX 8.	AGE (In yrs. last	birthday)	IF UNDER	-	IF UNDER		7. DATE OF	BIRTH		8. BIRTH	IPLACE (State or Foreign
	579-13-5075	1 □ M 2 X F	20	YAS.	WOWTHS	DAYS	HOURS	MIN.	OCT.	17,	1974	H.,D.C.	
_	9a. FACILITY NAME (If not institution, give s					TOWN C	R LOCATION	ON OF DE					EATH
<u></u>	PRINCE GEORGES H	OSPITAL CE	ENTER		C	CHEVERLY PRINCE						GEORGES	
C C	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN C	OR LOCAT	ION					1	10d. INSIDE CITY
DIRECTOR	NA NA			WAS	HING'	TON,	ON, D.C.						LIMITS?
	10e. STREET AND NUMBER			101. ZIP CODE							10g. CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL	1547 CONGRESS PL	ACE, S.E.			20020						TIMIT	תפת	STATES
5	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARI	MED			ENDENT C	F HISPAN	NIC ORIGIN? (Specify Yee or No. 14				- American Indian.
BY	Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1		0			2 NO		n, Puerto Rici	an, etc.)		Speci	k, Whita, etc.
		<u> </u>										BLA	CK
LED	15. DECEDENT'S EDU (Specify only highest grade		(Gr	VEDENT'S VE kind of I Do NOT us	Work done	during mo	N st of workin	g	16b. KI	ND OF BUS	SINESS/IN	DUSTRY	
וי	Elementary/Secondary (0-12)	College (1-4 or 5+)		UDEN						SCHOO) T		
COMPLET	17. FATHER'S NAME (First, Middle, Last)			ODLIN			18 MOTI	MOTHER'S NAME (First, Middle, Meiden Surname)					
Ŭ Ш	GERALD JONES								THY N		,		
m	19a. INFORMANT'S NAME (Type/Print)		19b	MAILING	ADDRESS	(Street a			Route Number,			p Code)	
임	DOROTHY JONES	(MOTHER)	1	547	CONG	RESS	PLA	CE,	S.E. V	WASH.	.D.C	. 20	020
20g, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State													
	Cemetery, crematory or other place) CLENWOOD CEMETERY 1/14 WASHINGTON										D.C.		
	21. SIGNATURE OF FUNERAL SERVICE LIC	CEHSEE			Α1		ND FD		POPE 1	FIINED	AT 11	OMEC	
	Mer S.	Jone &		M85	9 5	538	MARL	BORO	PIKE	FOR	ESTV	TLLE	, MD 20747
	23. PART i. Enter the diseases, or shock, or heart failure.	complications that co	oused the dea	ath. Do r	not enter	the mo	de of dy	ng, sucl	h aa cardiad	or reapi	ratory ar	rest,	Approximate
	IMMEDIATE CAUSE (Final	Controlly blie cause	11							10			Interval Between Onset and Death
	disease or condition resulting in death)	a gun	SHO	h) <i>00</i>	ルレ)	0	NE	CK,			
	UE TO (OR AS A CONSEQUENCE OF):												
N O	Sequentially list conditiona,	b	AS A CONSEC	HIENCE O	F) .								
RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING			ochoc o	. ,.								
	CAUSE (Disease or Injury that initiated events	cDUE TO (OF	AS A CONSEC	UENCE O	F):								
H	resulting in death) LAST	d											
C	PART ii. Other aignificant condition	a contributing to de	ath but not n	eaulting	in the un	deriving	Cause (ni nevir	Part I 24	In. WAS AN	dimpey.	245	. WERE AUTOPSY FINDINGS
5				oud in ing	in are ar	out y m	Cadao	J. VOII 111		PERFO	MED?	240	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ב ב									_ '	TES 2	□ NO		OF DEATH?
HYSICIAN: ME	DID TOBACCO USE (CONTRIBUTE T	O CAUS	E OF	DEAT	H YI	S	NO					1 YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL		-						eck only one)				
Sic	EXAMINER?	HOSPITAL:	R/Outpatient 3	□ DOA	OTHER		• 5 □ Re	eldenca	8 Other (S	Specify)			
Ě	27. MANNER OF DEATH	26e. DATE OF IN. (Month, Day,		28b. TIM		28c. INJ		/	28d. DESCR		NJURY OC	CURED	
2	1 Netural 5 Pending 2 Accident Investigation	1-2	-95	100	NO.	1 🗆 1		NO	Sub	Ject	- 5	HOT	
- 8	3 Sulcide 8 Could not be	28e. PLACE OF It building, alc	JURY - At hor (Specify)	me, ferm,	streel, fact	ory, office			281. LOCATI	ON (Street of Town, State)	and Numbe	r or Rural F	Route Number,
	4 Phomicide determined	RE!	BIDEV	WE					3247	STA	NTOK	10	WASH DC
		ICIAN: To the best of my											
29a. CERTIFIER (Check only one) 29a. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as										e) end manner as stated.			
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year)									(Month, Day, Year)				
2	Moupate	1 wella	rell	4D			0.0	C.M.	Ε		▶ J.	AN. (09, 1995
-	30. NAME AND ADDRESS OF PERSON WH					w							
	MAMURIUM P. K		1 Penn			BAl	imoı	e, l	Maryla	ind 2	1201		
	JAN 13 199	32. REGISTRANT	AUTURE I	ardal	6								

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within anounce after death. Page 6 may be retained by the hospital or attending physician. The FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit purple within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

WENDERTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

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1 -	FOR STATE REGISTRA
1. D	ECEDENT'S I
	T /

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR CERTIFICATE OF DEATH REG. NO.											
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH	v	YEAR	3. TIME OF DEATH	
LOIS JAMIS							uary			6:09 A. M	
4. SOCIAL SECURITY NUMBER		AGE (In yrs. laat birth	MO	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		Country	PLACE (State or Foreign	
578-34-5416	1 □ M 2 📉 F	71 Y	RS.	220			10-23		S.		
9a. FACILITY NAME (If not inatitution, give s		anum-n			OR LOCATION OF DE				NTY OF DE		
LIVINGSTON HEA	LTH CARE	CENTER		FORT	WASHING	STON		PRI	NCE	GEORGE'S	
10a. STATE 10b. COUNT	Y	100	city, to	OWN OR LOCA	TION					10d. INSIDE CITY	
Maryland Princ	e George	's	Ca	pitol	Height	S				LIMITS?	
10a. STREET AND NUMBER					f. ZIP CODE			10g. CITI		HAT COUNTRY?	
912 Balboa Ave	nue				20743	}		Uni	ted	States	
11. MARITAL STATUS	12. WAS DECEDENT EV			13. WAS DEC	ENDENT OF HISPAN	NIC ORIGIN	17 (Specify Yea			— American Indien, White, etc.	
1 Never Married 2 Married FORCES? 1 YES 2 NO It yes, specify Cuban, Mexican, Puerto Rican, etc.) 3 Wildowed 4 Divorced It yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: Black										Black	
15. DECEDENT'S EDUCATION 18e DECEDENT'S LIGHTAL OCCUPATION 1 4et VIND OF BUODISCO INDUSTRIAL											
(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) Completed of work done during most of working life. Do NOT use retired.) Homemaker Private											
	_	HOII	lema	Ket.					2		
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surmame)											
John Ja 19a. INFORMANT'S NAME (Type/Print)	mison	405 444	W 1000 A 100				ry Au				
Pendora P. Sha	rp				and Number or Rural I Avenue,					s, Md.	
20s. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cappatery, crematory or other place) Harmony Mem. Park Ceme. 1/14/95 Landover, Md.											
21. SIGNATURE OF PUNCHAL SERVICE LICENSES. 22. NAME AND ADDRESS OF FACILITY											
STEWART FUNERAL HOME 4001 Benning Rd. N.E., Wash. D.C.											
23 Part I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart eliura. List only one cause on each line. Approximate interval Between											
IMMEDIATE CAUSE (Final	List billy bila cadge	on each ma.								Onset and Death	
disease or condition	SUDDEN	DEATH									
		AS A CONSEQUEN	,								
Sequentially liet conditions,	0.	RY ARTE		DISEA	SE						
if sny, leading to immediata cause, Entar UNDERLYING	HYPERTI	AS A CONSEQUEN	CE OF):								
CAUSE (Disease or Injury	С.	AS A CONSEQUEN	CE OF								
that initiated events resulting in death) LAST		ES MELL	,	c						į .	
										1	
PART II. Other significant condition						Part i.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
Status Post	Cerebro	vascula	r A	ccide	nt	_	1 YES 2			COMPLETION OF CAUSE OF DEATH?	
						_				1 TES 2 NO	
DID TOBACCO USE CONTI	RIBUTE TO CAUS	E OF DEATH	YES	□ NO □	UNCERTAIN	V 🔯					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	26. PLACE OF		heck only one)							
	1 Inpatient 2 ER		DA 4 E	Nursing Hom	e 5 🗆 Residence	8 🗆 Other	(Specify)				
27. MANNER OF DEATH 1 Natural 5 Pending	28m. DATE OF INJI (Month, Day, N		INJURY	WO	RK?	28d. DE\$	CRIBE HOW II	NJURY OCC	CURED		
2 Accident Investigation	20 21 22 22 22				YES 2 NO						
3 Suicida 8 Could not be 4 Homicide determined	building, etc.	JURY — At home, ta (Specify)	irm, atree	t, tactory, offic	•	28t, LOCA	ATION (Street a or Town, State)	nd Number	or Rural Ro	oute Number,	
29a. CERTIFIER 1 X CERTIFYING PHYSI	CIAN: To the heat of and	knowledne doeth	on beautiful	the time de-	and please and a	to the					
298. CERTIFIER (Check only one) 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINEIT: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(a) and manner as stated.											
296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER D2 2 7 0 8 29d. DATE SIGNED (Month, Day, Year) 1 - 6 - 9 5											
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)											
Meer Saiid Zonozi, M.D. 1328 Southern Avenue S.E. #307, Wash. D.C.											
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S										
JAN 12 19915 Jalia Davilson Rardall											

ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

"五年五十五十二

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit, filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR

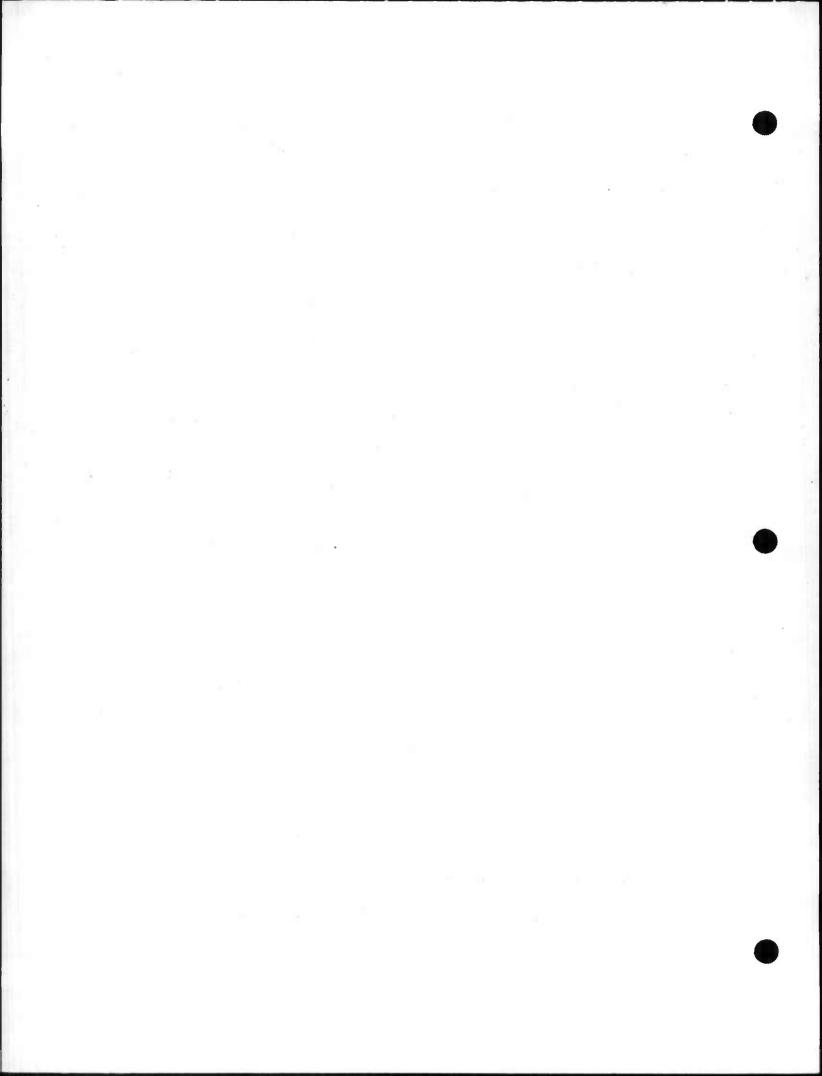
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAR		CERTI	FICATE C	F DEATH	REG	. NO.			
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA	TH		3. TIME OF OEA	ТН
	James Henry Koont	z Jr.				Januar	u 18.	1995	8:45	AM
	4. SOCIAL SECURITY NUMBER 5. SE 216-30-8700 1 💢	,	In yrs. last birthday	MONTHS DA		7. DATE OF BIRTY (Month, Day, M. Dec. 31,	74.1	8. BIRTI	IPLACE (State or Fi	oreign
LOR	99. FACILITY NAME (If not institution, give street end Washington County Ho			9b. CITY, TOV	Hagersto	DEATH		Was h	ungton	
DIRECTOR	100. STATE 100. COUNTY Pa. Fh	anklin	10c. C	Graa	cation ncastle				10d. INSIDE CITY LIMITS?	
FUNERAL I	100. STREET AND NUMBER 14862 Maryland Line R			- Ortee	101. ZIP COOE 17225		10g. C		1 D YES 2 XX WHAT COUNTRY? 1. S. A	NO
ВУ	11. MARITAL STATUS 12. W	IS DECEOENT EVER IN RCES? 1 YES YES, GIVE WAR OR OA	2 X NO	If yes	DECENOENT OF HISPA apocity Cuban, Mexic (ES 2 X NO Spec	ANIC ORIGIN? (Spec		14. RAC	E — Americen Indi k, White, etc.	lsn,
COMPLETED	15. DECEOENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) Colle	ed) ge (1-4 or 5+)	(Give kind o	's usual occup of work done during use retired.) k Drive	most of working		oncret			
BE CON	17. FATHER'S NAME (First, Middle, Last) James H. Koontz S.	r.				AME (First, Middle, N Ladys L.		,		
TO B	19e. INFORMANT'S NAME (Type/Print)				et end Number or Rura					
-	Anna Mae Koontz				nd Line R					
	20e METHOO OF DISPOSITION 1 Duriel 2 Cremetion 3 Removel fro 4 Donation 5 Other (Specify)	m State 20b.	PLACE AND DAT etery, cremetory of LOAD OT	e of disposition of the place) Ce	motoru 1-	20-95	ec. LOCATION . Hagers	town	Md	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Javi		Dav.	is Funera	acility 1 & Home S	2525 B mithsb	radbi urg, M	vry Ave. Id. 2178	3
CERTIFICATION	shock, or heart fellura. Liet on iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CUE TO (OR AS A	erotic E consequence	OF):	sease				est.	d Deat
DICAL	PART II. Other significant conditions control	ibuting to death be	ut not reaulting	g in the underl	ring cause given l	PI	AS AN AUTOPS ERFORMEO? YES 2XXNO	Y 24b	. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF OF DEATH?	TO
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL									
2	EXAMINER? HOS	PITAL:		OTHER:	PLACE OF DEATH (C					
Ž		patient 2 ER/Outp	-		lome 5 Residence	6 Other (Specification of the Control of the Contro		CCURED		
ВУР	1 KNetural 5 Pending 2 Accident Investigation	(Month, Day, Yeer)	, i	M 1	WORK? YES 2 NO					
ETED	3 Suicide 6 Could not be 4 Homicide defermined	Ba. PLACE OF INJURY building, etc. (Spec	— At nome, serm	i, streef, factory, c	ffice	281. LOCATION (S City or Town,	Street and Numb State)	ber or Rural i	Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 2 XMEDICAL EXAMINER: On the								a) and menner ea s	dated.
H H	296. SIGNATURE AND TITLE OF CERTIFIER	2,74w			29c. LICENSE NU DO1062			1/20	(Month, Day, Year)	
2	30. NAME AND ACCRESS OF PERSON WHO COMP Edward W. Ditto,II				ton St.	Hagersto	wn. MD). 2	1740	
		REGISTRARY SIGN					,			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the human be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

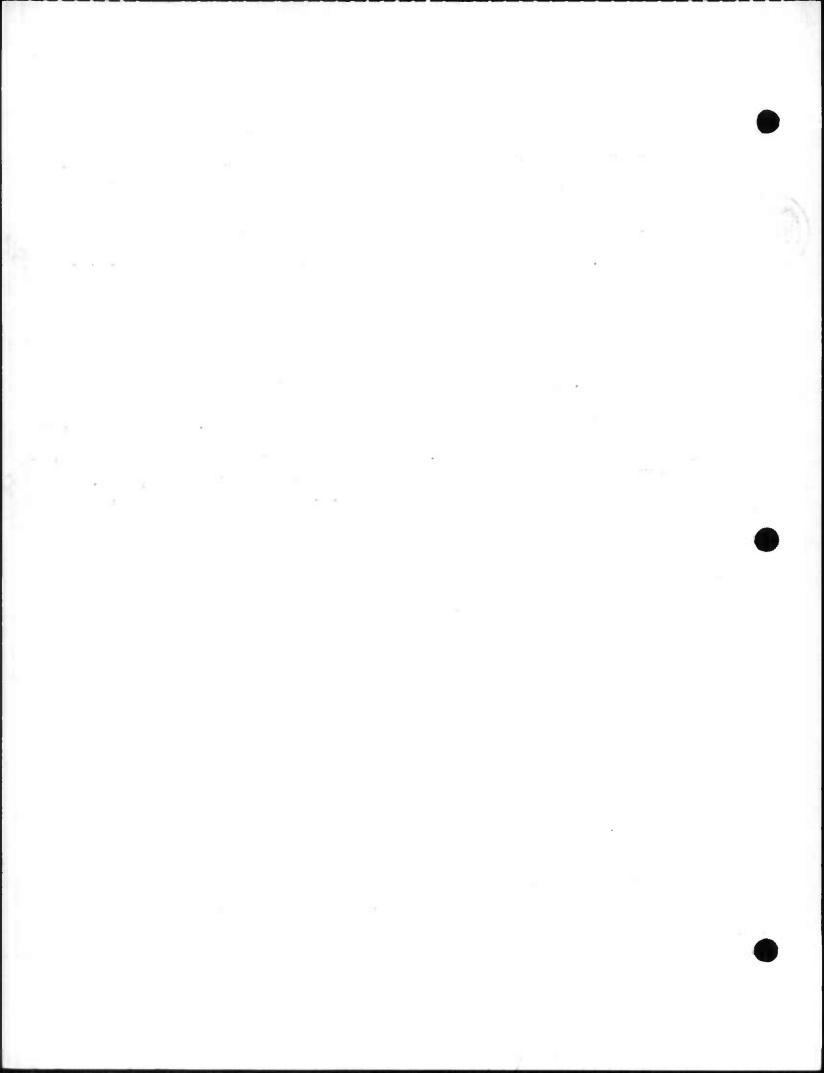


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BALLIMORE, MARTLAND ZIZIS-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	or removal.	medical examiner must be notified at once.
Civilian of VII At he Conds, F.O. Box 88/80,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Last)	Daniel King	2. DATE OF DEATH MONTH DAY

	1 - STATE REGISTRAR	STATE UF MA					DEATH AN	U M	ENTAL HYGIEN REG. NO.	E			
,	1. DECEDENT'S NAME (First, Middle, Last)						DEMINI	:	2. DATE OF DEATH			3. TIME OF OEATH	
	Quinte	r Daniel	King						January 1	Ĭ9, 1	955	8:35 F) M
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs.	lest birthday)		R 1 YEAR	IF UNDER 24 HF	RS.	7. DATE OF BIRTH	, ,	6. BIRTH	PLACE (State or Foreig	70
. 0	220-34-1132	1 28M 2 □ F	89	YRS.	MONTHS	DAYS	HOURS MH	IN.	(Month, Day, Year) 7-8-190	5	Country	MD.	
	9e. FACILITY NAME (If not institution, give						R LOCATION O	F DEAT		9c. COU	NTY OF D	EATH	\neg
OR	Reeders Memori	lal Home			Вс	ons	boro			Wa	ashi	ngton	- 1
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	TY		10c CIT	y TOWN	OR LOCAT	ION					10d, INSIDE CITY	=
E	MD. Wash	nington				bor					-	LIMITS?	
	10e. STREET AND NUMBER		<u>.</u>			101	ZIP CODE			10a CIT	IZEN DE W	1-Y YES 2 NO	
FUNERAL	141 S. Mair	n Street					21713					S.A.	2
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1		ARMED NO	13.	WAS DEC	ENOENT OF HIS	SPANIC	ORIGIN? (Specify Yes Puerto Ricen, atc.)	or No-	14. RACE	- American Indian, White, etc.	-
BY	1 Never Married 2 Merried Widowed 4 Divorced	IF YES, GIVE WA				1 YES		pecify:	Poerto Piceni, atc.)			White	
	15. OECEDENT'S EDI	LICATION	160 1	DECEDENT'S	USUAL C	CCLIBATIO	M		Task Kinio oc bus	1	NIO TOW		\rightarrow
	(Specify only highest grad Elementary/Secondary (0-12)	le completed)	100	(Give kind of a	work done	during mo:	st of working		16b. KIND OF BUS	INESS/INL	DUSTRY		
7	Entitlement y Secondary (0-12)	College (1-4 or 5+)		Farm	ner				Far	m			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)								(First, Middle, Meiden	Surname)			\neg
BE	William H. Ki	ıng					Jenr	nie	Tos	ton			- 1
10	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	S (Street e	nd Number or Ru	tural Rou	ite Number, City or Town	n, State, Zip	Code)		
	Estel King			1683	8 T	amm	any Ma	anc	or Rd. W	illi	ams	port, MI	0
	20e. METHOD OF DISPOSITION TYPE Buriet 2 Cremation 3 Rear 4 Denation 5 Other (Specify)	noval from State	20b. PLAC	EAND DATE	OF DISPO	SITION (Ne	me of				City or To		
	4 ☐ Donation 8 ☐ Other (Specify) 21. SIGNATORE OF JUNERAL BERVICE L		St.	Paul					-1995	Clea	ir S	pring, 1	(IIV
	The strangent of Johnson Schrice L	1///			22.	Th or	no son	FFACIL	meral H	ome.	In	C.	- 1
_	legt	-Olda	_			P.O	Box 3	310	Clear	Snri	ng.	MD.2172	22
	23. PART I. Entar the diseases, or shock, or heart fallure.	complications that	causad tha d	death. Do r	not ante	tha mo	de of dylng,	such a	as cardiac or respi	ratory an	rest,	Approximate Interval Batw	
	IMMEDIATE CAUSE (Finsi	D			-							Onset and Da	
	disease or condition resulting in death)	at	reum	W	19							2004	15
		DUE TO S	OR AS A CONS	EOUENCE O	F):								400
ON	Sequantially list conditions,	E. DISE TO (C	OR AND CONS	LS EQUENCE OF	n.							2014	5_
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING		7	LOOLIVOL O	,.								ĺ
Ĕ	CAUSE (Disesse or Injury that Initiated eventa	OUE TO (C	R AS A CONS	EOUENCE O	F):								\dashv
E	resulting in death) LAST	6											
	PART II. Other significant condition	na contribution to d	esth but-not	reculting	les élan au	ada elsela e	saues alure	a la Da	-11		1		
CAL	January Condition	Demen	tia)	ili the ui	ideriying	cause given	i in Pa	PERFOR	MED?	246.	WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUS	
MEDI		101.001							1 YES 2	DATO		OF DEATH?	SE
	DID TOBACCO USE CONT	TUDUTE TO CALL	CE OF DE	ATLL VE	· -	NO E	LINICEDT		-			1 YES 2 NO	- 1
AN	25. WAS CASE REFERRED TO MEDICAL	THIBUTE TO CAU		ACE OF DEAT			UNCERT	AIN					\dashv
PHYSICIAN:	EXAMINER?	HOSPITAL:			OTHE	Pr:	S □ Basidas		Other (Specify)				
Ŧ	27. MANNER OF OEATH	28e. DATE OF th	JURY	26b. TIM	E OF	28c. INJU	JRY AT	-	6d. DESCRIBE HOW IN	JURY OC	CURED		-
ВУР	1 Pending 2 Accident Investigation	(Month, Day,	Year)	INJ	URY M	1 D Y							- 1
	3 Suicide 8 Could not be	28s. PLACE OF building, at	INJURY — At I	home, farm, s	street, tec	tory, office		2	81. LOCATION (Street e	nd Number	or Rural A	oute Number,	\dashv
TED	4 Homicide determined								City or Town, State)				
21	29e. CERTIFIER (Check only	SICIAN: To the best of m	y knowledge,	death occurre	d at the	time, date	end place, end	dus to	the cause(s) end men	ner as stat	led.		\neg
COMPLET	one) 2 MEOICAL EXAMIN											end menner es state	d.
w II	29b. SIGNATURE AND TITLE OF CERTAIN	OR /					29c. LICENSE	NUMBE	ER	29d. DAT	E SIGNEO	(Month, Day, Year)	\dashv
∞	(Lyams)	2					D44	99	6	1.	-20	-95	
임	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE	OF OEATH (IT	EM 27) (Type,	Print)	o b a r	0						
	Dr. Zafar Mali			Ka.	poor	ISDOY	Mary	lar	nd 21713/3	301-4	32-8	470	
	JAN 2 3 1995	REGISTRAR	SIGNATURE										
	0111 0 0 .000												
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CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE 9 2 Accident

4 Homicide 29a, CERTIFIER

(Check only

3 Suicide

retained by the hospital or attending

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020 nours after death. Page 6 may be filled in by the completely executed with in and com to burial, c physician HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be attending signed by the a Health and Men peen certificate has t with 1 DIRECTOR: After the hours after death vitem 28 is mark TO THE FUNERAL D
TO THE FUNERAL D
Be filed within 72 h
IMPORTANT: If Its

95 02665 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATN Jan. 3,1995 Louise G. Krum 1:45 A.M.m 7. DATE OF BIRTH (Morth, Day, Year) Dec. 11,1909 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 577 09 4204 1 M 2 X 1 85 YRS. New York 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF OFATH Manor Care Largo Largo Prince George's RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George's Bowie XX YES 2 NO 10e. STREET AND NUMBER 10f. ZIP COOE 10g, CITIZEN OF WHAT COUNTRY? 3418 Memphis Lane 20715 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puarto Rican, etc.) 1 TYES 2 NO Specify 3 🔯 Widowed 4 🗌 Divorced No White 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify on Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker Own Home 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Meiden Surname) Carl D. Gurnee Amie L. Norris 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Gerald R. Krum 3418 Memphis Lane Bowie Maryland 20715 20a. METHOO OF DISPOSITION
1 © Burlal 2XXX remation 3 © 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE cemetery, cremetory or other pieces. Metropolitan Crematory 4 Donation 5 Other (Specify) Alexandria Virginia 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Beall-Evans Funeral Home, P.A. dre 16000 Annapolis Rd. Bowie Md. 20715 23. PART I. Enter the diseases, or complications that coursed the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximata Intervai Betwean shock, or heart fallure. List only one ceuse on each line **Onset and Death IMMEDIATE CAUSE (Fine)** disease or condition_ resulting in death) Sequentially list conditiona, TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2

1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28b. TIME OF Netural

28s. DATE OF INJURY

6 Other (Specify) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO

28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)

eath occurred at the time, data and place, and due to the cause(a) and menner as stated.

ERTIFYING PNYSICIAN: To the best of m MEDICAL EXAMINER:

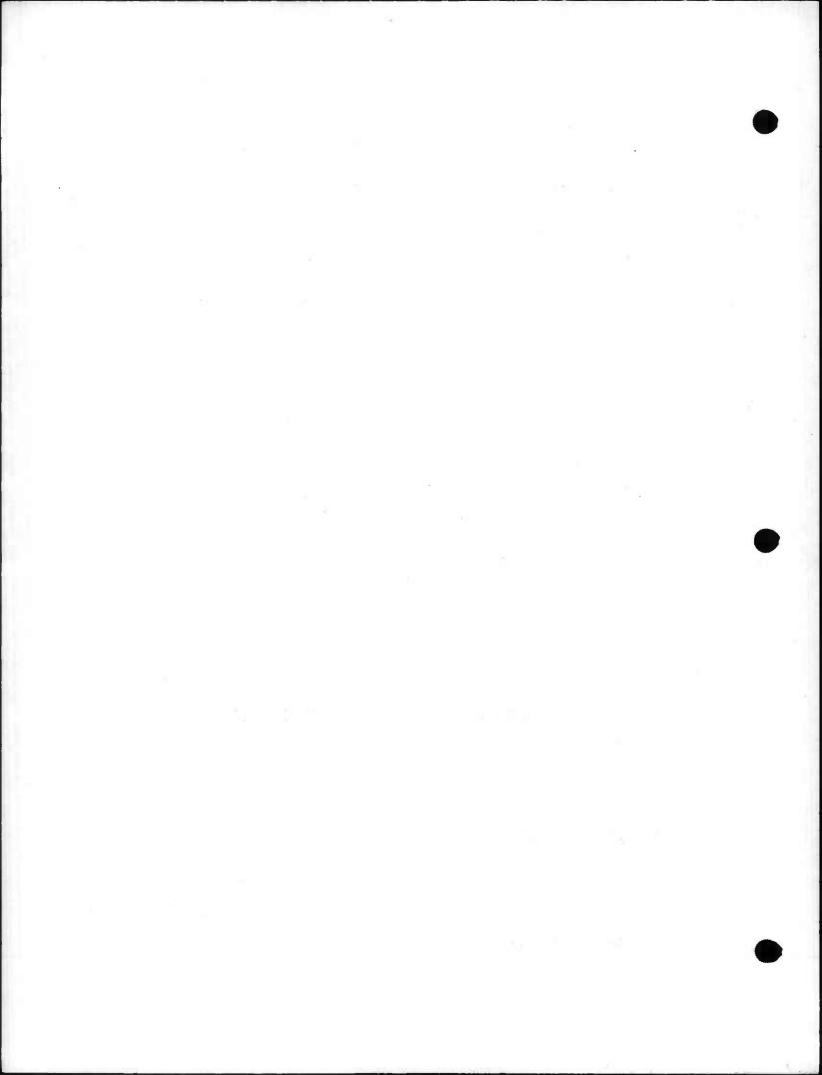
b. SIGNATURE A	NO THLE OF CE	STIFIER !	
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32. HEGISTRATE SIGNATURE

JAN 10 1995

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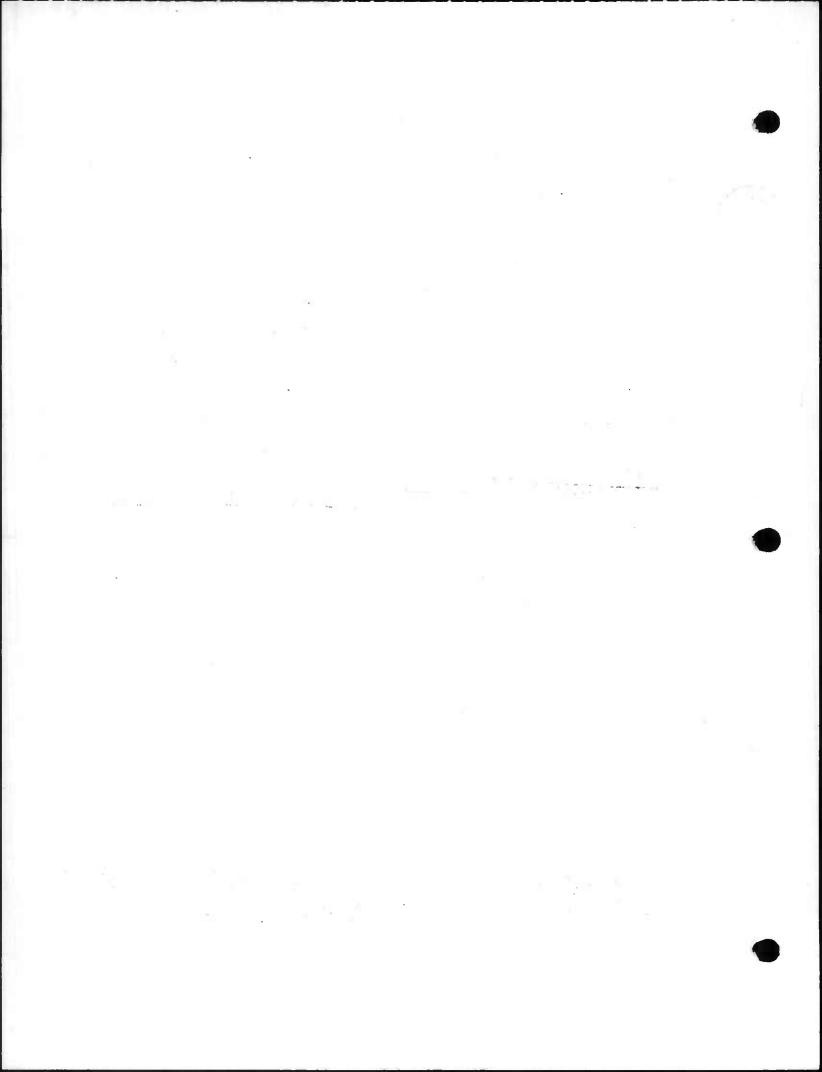


BALTIMORE, MARYLAND 21215-0020	. Thours after death. Page 6 may be retained by the hospital or attending physician.	y filled in by the funeral director, page 5 should be detached for use as the burial-transition, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within: Thours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

22. REGISTRAR'S SIGNATURE

JAN 1 9 1995

	FOR 1 - STATE	STATE OF N	MARYLAND_/	DEPAR	ITMEN	T OF H	EALTH .	AND I	MENTAL HYGI	ENE		0.000
	1. DECEDENT'S NAME (First, Middle, Last)	J. 4	Patsy W Mai	Jean			DEAT	'H	2. DATE OF DEATH		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214-32-4527	5. SEX 1 M 2 K F	6. AGE (In yrs. les 60		IF UNDE	DAYS	IF UNDER :	MIN.	7. DATE OF BIRTH (Month, Day, Your OCT . 24, 1	934	a. BIRTH Count Mar	HPLACE (State or Foreign my) and
FUNERAL DIRECTOR	98. FACILITY NAME (If not institution, give to Washington County RESIDENCE OF DECEDENT		1		9b. CIT		ersto		EATN		SHING	-
JIREC	10e. STATE 10b. COUNT Mrayland Wash	r ington				OR LOCAT	1.00					10d. INSIDE CITY LIMITS?
AL.	10e. STREET AND NUMBER	riigion		1 11	1111		ZIP CODE			10g. CI	TIZEN OF	YES 2 NO
IER	250 Otho Holland	d Dr.					217	95			USA	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	I2. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X			If yes, spe	ENDENT OF cify Cuban 2 🕱 NO	, Maxica	ilC ORIGIN? (Specify n, Puerto Rican, etc.)	Yaa or No-	14. RACE Black Speci	E — American Indian, k, Whita, atc. '''y: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(G	CEDENT'S	work done	during mos	N st of working	7	16b. KIND OF	BUSINESS/II	NDUSTRY	
Ľ	Elementary/Secondary (8-12)	College (1-4 or 5 +) Iffe.	Do NOT us	se retired.)		ar or recruing	,				
OMF	17. FATHER'S NAME (First, Middle, Last)	0		eache	er	-	10 MOTH	ED'O MAI	ME (First, Middle, Meid	ial E		nter
BE C	Frederick		Lowi	man				nna		irgin		Wiley
TO B	19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRES	S (Street a			Route Number, City or			
	Rose M.Hesler			10813	3 Wi	l cox	Dr.W	illi	iamsport,		_	
	20a, METHOD OF DISPOSITION 1	cvel from State	Green la	MATERIAL MAT	ther place)	I Par	_{me of} k Jar	1.21,		LOCATION -		wn, State +,MD 21795
	21. SIGNATURE OF FUNERAL SERVICE LI	alita		_	OS P	BORN O.Bo	D ADDRESS	NER/ 348	AL HOME Williams	port.	MD 21	
	23. PART I. 5 tar the disesses, or mock, or hasrt failure.	complications that	caused the da	ath. Do r	ot anter	the mo	da of dyln	ng, such	h ss cardiac or re	spiratory a	rrest,	Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	2 Ocey	rital	SA	hor	e						Onset and Death
NO	Sequentially list conditions,	b. SU	COULD I	DUENCE OF	rdea	1	m	906	rudes/	unfer	ecte	er with
CATIC	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c 00E 10	Moler	LAUS	tuy	1	200	rede				CHE
CERTIFICATION	that initiated events resulting in death) LAST	d. OUE TO	ny puga	MENCE OF	Tue	al						
MEDICAL	PART II. Other significant condition	S contributing to Mel	lills,	HA.	n who tur	WY	cause gr	Wen in I	PERF	AN AUTOPSY ORMED? 2 NO	245.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	DID TOBACCO USE CONTI	RIBUTE TO CA					UNCE	RTAIN	1 🗆			
ICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YES	HOSPITAL:		E OF DEAT	OTHE	A:						
PHYSICIAN:	27. MANNER OF DEATH	1 Inpatient 2 28a. DATE OF	INJURY	28b. TIM	E OF	28c. INJU	JRY AT	idenca	6 Other (Specify) 28d. DESCRIBE NO	W INJURY O	CCURED	
BY F	1 Natural 5 Pending 2 Accident Investigation	(Month, De	iy, 19ar)	INJ	URY M	1 🗌 Y	ES 2	NO				
	3 Suicide 8 Could not by determined	28s. PLACE Of building,	FINJURY — At hours, (Specify)	ma, larm, s	dreet, lact	lory, offica			281. LOCATION (Stre City or Town, Str		er or Rural R	Route Number,
COMPLET		CIAN: To the best of) and manner as stated.
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER		Ω				29c. LICEN					(Mohith, Day, Year)
2	30. NAME AND ADDRESS OF PERSON IVN	O COMPLETED COLO	/		DV 0		1	24	777	1	1101	11



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3. TIME OF DEATH

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10d. INSIDE CITY

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14. RACE — American Indian, Black, White, etc.

1 YES 2 NO

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24b. WERE AUTOPSY FINDINGS

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12-27 8. BIRTHPLACE (State or Foreign Country)

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PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OR ATTENDING PHYSICIAN

BALTIMORE, MARYLAND 21215-0020

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8 1995

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH FRANK LIONEL JANUAN LEE 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 1 M 2 - F 219-86-2408 JUNE 30,1967 9e. EACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH SOUTHERN I AND HUSPING LINTON PRINCE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION VIRGINIA KING GEORGE DAHLGREN 10e. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? P.O. BOX #1361 22448 UNITED 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2XXNO 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexicen, Puerto Ricen, etc.)
 T YES 2 NO Specify: FORCES? 1 YES 2 1 🕅 Never Merried 2 🔲 Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 12TH GRADE EXPLOSIVE WORKER GOVERNMENT 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) JOHN FRANK LEE CLYSTIE ANN CARROLL LEE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) CLYSTIE A. LEE BOX #407A NANJEMOY, MARYLAND 20662 20e. METHOD OF DISPOSITION
1 № Burtel 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE 4 Donetion 5 Other (Specify) QAK GROVE CHURCH CEM. 1/17/95 GRAYTON, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MADIA C. THORNTON JOHNSON MO0583 THORNTON FUNERAL HOME, P.A. INDIAN HEAD, MARYLAND 20640 23. PART i. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or respiratory strest, shock, or heart failure. List only one cause on each line **IMMEDIATE CAUSE (Finel** disease or condition resulting in desth) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF If any, leading to immediate cause Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in deeth) LAST PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY

AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMEO? t YES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) MANUES 2 THO HOSPITAL: OTHER setient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Naturel 1 YES 2 NO 2 Accident Investigation 28e. PLACE OF INJURY — At home, term, strest, tectory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide determined 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end place, and due to the cause(e) and menner ee stated. (Check only one)

2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner ea stated.

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296	SIGNATURE AND TITLE OF CERTIFIER	m	Altaile	294 LICENSE NUMBER	29d. DATE SIGNED	(Month, Day, Year)

38. NAME AND ADDRESS OF PERSON WHO COMPL

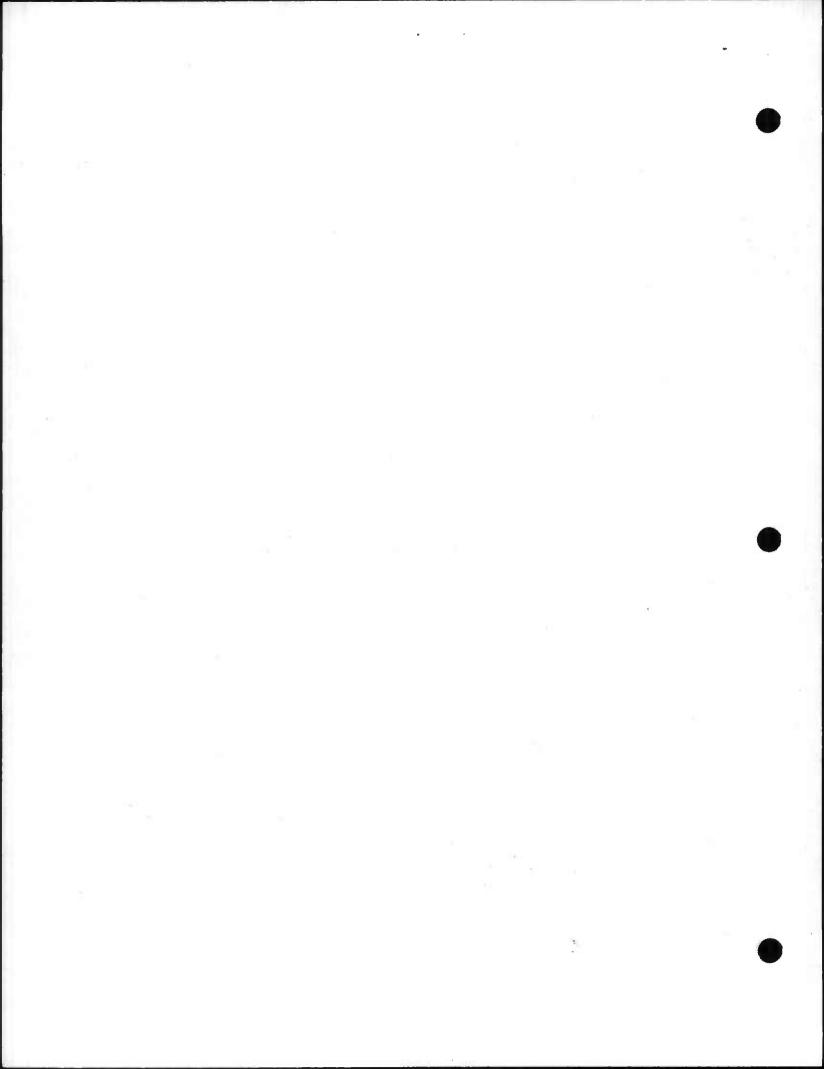
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ETEO CAUSE OF OF	EATH (ITEM 27) (Type, Prin	10)		_		
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ODLBRANCH AVENUE 32 REGISTRAN'S SIGNATURS

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DHMH-16 Rev 1/89

		REGISTRAR				CERT	IFICE	ILE O	F DEAL	I H	R	REG. NO.			
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		4. SOCIAL SECURITY NUME		5. SEX	8. AGE (In yrs. last birtho		NDER 1 YEAR			DATE OF E	BIRTH	1	B. BIRTHP	PLACE (State or Foreign
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2,3	DIRECTOR	RESIDENCE OF DEC		AL MEDICAL	L CE	NIEK		SALI	SBURY					WICOM	1100
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AILIA)		10a. STREET AND NUMBER		- OCD CCE					10f. ZIP CODE						1 K YES 2 NO
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the hos detach	ပ္ပ	17. FATHER'S NAME (First, M								HER'S NAME					
d by the did be of	BE	William								zabe					
MAR retained to 5 should notified	0	19s. INFORMANT'S NAME (7								or Rurat Rout					
E, N y be re yage 5	-	Monica D	. Lav	7.8		31	3 S.	. Chi	urch	St.,	Sno	w H	ill,	Md.	21863
CE E E		20a. METHDD OF DISPOSITE		noval from State		PLACE AND DA			Name of	1	DATE	20c. LO	CATION —	City or Tow	n, Stata
Mector I		4 Donation 5 Other	(Specify)		- B	ates	Meth	1. Ce	emete	ry	1/17		Snow	Hil	l,Md.
T. Pa		21. SIGNATURE OF FUNERAL	L SERVICE LI	CENSEE		•		22. NAME	AND ADDRES	SS OF FACILI	ITY				
BALTIM after death. Page by the funeral direct noval. cal examiner in		Halri	rie ,	3-Lle	nn	us		Deni	nis F	uner	al H	Ome	, Sno	w Hi	11,Md.
2 2 at		23. PART I. Enter the di	seases, or				lo not ei								
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e phy de b		CAUSE (Disease or inju	יי 🚹	DUE TO	DR AS A	CDNSEQUENC	E DF):								
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	A.	PART II. Other algnifica	nt condition	es contributing to	death be	ut not reculti	ng in the	underlyi	ng ceuse g	iven in Par	rt I. 24a	. WAS AN			WERE AUTOPSY FINDINGS
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DIVISION OR ATTENDING DIRECTOR: After hours after death item 28 is ma			Could not be determined	building,	rtc. (Speci	— At Home, tel	m, wireet,	ractory, on	ica	26	City or Tox	N (Street al wn, State)	nd Number	or Rural Roo	ate Number,
OR AT DIRECT POURS a stem 2	Ti.	29a, CERTIFIER	19100000												
Z Z P C	COMPL	(Check only		ICIAN: To the best of											
OSP! JNER Ithin	Ö	2 MEDI	CAL EXAMINE	On the basia of ax	77	investig	ation, in r	my opinion,	death occurr	ed at the time	e, deta and	place, and	dua to the	o cause(a) a	and manner as stated.
H H H P P P P P P P P P P P P P P P P P	ш	206. SIGNATURE AND TITLE	OF CERTIFIE	R ///	///	/			29c LICE	NSE NUMBE	R /		29d. DATE	SIGNED (A	Month, Day, Year)
TO THE HOSPITAL OF THE FUNERAL DE FIGE WITHIN 72 KM	0	11/	re			NU	N		100	627	8	-	► 1.	-15	-95
	-	30. NAME AND ADDRESS DE	PERSON WH	O COMPLETED CAUS	E OF DEA	TA (ITEM 27)	ype, Print)	- 1		1-1					
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		31. DATE FILED (Month, Day,	,	32. REGISTRAI	R'S SIGNA	TURE				1	7				
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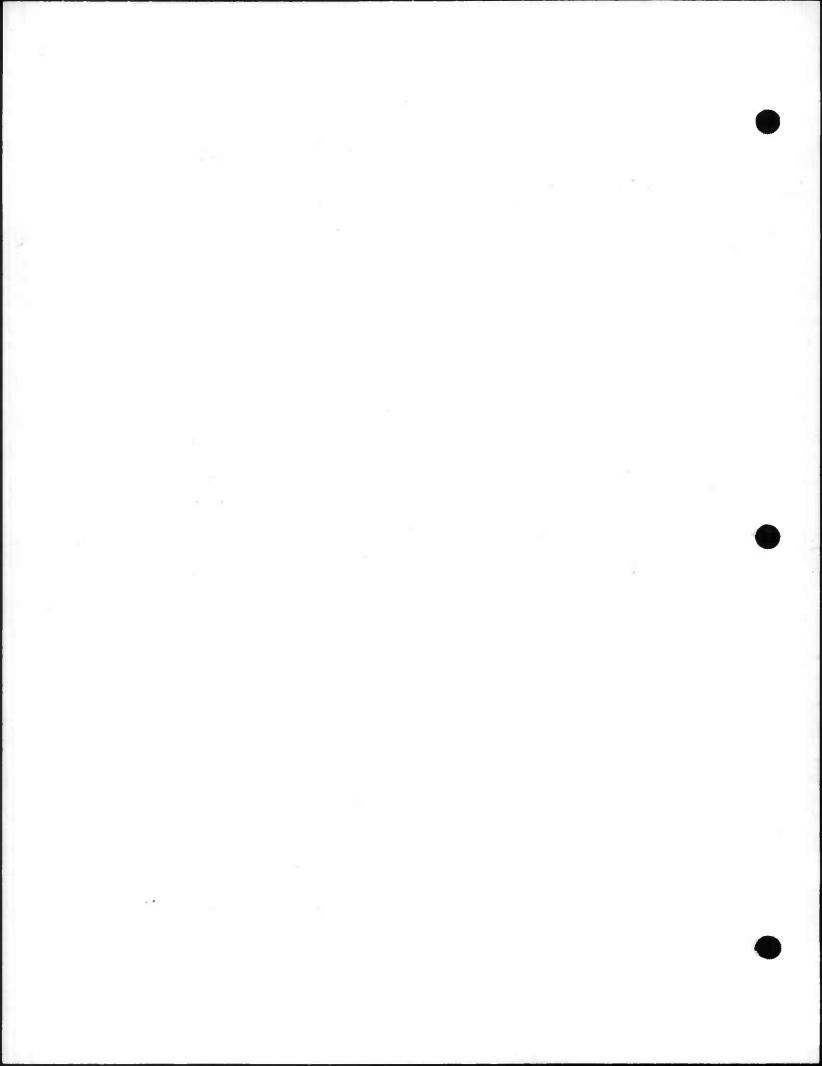
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1. DECEDENT'S NAME (First,						- 01	DEATH		REG. NO).		
HUGH	HAYDE	EN	1	ANZE	T.			2. DAT MON	E OF DEATH	DAY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMB	SER	S. SEX	S. AGE (In yes			B 1 VEAR	IF UNDER 24 HWS.		E OF BARTH		95	9 • 45 D
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PRESIDENCE OF DEC 10a. STATE MD.	16b. COUNTY	GOMERY		100000	TY, TOWN							10d. INSIDE CITY LIMITS?
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17. FATHER'S HAME (First, AND DELBERT LI	OOM, LEEF)						10. MOTHER'S I			SUMMEN DILLON	t	
HASSENT IUN	ZEL			2015	G ADDRES OGLE	S (Street THOR	PEST. #	303 °T	HYATTS	VIIIE,	MD	. 20782
20s. METHOD OF DISPOSITI	n 3 🗆 Remov	al from State		CE AND DATE				N. 14		Washi		wn, Stata
21. SIGNATURE OF FUNERAL	BEHVICELICE	23	y a	U	22	ľako		KAL H	OME IN	IC 254	-	RROLL ST
	BOTT TSHULFO, LI		1	deeth. Do	not enter	r the mo	de of dying, at	ch es cs	rdlec or reep	iratory srre	at,	Approximete
iMMEDIATE CAUSE (Fin disease or condition resulting in death)	** ** ** **	SE I ZURE	DISORD	ER		r the mo	de of dying, au	ch es cs	rdlec or reep	iratory srre	át,	interval Betwe
diseese or condition	s. s. s. s. s. s. s. s. s. c. c	SE IZURE DUE TO	E DISORD	ER SEQUENCE (DF):	r the mo	de of dying, au	ich es cs	rdlec or reep	piratory srre	at,	interval Betwe
disease or condition resulting in death) Sequentially list conditi if any, leading to immediate. Enter UNDERLYII CAUSE (Disease or Injurthat initiated events	s. s. s. s. dons, dieta NG ry t. d.	DUE TO (E DISORD (OR AS A CON (OR AS A CON	INER SEQUENCE (SEQUENCE (DF): DF):				24a. WAS AP PERFO	N AUTOPSY RMED?		WERE AUTOPSY FINOIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examinant must be maittent at enea. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

DHMH-18 Rev 1/89

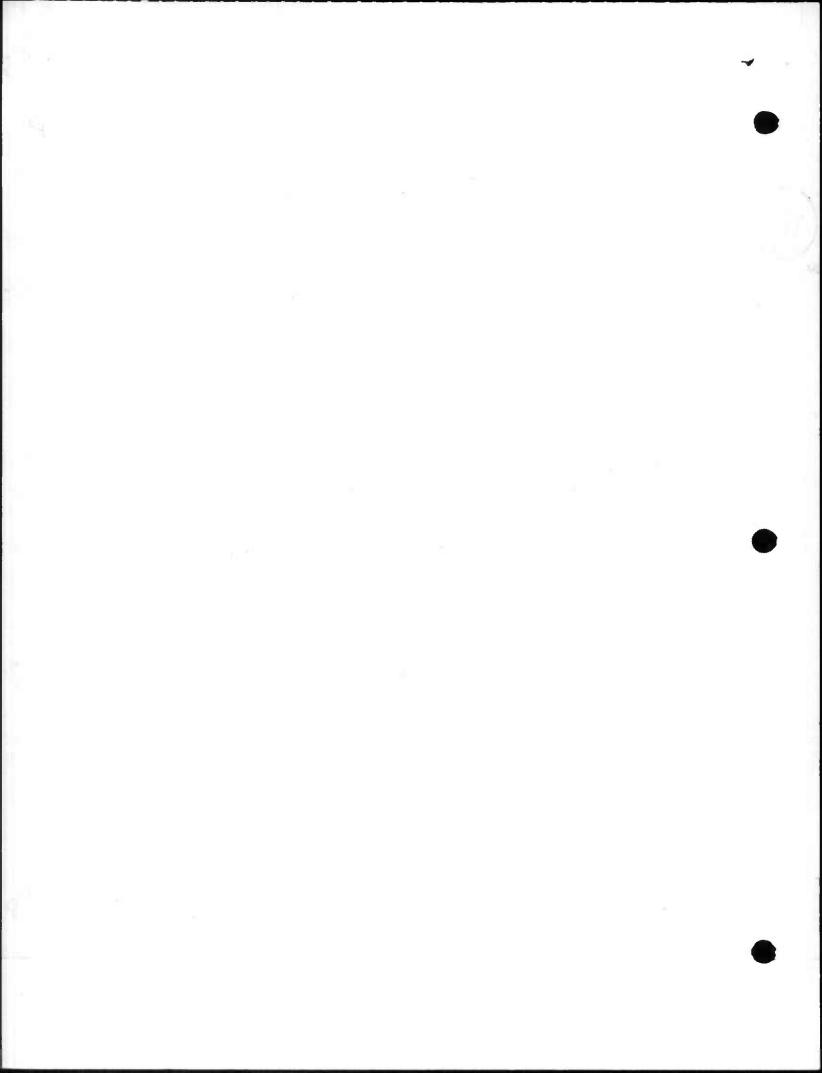


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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and recombletely filled in by the funeral director, page 5 should be detached for use as the burial-transit pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO BE COMPLETED BY FUNEBAL DIBECTOR IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE	0F	MARYLAND A	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGI	ENE
		C	ERTIFICATE	0	F DEAT	TH I		REG	NO

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA			MENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)	~ LOO!	VEN			2. DATE OF DEATH	Y G YEA	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		yrs, last birthday) F	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BI	RTHPLACE (State or Foreign
	216-22-9088	1 □ M 2 📉 F	OO YRS.	ITHS DAYS	HOURS MIN.	7/4/192	б MÃ	RYLAND
:	9a. FACILITY NAME (If not institution, give stri CARROLL COUNTY (PRIOCATION OF DE		9c. COUNTY O	ROLL
	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY						0111	
	1.00	RROLL		OWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?
	2820 OLD WASHII	NGTON RD.	II S ADMED	12 WH C DEC		157	USA	
	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 ZNO		city-Cuban, Maxica	n, Puerto Rican, etc.)	6	ACE — American Indian, ilack, White, alc.
	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION ompleted)	16a. DECEDENT'S USU (Give kind of work of life, Do NOT use reto	done during mo	N st of working	16b. KIND OF BUS	INESS/INDUSTR	Y
	Elementary/Secondary (0-12)	College (1-4 or 5 +)			DEALER	RET	AIL	
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden S	Sumame)	
	19a. INFORMANT'S NAME (Type/Print)	RTHUR WILL			NAOM	I CARBAU Route Number, City or Town		
	PEGGY GALLOWAY	l News	2500 P	ATAPS	CO RD.,	WESTMINS	rer, MD	21157
	1 Burial 2 Cremation 3 Remo:	val from State ceme	PLACE AND DATE OF DI Itery, cremetory or other p LON U.M. (olace)			ESTMTN	r Town, State ISTER, MD.
1	21. SIGNATURE OF ENHERAL SERVICE LICE							ERAL HOME
4	11/109							R, MD.21157
	23. PART I. Enter the disease, or conshock, or heart feilure. L. IMMEDIATE CAUSE (Entel disease or condition resulting in death)	ist only one couse on each	ch line.	RY	de of dying, such	has cerdiac or respir	retory arrest,	Approximete Interval Between Onset and Death
	Sequentially list conditions, if any, leading to immediate		CONSEQUENCE OF):	Hys	EM	4-		man xps.
	cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
	PART II. Other algnificant conditions	contributing to deeth bu	t not resulting in th	e underlying	ceuse given in	Part I. 24s. WAS AN /		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
	CORONY	kry AR	TERY ?	DIE	EASS	1 VES 2		COMPLETION OF CAUSE OF DEATH?
	DID TOBACCO USE CONTR				UNCERTAIN	<u> </u>		
		HOSPITAL: 1 Inpatient 2 ER/Oulpa		HER:	5 □ Basidana	6 Other (Specify)		
	27. MANNER OF BEATH	26s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJ		28d. DESCRIBE HOW IN	JURY OCCURED)
	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could get be	26s. PLACE OF INJURY	- At home form street		ES 2 NO	261. LOCATION (Street a)		
	4 Homicide 6 Could not be determined	building, stc. (Specif	y)	, ractory, orner		City or Town, State)	nd Number or Hu	ral Houte Number,
		IAN: To the best of my knowle on the bests of examination						se(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CENTIFIER	roma.	MD		29c. LICENSE NUN	26 Y	29d. DATE SIGN	695
	30. NAME AND ADDRESS OF PERSON WHO	HOA 21	7-wa	"show	Junt	ts.W	estonia	ister MP57
	JAN 1 9 1995 Julia.	32. REGISTRAD'S SIGNAT	TURE		V			



1	-	STATE REGISTR	AF
1	. D	ECEDENT'S	N/

1 - STATE REGISTRAR		STATE OF N	/ARYLAND /	DEPAR	TMENT ICATE	OF H	EALTH	AND I	MENTA				
1. DECEDENT'S NAME (First	, Middle, Last)		01		IOAIL	01	DLA	-	2 DAT	REG. NO.			3. TIME OF DEATH
,	MARKWO()	T (I	AKE						MON	TH DAY		YEAR	
4. SOCIAL SECURITY NUM		SEX	6. AGE (In yrs. les	t hirthriau)	IF UNDER 1	VEAR	IF UNDER	24 MBC	-	uary 10	, 19		6:45 A M IPLACE (State or Foreign
215-44-8636	1	X M 2 □ F	90	YRS.		DAYS	HOURS	MIN.	(Mon	nth, Day, Year)	1004	Count	(y)
90. FACILITY NAME (If not in	<u>' </u>		90		9b. CITY, 1	mount o	D I OCATA	211 05 05		ch 25,			ginia
, less control of the								ON UT DE	AIM	1		NTY OF D	
Hillhaven N		поше			Adel	Lpn1					Pri	nce	George's
10a. STATE	10b. COUNTY			10c. CIT	r, TOWN OR	LOCATI	ON						10d. INSIDE CITY
Maryland	Montgo	mery		Sil	ver S	Spri	ng						LIMITS?
10a. STREET AND NUMBER							ZIP CODI	E		T	10g. CITI	ZEN OF Y	WHAT COUNTRY?
2827 Calver	ton Bou	levard					2090)4		ŀ	U.S	.A.	
11. MARITAL STATUS	11		T EVER IN U.S. AR		13. W	AS DECI	ENDENT O	F HISPAN	IIC ORIGI	IN? (Specify Yes	or No-	14. RACE	E — American Indian, k, White, etc.
1 Never Married 2		FORCES? 1	YES 2 X	10				n, Mexical Specify		Rican, atc.)		Spec	
3 X Widowed 4 Divo	orced												White
	EDENT'S EDUCAT y highest grade oor		(G	ive kind of v	USUAL OCC			a	16	b. KIND OF BUSI	NESS/INC	USTRY	
Elementary/Secondary ()-12)	College (1-4 or 5	·)	Do NOT us	e retired.)			•					
		4	Sta	atist	iciar	1						s Go	vernment
17. FATHER'S NAME (First, M										Middle, Maiden S			
Charles W.										Fieldin			
190. INFORMANT'S NAME (mber, City or Town.			3m 0000/
								iTeva	-				MD 20904
20a, METHOD OF DISPOSIT 1 N Burlel 2 □ Crematic	n 3 - Remova	from State	cemetery, cre	meton, or of	har alaaa i			01/	1	TE 20c. LOC			
4 Donetion 5 Other 21. SIGNATURE OF FUNERA		SFF	- Oakla	wn Ce	meter	ry	D ADDRES	UI/2	20/9	5 Jack	sonv	71116	, Florida
1	A	3			Fra	inci	s Ga	sch	s S	ons Fun	eral	Hon	ne, P.A.
W.I.) (J-6	eson			473	39 E	alti	more	Av	e., Hya	ttsv	ille	, MD 20781
23. PART I. Enter the d	Iseesea, of com	picetions the	t coused the de	ath. Do n	ot enter ti	he mod	le of dyi	ng, such	an car	rdiec or reapin	atory arr	eat,	Approximate
IMMEDIATE CAUSE (Fir	nei	,											interval Between Onset and Death
disease or condition resulting in death)	+ .	LYY	OR AS A CONSEC	ma	_								1 wear
		QUE TO	(OR AS A CONSEC	DUENCE OF	7:								1001
Sequentially list condit	b.												
if any, leading to imme	diate	DUE TO	(OR AS A CONSEC	DUENCE OF):								
CAUSE (Disease or inju		DUE 200											
that initiated events reaulting in death) LAS	т	OUE IO	(OR AS A CONSEC	JUENCE OF):								
	d												
PART ii. Other algnifica	nt conditions c	ontributing to	death but not r	eaulting i	n the und	erlying	cause g	lven in l	Part I.	24a. WAS AN A		24b.	WERE AUTOPSY FINDINGS
										PERFORM 1 YES 2			AVAILABLE PRIOR TO COMPLETION OF CAUSE
						\							OF DEATH?
DID TOBACCO U	SE CONTRIB	SUTE TO CA	USE OF DEA	TH YE	S D N	0 3	UNC	ERTAIN	10				
25. WAS CASE REFERRED TO EXAMINER?			26. PLAC	E OF DEAT	H (Check on	ly one)							
1 TES 2 PO		OSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	g Home	5 🗆 Re	aldence	6 🗆 Oth	er (Specify)			
27. MANNER OF DEATH		28e. DATE OF (Month, D	INJURY By Year)	28b. TIME	OF 2	8c. INJU	RY AT			SCRIBE HOW IN	JURY OCC	CURED	
1 Natural 5 Accident	Pending Investigation	1	ay, romy		M		ES 2	NO .					
3 Suicide 8	Could not be	26e. PLACE O	F INJURY — A1 horste. (Specify)	me, farm, a	tree1, factor	y, office			261. LO	CATION (Street on	d Number	or Rural F	loute Number,
4 Homicide	determined								City	or Town, State)			
290. CERTIFIER 1 CERT	TEYING PHYSICIAL	N: To the best of	my knowledge, de	eth occurre	d at the tim	e, date d	end place,	and due	to the ca	luse(e) end mann	er ee state	ed.	
) end manner ee stated.
290. SIGNATURE AND TITLE		1.11/1		_				NSE NUM					
DIA AA A	I A MI	MIC					12	(7)	1 G		▶ 1	1,,	(Mgnth, Day, Year)
MA HAMIE AND ADDRESS OF	PERSON WHO C	OMPLETED CAUS	E OF DEATH (ITEN	1 27) (Type,	Print) _A		120	30	V		- (110	11 13
1/25	600	KWOO	Br	- <	nive	W	Spr	my	1	NO Z	190)/	
31. DATE FILED (Month, Day,	1 1995	Jalia	auction ha	rdall			1	V					

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

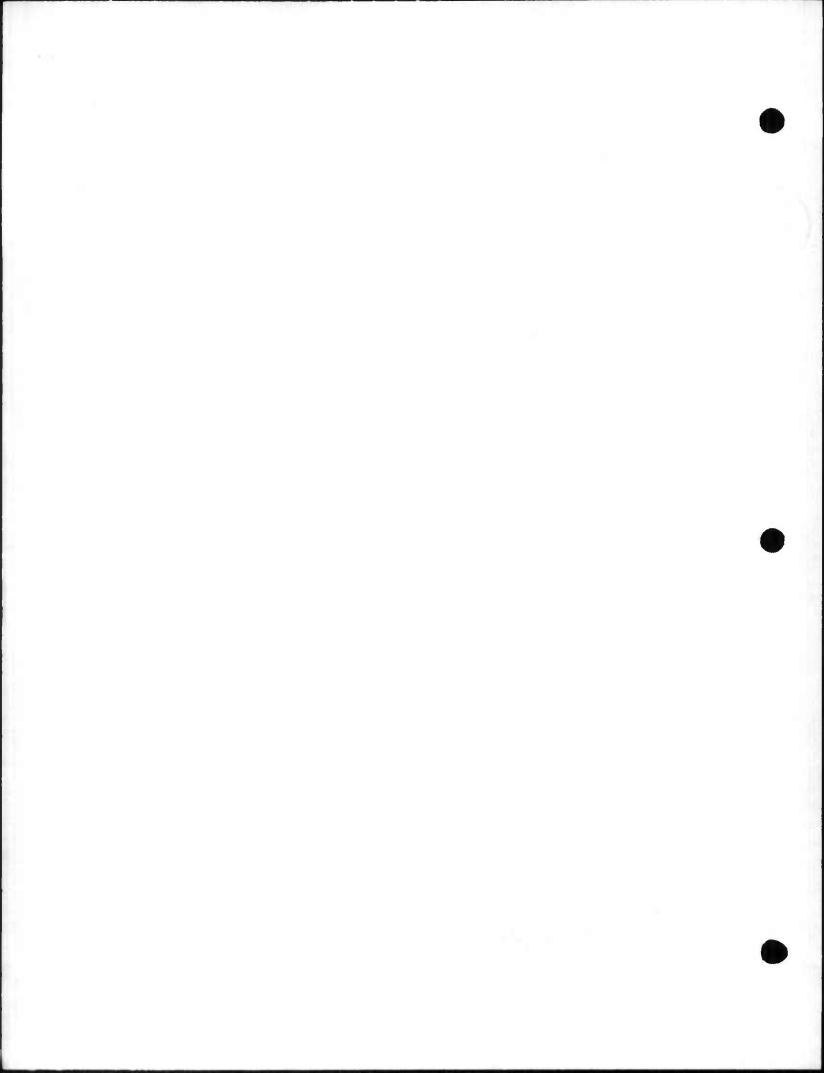
IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

JAN 11 1995



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 may be interinded by the intering physician and completely filled in by the funeral director, page 5 should be detached to use as the burnal-transit permit. Pages be set within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.

	REGISTRAR			JERIII	ICATE U	F DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)							DATE OF DEATH			3. TIME DF DEATH
	Mae	C.			Lo Med:	ico		anuary	6,19	YEAR	3:14 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER 1 YEAR			DATE OF BIRTH	0,19		PLACE (State or Foreign
	F70 00 7000	1 🗆 M 2 🛣 F		YRS.	MONTHS DAY		N. N.	(Month, Day, Year) 1y 15, 19	00	Country	ington, D.C.
	579-28-7823		85	Tho.			_	ly 15, 19			
	9a. FACILITY NAME (If not institution, give st	rest and number)			9b. CITY, TOW	OR LOCATION O	F DEATH		9c. COU	NTY OF DE	EATH
0	Physicians Mem	orial H	ospita	a1	La	Plata			Cha	rles	3
5	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY										
H				100	Y, TOWN OR LO						10d. tNSIDE CITY LIMITS?
		e George	'S	D	istrict	Height	S				1 XYES 2 NO
¥	10e. STREET AND NUMBER					101, ZIP CODE			10g. CITI	IZEN OF W	HAT COUNTRY?
BY FUNERAL DIRECTOR	6502 District H	eights Pa	arkway			20747			U	.S.A.	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13. WAS D	ECENDENT OF HIS	SPANIC O	RIGIN? (Specify Yea	or No-	14. RACE	- American Indian,
T-	1 Never Married 2 Married	FORCES? 1	YES 2 X	[] ND	It yes,	specify Cuben, Ma ES 2 X NO Sa	ıxican, Pu	erto Rican, etc.)	- 1	Black,	, White, atc.
	3 Widowed 4 Divorced					LO I EM INO	oweny.		- 1	Specif	White
8	15. DECEDENT'S EDUC	ATION	16a. I	DECEDENT'S	USUAL OCCUPA	TION		16b. KIND OF BUS	INESS/INC		
ㅂ	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +		(Give kind of v life. Do NOT us	vork done during se retired.)	nost of working					
립	12			rresp	ondence	Clerk		Federal	Gove	rnmer	nt - F.B.I.
8	17. FATHER'S NAME (First, Middle, Last)			2200	ondonoc			First, Middle, Maiden		2 1111101	
BE COMPLETED	Joseph LoMedi					Cath					
8	19a. INFORMANT'S NAME (Type/Print)			10h MAII ING	ADDRESS (Own.			Number, City or Town		Tarini.	
2	Charles J. LoMedia										M1 207/7
				_			LS I				sMd. 20747
	20a, METHOD OF DISPOSITION 11 ABurial 2 Cremation 3 Rame	yet from State	cametery, c	Crematory or of	OF DISPOSITION	Name of	ا زر	OATE 20c. LOG			
	4 Donation 5 Other (Specify)		St.	Mary'	^{ther place)} s Cemet		1/1	1/95 Was	hing	ton,	D.C.
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1		22. NAME	ANO ADORESS DE	FFACILIT	Funeral	Uom		
	- LURE 10 01/1	0/2	//		6160	ge I. K	a1a5	Rd. Oxon	. HOIII	1 M.	1 207/5
⊣	23. PART I. Enter the diseases, or o	omplications the	t caused the	death De s							
	ahook, or heart fallure.	let only one ceu	se on each iii	ne.	or enter the i	loue or dying,	euch as	cardiec or respin	ratory an	reat,	Approximate interval Between
- 1	IMMEDIATE CAUSE (Fine)	^	Α .	-							
- 1		6)0	. // /								Onset and Deeth
	diseese or condition resulting in death)	Rer	ral t	fall	inl						Onset and Deeth
	disease or condition	Rev DUE TO	YUL F	EDUENCE OF	inl						Onset and Deeth
NC	disease or condition resulting in death)	DUE TO	einie	i							Onset and Deeth
TION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO DUE TO	einie	SEDVENÇE OF	า <u>.</u>)					Onset and Deeth
CATION	disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING	DUE TO	einie	i	า <u>.</u>	hein					Onset and Deeth
IIFICATION	Sequentially list conditions, if eny, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO	einie	SEDVENCE OF	Tuy 1)	hein					Onset and Deeth
ERTIFICATION	Sequentially list conditions, if emy, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	DUE TO	COR AS A CONS	SEDVENCE OF	Tuy 1)	hein					Onset and Deeth
CERTIFICATION	Sequentially list conditions, if eny, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO	(OR AS A CONS	SEDUENCE OF	Ties 1)						
	Sequentially list conditions, if eny, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONS	SEDUENCE OF	Ties 1)		ı in Pert	I. 24a. WAS AN			WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
	Sequentially list conditions, if eny, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO	(OR AS A CONS	SEDUENCE OF	Ties 1)		n in Pert	I. 24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE
EDICAL	Sequentially list conditions, if eny, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO	(OR AS A CONS	SEDUENCE OF	Ties 1)		in Pert	PERFOR	MED?		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF OEATH?
MEDICAL	Sequentially list conditions, if eny, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO DUE TO	(OR AS A CONS (DR AS A CONS death but not	SEDVENCE OF	ty //	ng ceuee giver		PERFOR	MED?		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	Sequentially list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent condition DID TOBACCO USE CONTR	DUE TO DUE TO	(OR AS A CONS (DR AS A CONS death but not	SEDUENCE OF	ty //	ng ceuee given		PERFOR	MED?		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF OEATH?
MEDICAL	Sequentially list conditions, if emy, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST PART II. Other significent condition DID TOBACCO USE CONTR	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	(OR AS A CONS (OR AS A CONS death but not	SEDUENCE OF ATH YE	in the underly	ng ceuee giver	AIN [PERFOR	MED?		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF OEATH?
MEDICAL	Sequentially list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent condition DID TOBACCO USE CONTR	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO CA	(OR AS A CONS (OR AS A CONS death but not USE OF DE 26. PL	SEDUENCE OF CEDUENCE DE TRANSPORTE LE TRANSPORTE DE TRANSP	in the underly	UNCERT	AIN [PERFOR 1 YES 2	MED?		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF OEATH?
PHYSICIAN: MEDICAL	Sequentially list conditions, if eny, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent condition DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	(OR AS A CONS (DR AS A CONS death but not USE OF DE 26. PL	EATH YE	in the underly S NO H (Check only or OTHER: 4 Nursing H. E OF 28c. I	UNCERT	AIN [PERFOR	MED?		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF OEATH?
MEDICAL	Sequentially list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART ii. Other significent condition DID TOBACCO USE CONTE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	DUE TO DUE TO	(OR AS A CONS (DR AS A CONS death but not USE OF DE 26. PL ER/Outpetlent INJURY Wy Year)	EDUENCE OF t raculting I	in the underly S NO H (Check only or OTHER: 4 Nursing H. E OF URY M 1	UNCERT	TAIN [PERFOR 1 YES 2 Other (Specify) I. DESCRIBE HOW IN	MED? NO NO	CUREO	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF OEATH? 1 YES 2 ND
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if eny, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition DID TOBACCO USE CONTE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO DU	(OR AS A CONS (DR AS A CONS death but not USE OF DE 26. PL	EDUENCE OF t raculting I	in the underly S NO H (Check only or OTHER: 4 Nursing H. E OF URY M 1	UNCERT	TAIN [PERFOR 1 YES 2	MED? NO NO	CUREO	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF OEATH? 1 YES 2 ND
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if eny, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST PART II. Other significent condition DID TOBACCO USE CONTE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined	DUE TO DU	(OR AS A CONS (OR AS A CONS (OR AS A CONS death but not USE OF DE 26. PL ER/Outpetlent INJURY (F INJURY — At I	EDUENCE OF t raculting I	in the underly S NO H (Check only or OTHER: 4 Nursing H. E OF URY M 1	UNCERT	TAIN [PERFOR 1 YES 2 Other (Specify) I. DESCRIBE HOW IN LOCATION (Street a	MED? NO NO	CUREO	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF OEATH? 1 YES 2 ND
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST PART II. Other significent condition DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSIK)	DUE TO DU	(OR AS A CONS (OR AS A CONS (OR AS A CONS death but not USE OF DE 26. PL ER/Outpetlent INJURY ay, Year) F INJURY — At I	SEDUENCE OF CEDUENCE DE Transiting I ATH YE ACE DF DEAT 3 DOA 28b. TIMI	in the underly S NO H (Check only or OTHER: 4 Nursing H: E OF 28c. I URY M 1	UNCERT DITTO TO THE TOTAL TOT	Z8d	PERFOR 1 YES 2 Other (Specify) I. DESCRIBE HOW IN LOCATION (Street a City or Town, State)	MED? NO NUMBER NUMBER	CUREO	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF OEATH? 1 YES 2 ND
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if emy, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST PART ii. Other significent condition DID TOBACCO USE CONTE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO DU	(OR AS A CONS (OR AS A CONS (OR AS A CONS death but not USE OF DE 26. PL ER/Outpetlent INJURY ay, 'Year) F INJURY — At If etc. (Specify) my knowledge, it	SEDUENCE OF SEDUENCE DE Traeulting I ATH YE ACE DF DEAT 3 DOA 28b. TIMI NJ home, farm, a	In the underly In the underly	UNCERT DITTO TO THE TOTAL TOT	TAIN [28d	PERFOR 1 YES 2 Other (Specify) I. DESCRIBE HOW IN City or Town, State)	MED? NO NJURY Occ nd Number	CUREO or Rural Ro	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF OEATH? 1 YES 2 ND
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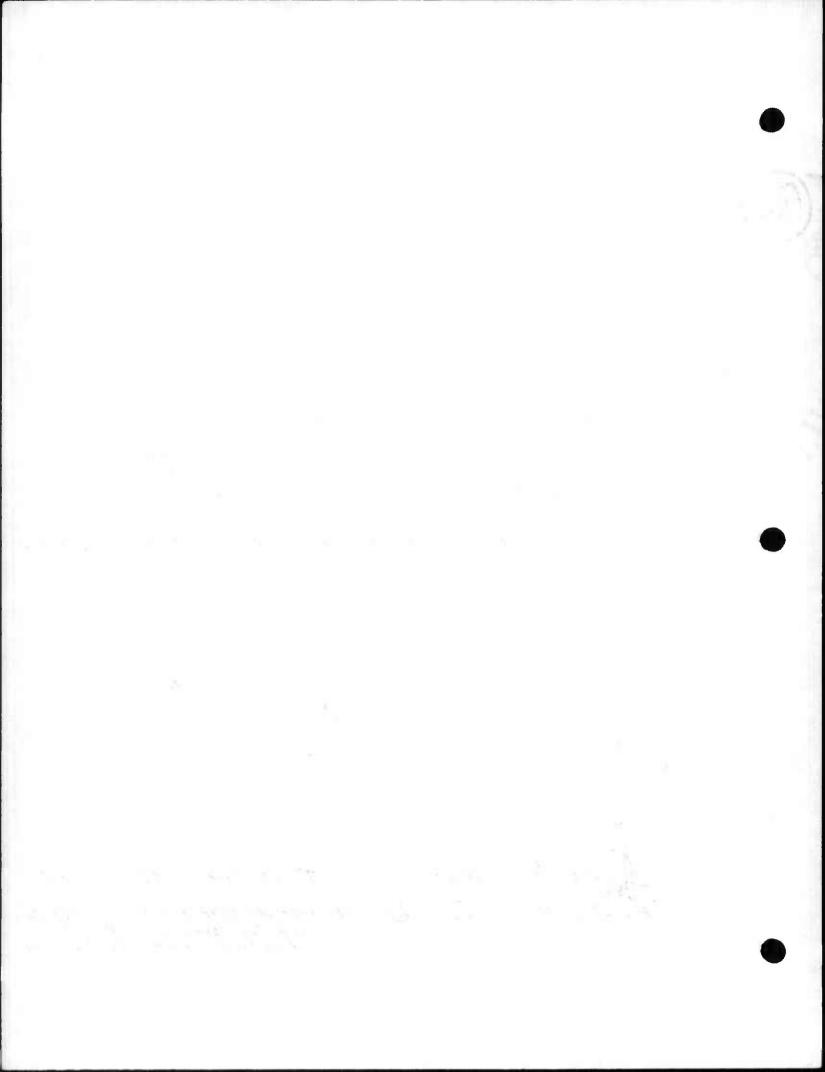
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COMPLETED	12			ise W	life			Own	n Hor	me		
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BE	Edward Eugene Sayl	lor				Sau	ndra	Jean	McM:	illen		
2	19e. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRESS (Stre	et end Number	or Rural Ro	oute Number, C	City or Town	n, State, Zip	Code)	
۴	Russell Lamot		58	303 3	2nd Av	enue,	Hyat	tsvill	le, N	Maryl	and :	20782
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BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO Contributing to BUTE TO CAI HOSPITAL: 28e. DATE OF (Month, De building, of the bast of the bast of the building, of the bast of the bas	USE OF DEATH (ITEM TO BU (OR AS A CONSECT (OR	PYSOUENCE OF DEAL PROPERTY OF DEAL PROPE	F): F): In the underly In (Check only of the Check only of the Unit of the	UNC Ome 5 Rei NJURY AT WORK? YES 2 Trifice Trice 29c. LICE	ERTAIN aldence 8 and due to be dat the time. NSE NUMB	art I. 24a 1 C Other (Sp. 28d. DESCRIE 26f. LOCATIO City or To	. WAS AN PERFOR	AUTOPSY IMED? NO NJURY OCCUPANT AUTOPSY AUTOPSY OCCUPANT AUTOPSY OCCUPAN	24b. 1 24	Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Onset onset
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions in the conditions of th	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO Contributing to BUTE TO CAI HOSPITAL: 28e. DATE OF (Month, De building, of the bast of the bast of the building, of the bast of the bas	COR AS A CONSECTION OF THE CON	PYSOUENCE OF DEAL PROPERTY OF DEAL PROPE	F): F): In the underly In t	UNC Ome 5 Rei NJURY AT WORK? YES 2 Trifice Trice 29c. LICE	ERTAIN aldence 8 and due to be dat the time. NSE NUMB	art I. 24a 1 C Other (Sp 28d. DESCRIE 28f. LOCATIO City or To	. WAS AN PERFOR	AUTOPSY IMED? NO NJURY OCCUPANT AUTOPSY AUTOPSY OCCUPANT AUTOPSY OCCUPAN	24b. 1 24	Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Onset onset

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760

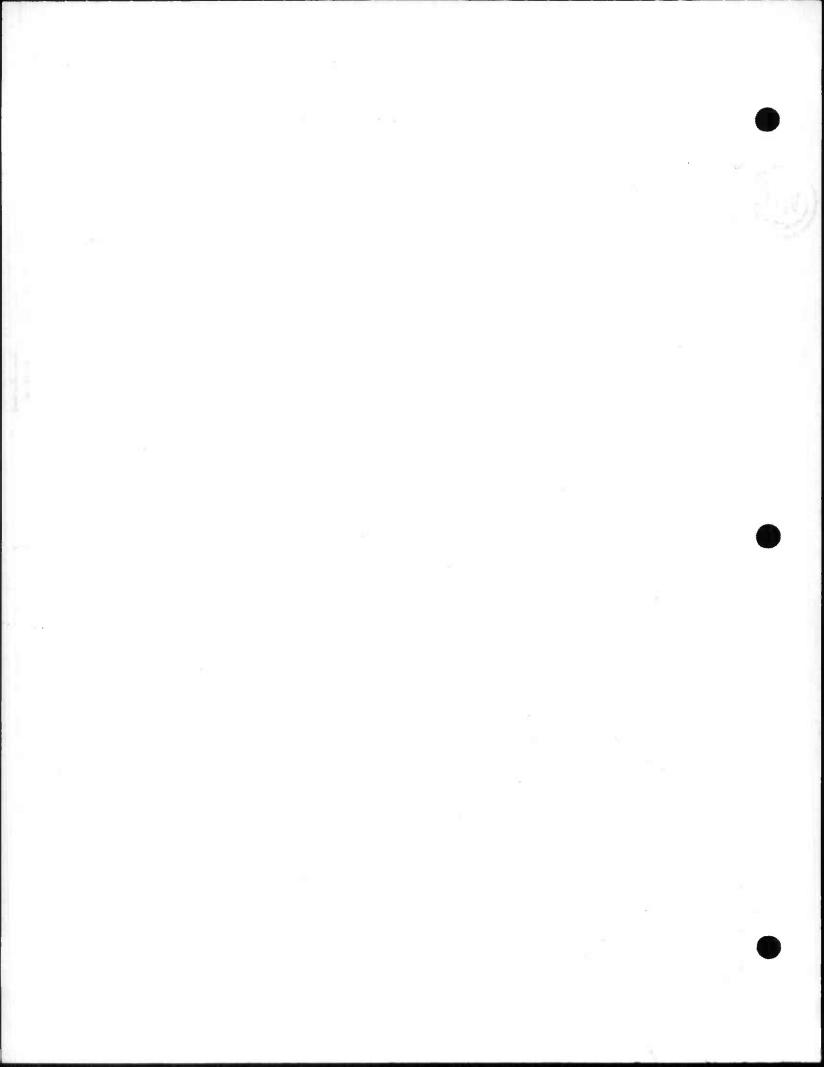
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



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FOR STATE

	REGISTRAR		CE	RTIF	CATE C	F DEATH		REG. NO.				
ŀ	1. DECEDENT'S NAME (First, Middle, Last) LEO	Α.		LEHTO	NFN		2. DATE O	ARY 1	190	95	3. TIME OF DEATH 9:00 D M	
	4. SOCIAL SECURITY NUMBER	15. SEX 6.	AGE (In yrs. les		IF UNDER 1 YEA		7 DATE C			O DANTELLO	PLACE (State or Foreign	
	99. FACILITY NAME (If not institution, give st	hxxM 2 □ F	81	THS.				e 24,			York	
TOR	NORTH ARUNDEL HS	,	SOCIAT	ION		N OR LOCATION OF D	DEATH			COUN		
ñ.	10a. STATE 10b. COUNTY	,		10c. CITY	, TOWN OR LO	CATION					10d. INSIDE CITY	
LOFF	Maryland Anne	Arunde1		C	rofton						LIMITS? 1 YES 2 XXIO	
FUNERAL DIRECTOR	1611 Edgerton Pl					21114					States	
à	11. MARITAL STATUS 1 Never Married 2 X Married 3 Wildowed 4 Divorced	12, WAS DECEDENT ET FORCES? 1 VI IF YES, GIVE WAR	YES 2 N	MED IO	If yes,	DECENDENT OF HISPA specify Cuben, Mexic ZES ZAX NO Speci	an, Puerto Ri	(Specify Yee can, etc.)	United States or No- 14. RACE — American Indian, Black, White, stc. Specify: White			
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed	16a. DE(CEDENT'S	USUAL OCCUP	ATION	16b.	KIND OF BUS	SINESS/IND	USTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	iiio.		sticia	most of working	U	.S. G	overn	ment		
COM	17. FATHER'S NAME (First, Middle, Last) Emil Lehtonen					18. MOTHER'S N. E11a		iddle, Maiden	Surname)			
) BE	19e. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRESS (Stre	of end Number or Rural on Place		r, City or Town	n, State, Zip	Code)		
٩	Helen S. Lehtone	n		_					-			
	20e. METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Remo 4 ☐ Donetion 5 ☐ Other (Specify)	oval from State	cometery, cree Lakemo	matory or off	FDISPOSITION her place) lemoria	Name of 1 Gardens	OATE		cation - David		ille Md.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		\overline{c}	22. NAME	AND ADDRESS OF FA	ACILITY	al Ho	me, I	P.A.		
	nover C	. Com	2,1	nes	160	00 Annapo	lis R	d. Bo	0715			
	23. PART i. Enter the diseases, or c shock, or heart feliure. I iMMEDIATE CAUSE (Final disease or condition	int only one cause	nused the decon each line.	eth. Do n	ot enter the	mode of dying, aud	ch aa cardi	ec or reapi	ratory arr	eat,	Approximate interval Between Onset and Death	
	resulting in death)	DUE TO (OR	AS A CONSEC	UENCE OF	mia						Immediate	
NO.	Sequentially list conditions,	DUE TO (OR	AS A CONSEQ	LV. W	onio					-		
S S	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury				,							
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEO	UENCE OF):							
	PART II. Other algnificent conditions	contributing to dea	ath but not re	esulting in	the underly	ing ceuse given in	Part i.	24a. WAS AN			WERE AUTOPSY FINDINGS	
EDICAL								PERFOR	-	(AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Σ	DID TOBACCO USE CONTR	PIBLITE TO CAUS	E OF DEAT	TH YE	S \square NO	☐ UNCERTAI	N			1	I C YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			E OF OEAT	H (Check only o							
	1 TES 2 TO NO	HOSPITAL: 1 Dinpatient 2 ER	/Outpatient 3		OTHER: 4 - Nursing H	ome 5 🗆 Residence	8 Other	(Specify)				
ВУ РН	27. MANNER OF DEATH 1 Patural 5 Pending 2 Accident Investigation	28e. DATE OF INJI (Month, Day, Y		28b. TIME INJU	JRY	NJURY AT WORK? YES 2 NO	28d, DESC	RIBE HOW IN	VJURY OCC	URED		
	3 Suicide 8 Could not be determined	28e. PLACE OF IN. building, atc.	JURY — At hon (Specify)	ne, farm, st	reet, factory, o	fice	28f. LOCAT	TON (Street e Town, State)	nd Number	or Rural Ro	ute Number,	
COMPLET	29e. CERTIFIER (Check only one) 1 D CERTIFYING PHYSIC DISCHARMINER	EAN: To the best of my									and manner as stated.	
H BE	296. SIGNATURE AND TITLE OF CERTIFIED 296. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)											
2	30. NAME AND AGORESS OF PERSON WITC									•	1 1 -3	
	MARC OKUN, M.D. 31. DATE FILED (Month, Day, Ybar)	/203 HOSPI	TAL DR	#200	6/GLEN	BURNIE, 1	MD 210	061				
	JAN 13 199	32. REGISTRAR'S	aucles !	Car								



TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN REG. NO		
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
Annie Cathari		(In yrs. last birthday) IF	Indeed a second	Jahuary	17, 199	5 1400 m
220-30-9376 9e. FACILITY NAME (If not institution, give str	1 🗆 M 2 💢 F	85 YRS. MO	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN,	7. DATE OF BIRTH (Month, Day, Hear) March 9, 1	909	BIRTHPLACE (State or Foreign Country) PENNS YLVANÍA
Washington County		98	Hagerstown		9c. COUNTY Was	hington
10e. STATE 10b. COUNTY	ashington	10c. CITY, To	own or Location Smithsburg			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 22045 Durberry Rd			101. ZIP CODE 21783			of what country?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 3 NO	13. WAS DECENOENT OF HISPY. If yee, specify Cuben, Mexic 1 YES 2 NO Spec	ANIC ORIGIN? (Specify Yes		RACE — American Indien, Black, White, etc. Specify: White
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	AFION completed) Callege (1-4 or 5 +)		JAL OCCUPATION done during most of working tired.) NEMAREL	16b. KIND OF BUS	siness/indust	RY
17. FATHER'S NAME (First, Middle, Lest) George D. Hartman				AME (First, Middle, Maiden Hattie E. S	Scott	
190. INFORMANT'S NAME (Type/Print) Kenneth L. Mongan		27378 L	press (Street and Number or Aura. Piters Mill Rd	Route Number, City or Tow	n, State, Zip Coo un , Md .	21742
20e. METHOD OF OISPOSITION 1 Burlel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	vel from State	PLACE AND OATE OF D	isposition (Name of Hemorial Pk. 1	-21-95 Has	cation - city gerstou	or Town, State UN, Md.
21. SIGNATURE OF FUNERAL SERVICE LICE	havi	9	22. NAME AND ADDRESS OF F Davis Funeral	Home Smith	5 Bradb Isbura	oury Ave. Md. 21783
23. PART I. Enter the diseases, pr ct ahock, pr heart failure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death)	lat only dne ceuse dn a	d the death. Do not ach line.	entar the moda of dying, au	ch as cardlec or reapi	ratDry arrest,	Approximata Interval Batween Oneet and Death
Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF): A CONSEQUENCE OF): CONSEQUENCE OF):				2-340
Cardiomale	dometrien	Aller	no nederdice	PERFOR 1 YES 2	IMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	HOSPITAL:	26. PLACE OF DEATH (C				
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spec	28b. TIME OF INJURY	28c, INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW II 28f. LOCATION (Street a City or Town, State)		
			the time, data end place, end du my opinion, death occured at the 29c. LICENSE NU	e time, deta end place, en	d due to the ce	use(s) and manner es stated.
0. NAME AND ADDRESS OF PERSON WHO	L mo		D (80			9.95

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

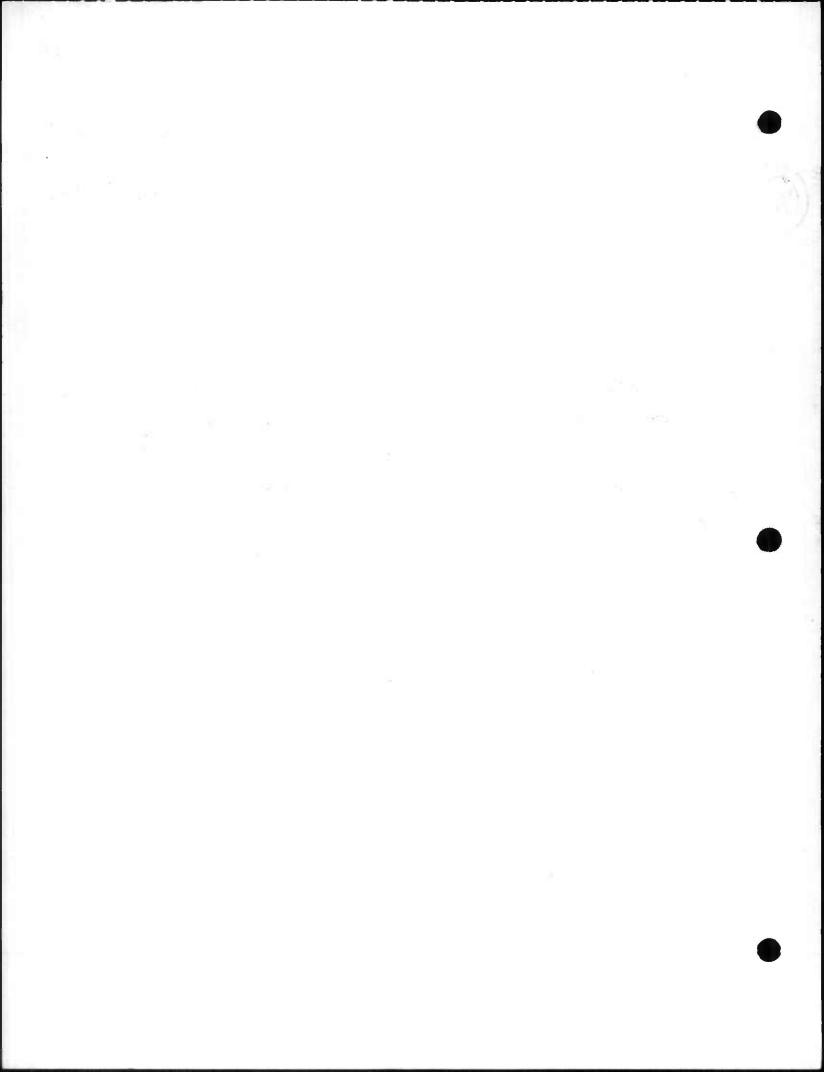
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notflied at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

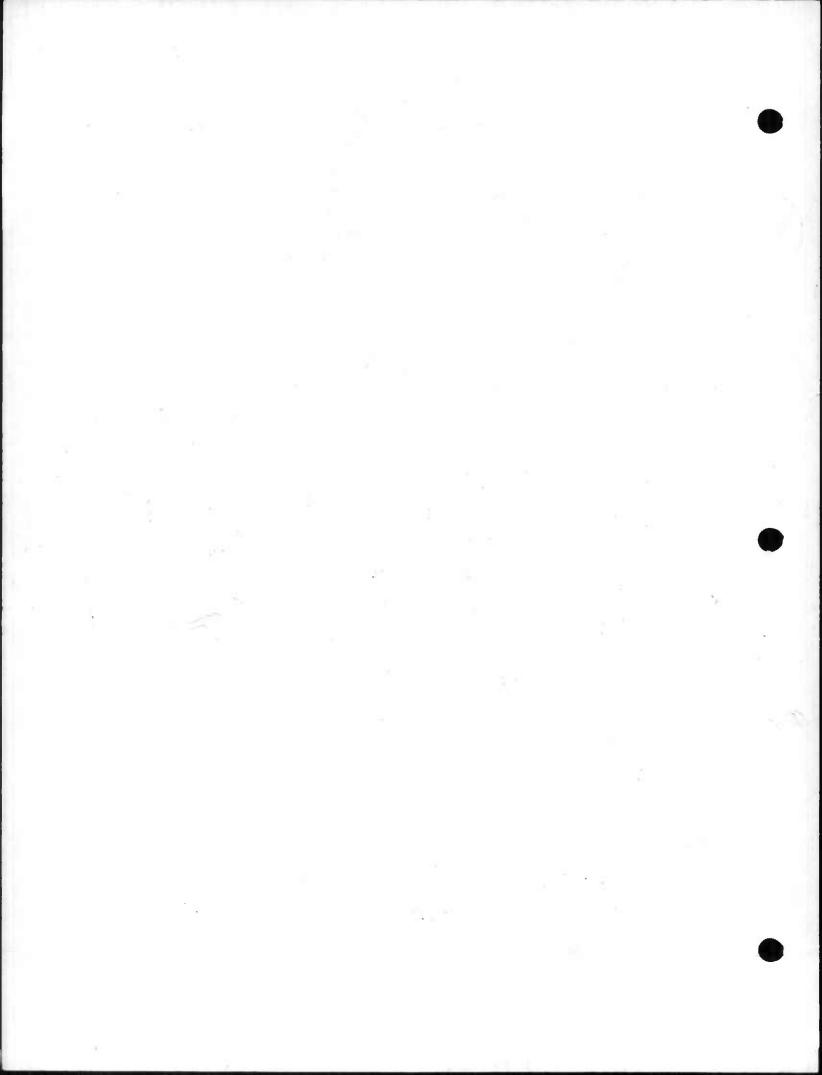
31. JAPEN LED (MG)rif GJU bor)

DHMH-16 Rev 1/89



FOR

	REGISTRAR		CERTIF	ICATE C	F DEATH	REG.	NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	-1				2. DATE OF DEAT			3. TIME OF DEATH	
	Melvin	Morga	n			Jan. 1	DAY 199	YEAR 5	1:20 P M	
	4. SOCIAL SECURITY NUMBER 5. SEX		n yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign	
П	217 10 1033 ¹√x № 2		4 YRS.	MONTHS DA		11/17/	ľo	Mar	ÿland	
OR	99. FACILITY NAME (If not institution, give street end num Avalon Manor Home Inc				WN OR LOCATION OF D	EATH		shing		
5	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY		10- 00	Y, TOWN OR LO						
DIRECTOR	Maryland Allegany	150		berla					10d, INSIDE CITY LIMITS? 1 X YES 2 NO	
ERAL	322 Emily St.				101. ZIP CODE 21502			SA	VHAT COUNTRY?	
BY FUNERAL	1 X Never Married 2 Married FORCE	ECEDENT EVER IN S? 1 V YES , GIVE WAR OR DA	2 NO	If yes	DECENDENT OF HISPA I, specify Cuben, Mexico YES 2 X NO Specif	en, Puerto Rican, etc	y Yes or No—	Black	— American Indian, k, White, etc.	
	15, DECEDENT'S EDUCATION (Specify only highest grade completed)		16a. DECEDENT'S (Give kind of	USUAL OCCUP	PATION g most of working	16b. KIND O	BUSINESS/IN			
COMPLETED		I-4 or 5+)	soldi	se retired.)	,	Army	,			
ŏ.	17. FATHER'S NAME (First, Middle, Lest)			-		AME (First, Middle, Mi				
BE		organ			Lena			ken		
2	198. INFORMANT'S NAME (Type/Print) Rae Perdew				Philade			p Code)		
	20e. METHOO OF DISPOSITION 1 Removal from S	20b.	PLACE AND DATE	OF DISPOSITION	N (Name of	DATE 20	LOCATION -	City or To	wn, State	
	4 Donation 5 Other (Specify)	R	ocky G	-	t. Cem.		lints	tone	, Md.	
	A eld D	muich		Gera		innich			otomac St.	
	23. PART I. Enter the diseases, or complication ahock, or heart failure. List only of IMMEDIATE CAUSE (Final disease or condition	one that caused one cause on ea	the death. Do rich lina.	not enter the	mode of dying, aud	ch aa cardiac or r	eapiretory ar	reat,	Approximata interval Batween Onset and Death	
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF	F):					ONEMER	
N N	Sequentially list conditions,	PNEL	MON!	A					INO WEEK	
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): CHACKUC OBSTRUCTIVE LYNG DISCOSE 30 YRS DUE TO (OR AS A CONSEQUENCE OF):									
DICAL	PART ii. Other aignificant conditions contribu	ting to death bu	_		lying cause given in	Part I. 24s. WA	S AN AUTOPSY REORMED?	24b	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE	
ME	Sever		ACIY //			1 _ YI	S 2 1 16		OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	AL:		OTHER:	8. PLACE OF DEATH (C)	heck only one)				
ΙΧSΙ		ent 2 🗆 ER/Oulpe		4 Wursing	Home 5 - Reeldence					
ВУ РН	1 Netural 5 Pending	Month, Day, Year)	28b. TIM	JURY	INJURY AT WORK?	28d. DESCRIBE H	OW INJURY OC	CURED		
- 1	3 Suicide 28e.1	PLACE OF INJURY building, etc. (Speci	— Al home, ferm, :	streel, factory,	office	28f. LOCATION (S) City or Yown,	reet and Numbe Stete)	r or Aural i	Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINET: On the besie of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cereal contents.									
ш	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Mo									
10 B	Learn In				24499	16	1-	- 200	45	
-	30. NAME AND AGORESS OF PERSON WHO COMPLET	MD DEA	17 (ITEM 27) (Type	(Print)	s Rds	Borns	boro	MO	21713	
	31. DATE FILEO (Month, Day, Year)	GAGE SIGN	TURE							



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICUS

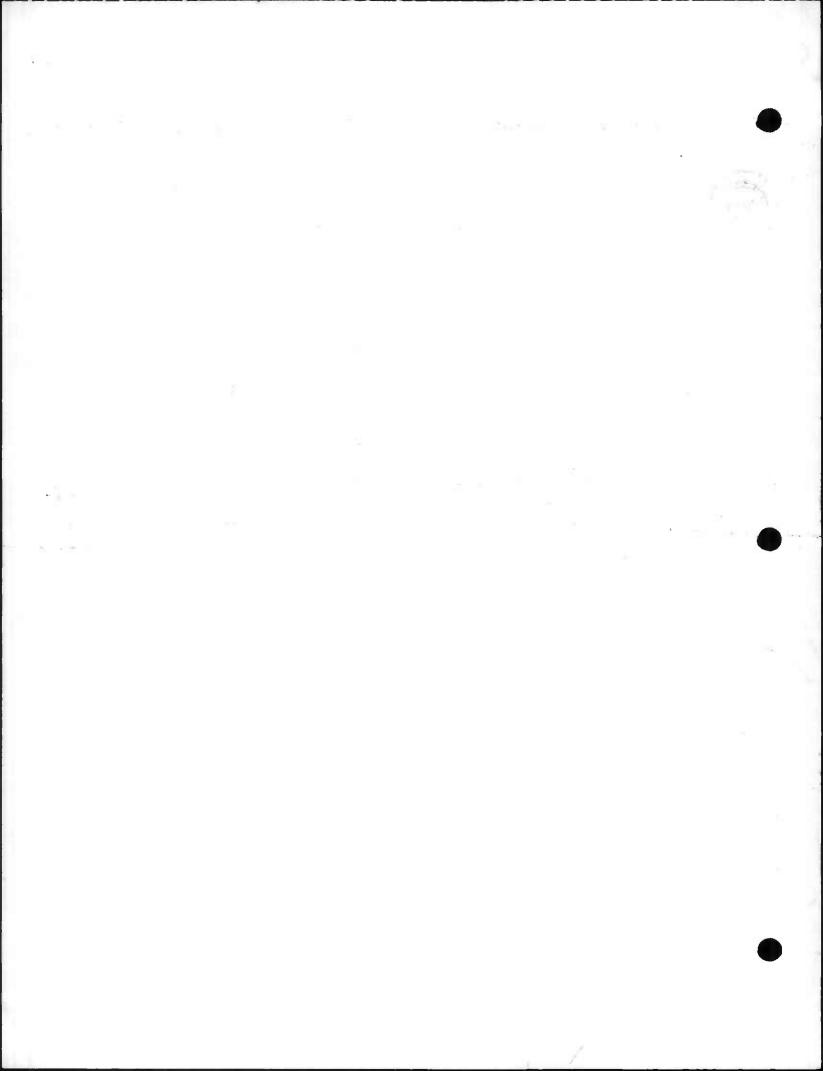
	1 - STATE REGISTRAR CERT		OF DEATI		REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) Mildred M. Miller Mildred Ma			2	DATE OF OEATH MONTH DA	, ,	93	3. TIME OF DEATH		
	220-16-0817 I□M2 XF 76 YRS	AL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 76 YRS. MONTHS DAYS HOURS MIN. SEPT. 18, 1918						PLACE (State or Foreign Lyland		
TOR	98. FACILITY NAME (It not institution, give strest and number) Washington County Hospital RESIDENCE OF DECEDENT 96. CITY, TOWN OR LOCATION OF DEATH Washington Washington									
FUNERAL DIRECTOR		CITY, TOWN OR	Smiths bw	ıg				10d. INSIDE CITY LIMITS? 1 YES 2 Y NO		
ERAL	100. STREET AND NUMBER 104 Water St. West		10f. ZIP CODE 21783				10g. CITIZEN OF WHAT COUNTRY?			
Β	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	If y	AS DECENDENT OF yes, specify Cuban, YES 2 XNO		ORIGIN? (Specify Year Puerto Rican, atc.)	or No	r No- 14. RACE — American Indian, Black, White, etc. Specify: Whate			
COMPLETED	(Specify only highest grade cumpleted) (Give kind life. Do NO	T'S USUAL OCC of work done du or use retired.) NSPECTO	ring most of working		16b. KIND OF BUS					
BE COMF	17. FATNER'S NAME (First, Middle, Last) Silas M. Smith	700 10 00 00			(First, Middle, Maiden :	Sumame)				
TO B				Rurai Rout	hsbwrg, Mo	, Stete, Zip				
	1.A Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of Complete), completely or other place. 20c. LOCATION — City or Completely completely or other place.								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Da	ame and address Luis Fune	of facili	Home Smit	5 Br thsbu	adbu vrg,M	ry Ave. d. 21783		
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, abock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death									
MEDICAL	PART II. Other significant conditions contributing to death but not resulti		eriying cause give buts	en In Par	24s. WAS AN PERFORI	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER:									
ВУ РНУ		TIME OF 2	8c. INJURY AT WORK?	28	☐ Other (Specify) Red. DESCRIBE NOW INJURY OCCURED					
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, atract, fectory, office building, sic. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							oute Number,		
TO BE COMPLETED	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investig 29b. SIDNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (7)	gation, in my opin		at the time	e, data and place, end	29d. OAT	E SIGNED	and manner as stated. (Month, Day, Year) 2 4, (99)		
	31. PANILE (160 1995 1001) July 12. REGISTRAR'S SIGNATURE	- 11	01.	110	1	WM	, /"	.0-		

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within as hours after death. Page 6 may be retained by the burning physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once. BALTIMORE, MARYLAND 21215-0020

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	A hours	filled in	on, or re	ne med
	within .	npletely	cremati	vent, tl
	executed	and cor	o burial,	natic e
	cate be	hysician	e prior to	r traur
	th certifi	ending p	Hygien	or othe
	the dear	the att	d Menta	Injury,
	res that	igned by	ealth an	rs any
	w requi	s peen s	pt. of H	3 show
	N: The Is	icate has	State De	Item 2
	HYSICIAL	ils certif	with the	ed, or
	DING P	After th	death w	s mark
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burner	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	PITAL O	ERAL DI	in 72 ho.	T: If Ite
	HE HOS	HE FUN	led with	ORTAN
	2	2	Se P	₹

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

										02010	
	FOR 1 - STATE	STATE OF MARY	LAND / DE	PARTMEN	T OF H	EALTH AND					
-	REGISTRAR		CEH	TIFICAL	E OF	DEATH	REG. NO				
- 8	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DAY YEAR			3. TIME OF DEATH		
		EDWARD		MOSBY	. J	r.	JAN.12	,199	95	02:45 A M	
	The second secon		E (In yrs. last birti		R 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTH	PLACE (State or Foreign	
	220 04 6817	₩2 □ F 28	8 Y	YRS. MONTHS DAYS		HOURS MIN.	1/19/66			country) aryland	
	9a. FACILITY NAME (If not institution, give street and number)			9b. CIT	Y, TOWN	OR LOCATION OF D					
E .	1221 EDEDEDICK		77.3								
H	RESIDENCE OF DECEDENT	1221 FREDERICK ST. HAGERSTOWN WASHING									
Ĕ	10a. STATE 10b. COUNTY									10d. INSIDE CITY	
DIRECTOR	Maryland Washi	ngton		Hage	rsto	own	3 1 2 5			LIMITS? 1 YES 2 X NO	
	10e, STREET AND NUMBER					. ZIP CODE					
RA	17205 Cloverlea	f Dood			"		10g. CITIZEN OF WI			THAI COUNTHY?	
뿐						21740		USA	4		
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	 WAS DECEDENT EVER FORCES? 1 YES 	IN U.S. ARMED	13	WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Years, Puerto Rican, etc.)	or No-	14. RACE	— American Indian, t, White, atc.	
B	3 Widowed 4 Olvorced	IF YES, GIVE WAR OR	DATES			2 NO Specia			Speci	wBlack	
	7,										
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade on	TION mpleted)	(Give kli	ENT'S USUAL of	during me	ON ast of working	16b. KIND OF BU	SINESS/IN	DUSTRY		
ш		College (1-4 or 5+)	life. Do f	VOT use retired.		or or working	İ			Services	
<u>a</u>		3	dat	a mar	nage	r	Card E	stab	lis	hment	
5	17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Maiden	Surname)			
	Herbert Edward	Mosby, Si	r.			Lola	Lorrain	e Bi	rne	nett	
BE	19a. INFORMANT'S NAME (Type/Print)	,,		II ING ADDRES	S (Stmet a		Route Number, City or Tow				
2	Herbert E. Mosby	Cn.								M1 047/0	
	20a. METHOD OF DISPOSITION									Md. 21740	
	1 X Burial 2 Cremation 3 Ramova	Il from Stata Ce	b. PLACE AND E	DATE OF DISPO	SITION (NE	nma of			City or To		
	4 Donation 5 Other (Specify)		Rose H				/16 Hag	erst	own	, Maryland	
	21. MGRATURE OF FUNERAL SERVICE LICEN	SEE	0			D ADDRESS OF FA	CILITY				
- 1	Sould ST.	Muni	0/1							otomac St	
-	20 0000 5	Virina		I.F.	uner	al Hom	e I	lage	rsto	wn. Md.	
	23. PART I. Enter the diseeses, or corehock, or heert feliure. Lie	nplicetione thet ceue It only one ceuse on	ed the deeth.	Do not ente	r the mo	de of dying, aud	h as cerdiec or reepi	ratory er	reet,	Approximete Interval Between	
	IMMEDIATE CAUSE (Finel Onset and Death										
- 1	disease or condition resulting in death)	multipi	e gunst	not woi	ınds					immediate	
- 1	recording in deadily	DUE TO (OR AS	A CONSEQUEN	CE OF):	ilido					ппедтаге	
,											
፬	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										
₹	if any, leading to immediate ceuse. Enter UNDERLYING									İ	
≅	CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUEN	CE OF):							
₽	that initiated eventa resulting in death) LAST	==== (=====		or 0. /.						i	
CERTIFICATION	d									-	
	PART II. Other eignificent conditione of	ontributing to death	but not recul	ting in the u	nderiyin	cause given in	Pert I. 24s. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
5				_		~	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ן ה							1 X YES 2	□ NO		DF DEATH?	
Σ							_ '			1 YES 2 NO	
z	DID TOBACCO USE CONTRIE	BUTE TO CAUSE (OF DEATH	YES	NO [UNCERTAI	N 🗆			/-	
<u> </u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF	DEATH (Check	only one)						
PHYSICIAN: MEDICAL	The state of the s	IOSPITAL:	tpetient 3 D	OA A Nu		e 5 W Beelderse	6 Other (Specify)				
	27. MANNER OF DEATH	28a. DATE OF INJURY		. TIME OF				N HIRV OC	CURED		
	1 Natural 5 Pending	(Month, Day, Year) INJURY WORK?							h 4		
20	2 Accident Investigation 1-12-15 PAT 1 YES 2 KNO SUBJECT SHOT SEVERAL										
3 Suicide 8 Could not be datarmined 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify)								r or Rural R	oute Number, MD		
	Ontarining .		Homi	シ			1221 FREDE	RICK	ST. H	AGERSTWON	
Z	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	N: To the best of my know	wiedge, daath o	ccurred et the	time, data	and place, and due		-			
COMPLEIED	one) 2 MEDICAL EXAMINER:									and manner as stated.	
- 11	295/ BIGMATURE AND TITLE OF CEMBERS	M /	7 1								
#	The	W. CA	H V			29c. LICENSE NUI				(Month, Day, Year)	
- 1	WWW ALA AN	C C C C C C C C C C C C C C C C C C C					ME JAN.12,1995				

Penn Street, Baltimore, Maryland 21201

BALLIMURE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
1. BUA 66/60.	tificate be executed within 24 hour	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the for filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	ther traumatic event, the me
DIVISION OF VITAL RECORDS, P.O. BOX 86780	ne law requires that the death cert	has been signed by the attending Dept. of Health and Mental Hygio	n 23 shows any injury, or of
INTERIOR OF ALL	OR ATTENDING PHYSICIAN: Th	URECTOR: After this certificate ours after death with the State	em 28 is marked, or item
1	TO THE HOSPITAL (TO THE FUNERAL C be filed within 72 h	IMPORTANT: If It

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTME			MENTAL HYGIEN REG. NO.	E	V La V / J		
-	1. DECEDENT'S NAME (First, Middle, Lest) John Calvin	McNamee, Jr.	2. DATE OF DEATH MONTH DAY JAN . 13, 1995							
		5. SEX 1 M 2 F F 78 et and number)	YRS. MONTH		F UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) July 6, 19	BIRTHPLACE (State or Foreign Country) ATYLANG			
TOR	220 Buena Vista A			Hage	nington					
DIRECTOR		ington	10с. СІТУ, ТОМ Наз	gerst	own		10d. INSIDE CIT LIMITS? 1 1 YES 2			
FUNERAL	100. STREET AND NUMBER 220 Buena Vista A		21740 USA							
B	1 MARHIAL STATUS 1 Never Married 2 K Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 ☐ YES 2 ☐ YES IF YES, GIVE WAR OR DATES	IMED I	It yes, sp		NIC ORIGIN? (Specify Yes in, Puarto Rican, atc.)	or No.— 14.	RACE — American Indian, Black, Whita, etc. Specify: White		
COMPLETED		College (1-4 or 5 +)	ECEDENT'S USUAL OCCUPATION Give kind of work done during most of working e. Do NOT use retired.)							
	4 17. FATHER'S NAME (First, Middle, Last) John Calvin McNa		delivery	У		me (First, Middle, Meiden Lee Young	Sumame)	urniture		
TO BE	19a. INFORMANT'S NAME (Type/Print) Frances V. Swar	191			and Number or Rural I	Ploute Number, City or Town	n, State, Zip Coo			
	Frances V. Swartz McNamee 220 Buena Vista Avenue Hagerstown, Maryland 20a. METHOD OF DISPOSITION 1 (YBurlet 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) Cedar Lawn Memorial Park 20b. PLACE AND DATE 00c. LOCATION - City or Town, State 1/11 Hagerstown, Maryland									
	21. SIGNATURE OF FUNERAL SERVICE LICE		00	g. NAME AI	np appress of FA d N. Mini al Home	nich 305	N. Pot	tomac Street		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final									
	resulting in death) a. Corenary Artery Directo Due to (or as a consequence of):									
ATION	Sequentially list conditions, If any, leading to Immediate cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in desth) LAST									
- 1	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE									
PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRI	BUTE TO CAUSE OF DEA	TH YES □] NO [UNCERTAIN	1 YES 2	- NO	OF DEATH? 1 YES 2 NO		
SICIA		26. PLAC	CE OF DEATH (Che	ER:						
	27. MANNER OF DEATH 1 Paturel 5 Pending	28c. INJ WC	ng Home 5 Residenca 6 Other (Specify)							
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datarmined	26a. PLACE OF INJURY — At hol building, atc. (Specify)	me, tarm, street, t	lactory, offic	a	26t. LOCATION (Street a City or Town, State)	and Number or F	Rural Route Number,		
COMPLET		AN: To the best of my knowledge, de: On the basis of axamination and/or i						ause(s) and manner as stated.		
띪	296. SIGNATURE AND TITLE OF CERTIFIER	7 Lywy m			29c. LICENSE NUN			GNED (Month, Day, Year)		
2	20 NAME AND ADDRESS OF DEDSON WHO				0 -14	117	111	10-190		

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRADIS SIGNATURE

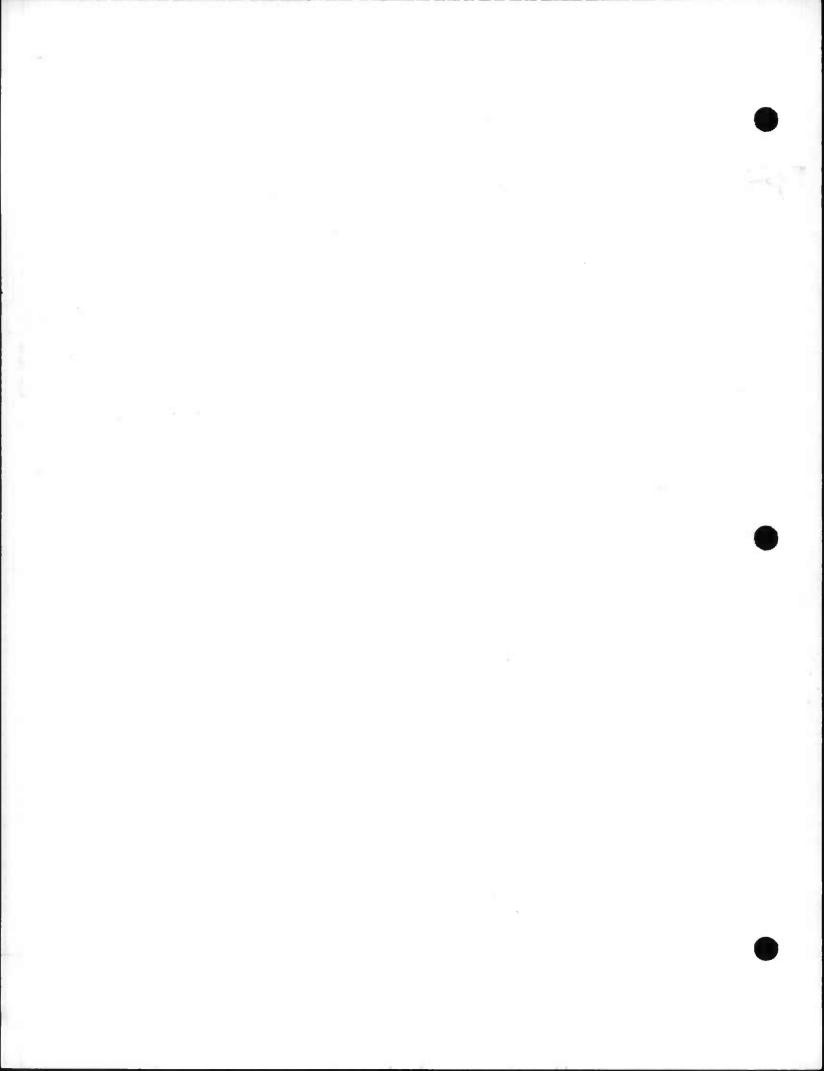
Dr. Thomas B. Haywood

JAN 1 9 1995

354 Mill Street

21740

Hagerstown, Maryland



45		E G	
BALTIMORE, MARYLAND 21215-0020	1. Page 6 may be retained by the hospital or attending physician.	aral director, page 5 should be detached for use as the burial-transit if	
AL	death	funer	
B	after	by the	moval
	Nours	ui pa	Or re
		y fille	tion.
IVISION OF VITAL RECORDS, P.O. BOX 68760	IN ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death, Page 6 may be retained by the hospital or attending physician.	IRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit pens	ours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

_		FOR STATE REGISTRAR	STATE OF MARYLAND) / DEPARTMENT (CERTIFICATE (MENTAL HYGIEN REG. NO.	E	
		1. DECEDENT'S NAME (First, Middle, Last)		/		2. DATE OF DEATH	Y YEAR	3. TIME OF DEATH
				er		1 - 12		10 50 PM
	.,,	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In y/s	MONTHS D	AR IF UNDER 24 HRS, YS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTI Count	HPLACE (State or Foreign try)
-		214 - 28 - 0876 98. FACILITY NAME (If not institution, give st	10	YRS.		1-30-16		PA
1	4	Golden Ale Gu	eet and number)		WN OR LOCATION OF D	EATH	9c. COUNTY OF I	
EMAH	ECTO	RESIDENCE OF DECEDENT	est Mome	Myke	Ville,	140	Carro	//
E//	₩.	10e. STATE 10b. COUNTY	2.2	10c. CITY, TOWN OR L				10d. INSIDE CITY LIMITS?
	2	MD Carr	011	Sykesvi	11e			1 YES 2/ NO
sit pe	RAL	di di di di di di di di di di di di di d	1				10g. CITIZEN OF	WHAT COUNTRY?
020 physiclan. burlal-transit	FUNER	1442 Buckhorn Roa	12. WAS DECEDENT EVER IN U.S.	. ARMED 13. WAS	21784 DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes	USA or No — 114. BAC	E — American Indian,
phys burk		1 Never Married 2 Married	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	L∤NO If ye	yes 2 NO Specific	an, Puarto Rican, etc.)	Blac Spec	k, White, etc.
21215-0020 al or attending physic for use as the burlal	D BY	3 Widowed 4 Divorced						, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
or after	ETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	. DECEDENT'S USUAL OCCU (Give kind of work done duril life. Do NOT use retired.)	PATION g most of working	18b. KIND OF BUS	SINESS/INDUSTRY	
	PLE	Elementary/Secondary (0-12)	Dollege (1-4 or 5+)	lachinist		Shoe Fac	atoma	
MARYLAND retained by the hospit should be detached notified at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	AME (First, Middle, Maiden		
MARYLA retained by the 5 should be det outified at on	ш	Jacob Erb			Marr	v Lippv		
MAR retained 5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS (S			n, State, Zip Code)	
	-	Nancy Lescalleet		222 Stacy L	e Drive W	estminster	MD21158	
IORE, I e 6 may be ector, page 5 must be n		20e. METHOD OF DISPOSITION 1 Description Burlat 2 Decreasion Cremation 3 Decreasion Remodelle Cremation 3 Decreasion Cremation 3 Decreasion Cremation 3 Decreasion Cremation 3 Decreasion Cremation 3 Decreasion Cremation 3 Decreasion Cremation C	val from State 20b.PLA ceggetery	ceand date of disposition, crematory or other place)	N (Neme of		CATION — City or To	
IMC direc		4 Donation 5 Other (Specify)	Chr		ETETY JE AND ADDRESS OF FA	1/16/95	Littlest	own, PA
BALTIMORE, after death, Page 6 may be by the funeral director, page smoval.		· Rehard	Little (Litt	les'F.H.3	4 Maple Ave		stown, PA17340
F .E . 6		23. PART I. Enter the diseases, or co shock, or heert fellure. I	omplications that caused the list only one ceuse on each l	desth. Do not enter the	mode of dying, suc	ch sa cerdiac or respi	retory arreat,	Approximate interval Between
		iMMEDIATE CAUSE (Final disease or condition	10. km	- 15				Onset and Death
760 ad with ompletely fille su, cremation, event, the	- 1	resulting in death)	DUE TO (ON AS A CON	meis Disla	se			
B 2 2 2	,		DOE TO (ON AS A CON	SECUENCE OF):				
	CATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CON	ISEQUENCE OF):				1
BOX ficate be e physician ne prior to	S	ceuse. Enter UNDERLYING CAUSE (Disesse or injury						
oth dien	CERTIF	thet initiated events resulting in deeth) LAST	DUE TO (OR AS A CON	ISEQUENCE OF):				
요 등 등는 이	R	d	-					
O 9 € ≥ =	7	PART II. Other significant conditions	contributing to death but no	ot resulting in the under	iying cauae given in	Part i. 24a. WAS AN		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
Mrequires that the total the speed signed by it of Health and shows any in	EDIC/					1 _ YES 2		CDMPLETION DF CAUSE DF DEATH?
FEC equire en sig of Hez hows	ME		<u> </u>					1 _ YES 2 _ NO
AL F le law r has be Dept.	Ä	DID TOBACCO USE	CONTRIBUTE TO C					
e ste d	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТНБЯ:	6. PLACE OF DEATH (C)			
OF VIT, PHYSICIAN: Th this certificate with the State fed, or Item	PHYS	1 YES 2 400	1 Inpatient 2 ER/Outpatient 28s. DATE OF INJURY		Home 5 Residence	8 Other (Specify) 28d. DESCRIBE HOW II	N ILIEN OCCUPED	
ON OF ING PHYS frer this ceath with marked.		1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK?	Zou. DESCRIBE NOW I	NJORY OCCURED	
IN G D O	D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — Albuilding, etc. (Specify)	t home, ferm, street, fectory,	office	28f. LOCATION (Street a	and Number or Rural	Route Number,
ATTEN ATTEN ECTOR: s after s after		4 Homicide determined	bunding, etc. (specify)			City or Town, State)		
DIV L OR A L DIREC Hours	P	29e. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my knowledge	, death occurred at the time.	date and place, and due	to the cause(a) and man	iner ee stated.	
TO THE HOSPITAL TO THE FUNERAL De filed within 72	COMPLETED		: On the basis of examination and					a) and manner as stated.
HE HO	ш	296. SIGNATURE AND THE OF GERTIFIER	//		29c. LICENSE NU	MBER	29d. DATE SIGNED	(Month, Day, Year)
TO THE TO THE De filed IMPOR	TO B		wesus		Dzasc	6	D 1/13	195
		30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	RA F	COCPYSIRG	us)	ZIZFY
_ [31. DATE FILED (Month, Day, Year)	32. REGISTRAD'S SIGNATUR		4	47.		/
		JAN 1 8 1995 Julia	divoler Revall					

1		STATE REGISTRAF	7
•	_		-

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

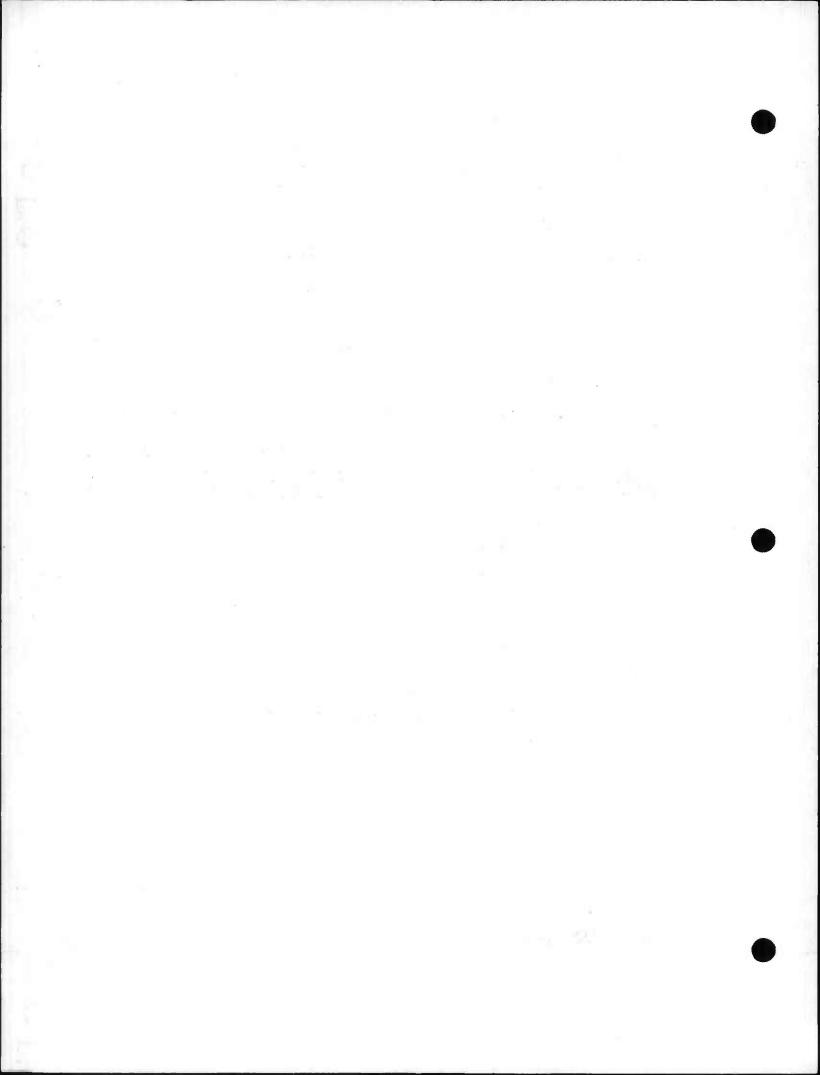
1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH	REG. N	0.			
1. DECEDENT'S NAME (First, Middle, Lest, ELMINA EI	IZABETH	MARTIN			2. DATE OF DEATH MONTH 01/10/		YEAR 3.	TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 190-20-7887	5. SEX 6. AG	E (In yrs. last birthday) 88 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 02/22/		Country)	ACE (State or Fore	
99. FACILITY NAME (If not Institution, give SACRED HEART	street and number) HOSPITAL		96. CITY, TOWN CUM	BERLAND	EATN	9c. COUNT		'n	
SACRED HEART RESIDENCE OF DECEDENT 10a. STATE PA BE	DFORD		y, town or loca NDMAN	FION				d. INSIDE CITY LIMITS?	10
10a. STREET AND NUMBER P. O. BOX 3 11. MARITAL STATUS	38		10	1. ZIP CODE 15545		10g. CITIZE		T COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, sp	ecity Cuban, Maxica 2XXNO Specific	NIC ORIGIN? (Specify V in, Puarto Rican, atc.) y:	ea or No — 14	4. RACE — Black, W Specify:	American Indian (hite, stc.)	
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	(Give kind of life. Do NOT us	usual occupate work done during me se retired.)	ON st of working	16b. KIND OF B	USINESS/INDUS	TRY		
17. FATNER'S NAME (First, Middle, Lest) EMANUEL EME	RICK				ME (First, Middle, Maide EY IDELI		DEW		
199. INFORMANT'S NAME (Type/Print) RAYMOND M.	MARTIN	19b. MAILING 307	4 COUN	TRY ROA	D, CHAME	wn, Stete, Zip Ca BERSBU	RG,	PA 17	20:
20a, METNOD OF DISPOSITION 1		Ob. PLACE AND DATE OF THE COMPS C	OF DISPOSITION (N. (N. (N. (P. (P. (P. (P. (P. (P. (P. (P. (P. (P	Y 1/1		ocation - cit		State 155 I, PA	45
22. NAME AND ADDRESS OF FACILITY HARVEY H. ZEIGLER FUNERAL HOME HYNDMAN, PA 15545-0636									
IMMEDIATE CAUSE (Final	. Net only one cause on	each line.	not enter the mo	de of dying, suc	h aa cerdlec or rea	piretory arres	it,	Approximation interval Bet Onset and I	ween
disease or condition reaulting in death)		Renal Fa						day	S
Sequentially list conditione, if any, leeding to immediate	DUE TO (OR AS	S A CONSEQUENCE O	F):					day	S
cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST	CDUE TO (OR AS	S A CONSEQUENCE O	F):						
PART II. Other algorificent condition Pneumonia End Stage Con				g ceuee given in	Part i. 24a. WAS A PERFO	N AUTOPSY DRMEO? 2 XNO	CO OF	RE AUTOPSY FINE AILABLE PRIOR TO IMPLETION OF CAU DEATH?	USE
DID TOBACCO USE			DEATH Y		LAP		1 [YES 2 NO	,
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ulpetient 3 🗆 DOA	OTHER:	ACE OF DEATN (Ch	8 Other (Specify)				
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. OATE OF INJUR (Month, Day, Year	Y 28b. TIM	JURY WO	PURY AT DRK? YES 2 NO	28d. DESCRIBE NOW	INJURY OCCU	REO		
3 Suicide 8 Could not be determined	28a. PLACE OF INJU building, atc. (S	RY — At home, farm, pecify)	atreet, factory, offic	•	281. LOCATION (Stree City or Town, State		Rural Route	Number,	
	SICIAN: To the best of my known iER: On the bests of axemina							d menner as stel	led.
29b. SIGNATURE AND THELE OF CERTIFIC	ER -4:KO			D3341			10/9	onth, Day, Year)	
James R. Moe				ghway,	LaVale,	MD 2	1502	2	
JAN 1 2 1995	324 REGISTRAR'S P							1 3	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Nouns after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-training be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR			SIMIL UF I	IIANI LA	CE	RTIF	ICAT		F DE			NENIAL	REG. NO			
t. DECEDENT'S NAME (Firs	t, Middle, La	ist)										2. DATE O	F DEATH			3. TIME OF DEATH
HERBE	RT. V	шл	TAM 1	MCVT (CKER							JANII	ARY O		YEAR	6:25 PM
4. SOCIAL SECURITY NUM	BER	5.	. SEX	6. AGE (I	in yrs. lesi	birthday)		ER 1 YEA		NDER 24 I		7. DATE O			S. BIRTI	IPLACE (State or Foreign
216-07-15	62	1.	X M 2 F		82	YRS.	MONTHS	DAY	's HOU	AS A	AIN.	05	25	12	Count	Md.
90. FACILITY NAME (If not i	nstitution, gi	ve street	t and number)				9b. Cl	TY, TOW	N OR LO	CATION	OF DE	ATH TO	1		JNTY OF D	
SACRED I	IEART	H	OSPITAL					UMB	ERLA	ND				A	LLEGA	NY
10e. STATE	10b. COL	INTY				10c. CIT	Y, TOWN	OR LO	CATION							10d. INSIDE CITY
Maryland	l A	11e	gany			Ba	rto	n							- 7	LIMITS?
10e. STREET AND NUMBER			, , ,					<u> </u>	101. ZtP (ODE				10g. CI	TIZEN OF Y	VHAT COUNTRY?
Route 1	Box	61							215	21				J	JS	
11. MARITAL STATUS 1 Never Merried 2 2 3 Wildowed 4 Div		12	P. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES	2 - NO		13	It yes,	specify (uben, N	IISPAN dexicer Specify	, Puerto Ric	(Specify Yes	or No-	14. RACI Blaci Spec	American Indian, k, White, etc.
	CEDENT'S E					EDENT'S			ATION most of w	nakina		16b. I	IND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (College (1-4 or 5	•)	ille. i	Do NOT u	se retired	(.)								
Unknown					Co	al l	Mine	er					Coal		ng	
17. FATHER'S NAME (First, A													ddie, Maiden	,		
George Mc		r											Sigl			
199. INFORMANT'S NAME (kor											City or Tow		ip Code)	
200. METHOD OF DISPOSIT		KEL	·	000						вar	tor		. 215			over some
1 X Burtet 2 Cremeti 4 Donation 5 Othe	on 3 🗆 R	emova	from State	ceme	PLACE AI etery, crem It.V1	nd DATE	ther plac	ej	(Nama of	T.o.	•	1 2 1 (City or To	
21. SIGNATURE OF FUNERA	_	LICENS	SEW /	131	LL.VI	Ew C			AND AD				995	Dart	on, r	Id.
· 7//	ues	P	&K	1	0	e. U						Home	starn	nort	ма	21562
23. PART I. Enter the dischases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.																
shock, or heart failure. List only one cause on each line. iMMEDIATE CAUSE (Finel disease or condition resulting in deeth) ### The condition of the cause of th																
Sequentielly list conditions and conditions are cause. Enter UNDERLY CAUSE (Disease or injured initiated events resulting in death) LAS	diata ING ury	с_ с_	Core	DU JOH AS A	CONSEQU	Oli JENCE O	eli	Ca uch	rt	gr 4	zi y	den 2 di Rece	e- isoa uu	ee.	_	ore minter
PART II. Other significa	ant condi	jons c	ontributing to	deeth b	t pot ra	ealting	in the t	underly	ing ceu	e give	n in i	Part I. 2	4e. WAS AN		24b	. WERE AUTOPSY FINDINGS
-	MT	221	yocan	den	10	nge	ud	in	/			_	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
DID TOBACCO U	ISE CON	NTRIP	UTE TO CA	USE O	F DF AT	H Y	s 🗆	NO	וו אל	NCER	AIAT					1 TES 2 NO
25. WAS CASE REFERRED 1					26. PLACE			-		10EK	174113	, <u> </u>				
EXAMINER?		P	OSPITAL:	ER/Outpu	ntient 3	DOA	OTHE 4 N		lome 5	Realds	ence (S 🗆 Other (Speciful			
27. MANNER OF DEATH			28a. DATE OF	INJURY		28b. TIM	E OF	28c.	INJURY A				RIBE HOW I	NJURY OC	CURED	
	Pending Investigation	m	(Month, D	wy, Year)		INJ	URY M		WORK?	2 N	。					
Accident 3 Suicide 8 4 Homicide	Could not determined	be	28e. PLACE O building,	F INJURY -	— At hom	e, term,	street, te	ictory, of	ffice				ION (Street o Town, State)	and Numbe	or or Rural f	loute Number,
			N: To the beat of On the beale of ea) end manner ee atated.
29b. SIGNATURE AND TITLE	OF CERTI	gen	//	(29c.	LICENSI	E NUM	BER		29d, DA	TE SIGNED	(Month Day: Veer)
118000 DISUAS 11/10/60																
30. NAME AND ADDRESS-O	F PERSON	who e	OMPLETED CAUS	E OF DEA	тн отем	27) (Type,	Print)		-4/	12	/	4		-	44	1
DR. SHIN KIM, M.D., 90 MAIN STREET, WESTERNPORT, MD 21562																
31. DATE FILED (Month, Sey,	1995	7	**	BI-AM	robell.											

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremator, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

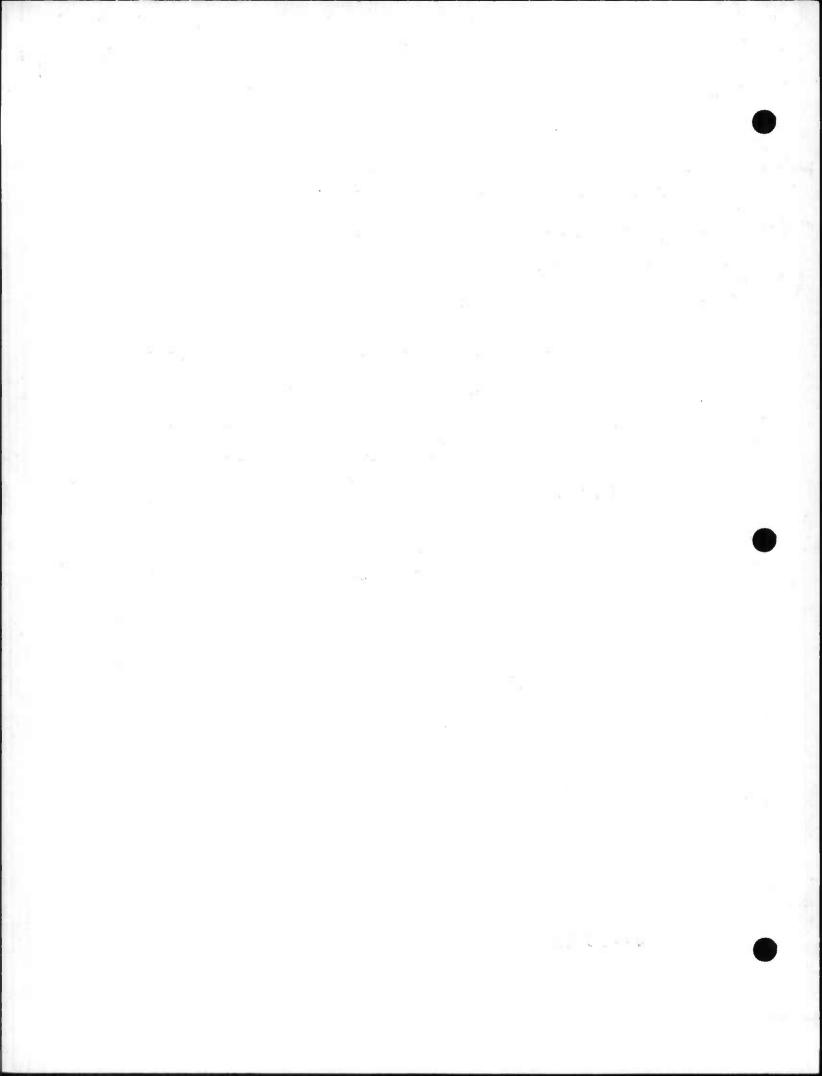
BALTIMORE, MARYLAND 21215-003

		1 - STATE REGISTRAR	STATE OF N	MARYLA	ND / DEPAR CERTIF						YGIENE EG. NO.			
		1. DECEDENT'S NAME (First, Middle, La	st)							2. DATE OF I		,	YEAR 3.	TIME OF DEATH
		Mary Kathe	erine Mu	sacch	n yrs. lest birthday)	IF UNDER 1	VEAR T	IF UNDER 2		7. DATE OF E	11	95		10:55 AM
1123		281-42-1998	1 🗆 M 2 🔀 🗲	56		MONTHS	DAYS	HOURS	MIN.	(Month, Da	5/193	1	Country)	ACE (State or Foreign Ohio
1 25	F	9a. FACILITY NAME (If not institution, gir	ve street and number)			9b. CITY,	TOWN OF	LOCATION	OF DE		1		TY OF DEAT	
	5	427 Razor Str	cap Road			Nor	rth 1	East				Ce	ecil	
MILL	DIRECTOR	10a. STATE 10b. COU			10c. CIT	Y, TOWN OF	R LOCATIO	ON		_			10	d. INSIDE CITY
Alt.	- 6	Maryland	Cecil			Nort								YES XX NO
	RAI	10e. STREET AND NUMBER	n Dand					ZIP CODE				10g. CITIZ	EN OF WHA	T COUNTRY?
020 physician. burial-tran	FUNERAL	427 Razor Stra	12. WAS DECEDEN	T EVER IN	U.S. ARMED	13. W	AS DECE	21901 NDENT OF	HISPANI	IC ORIGIN? (S	pecify Yea	or No—	14. RACE —	American Indian,
5-0020 Inding physic Is the burial	BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE W	WAR OR OA	Z KINO TES			cify Cuban, NO		, Puarto Ricar	n, atc.)		Specify:	Thite, atc.
_ a) (0	ED E	15. DECEDENT'S E				NT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY						White		
12 July 20 Jul	ᆸ	(Specify only highest gr Elementary/Secondary (0-12)	tiollege (1-4 or 5 s	+)	(Give kind of all the Do NOT us	d of work done during most of working IOT use retired.)								
AND 2 the hospital detached fo	COMPL	9 17. FATHER'S NAME (First, Middle, Lest)	0		НС	me ma	aker				In h			
# & & &	ECC	Edward Smi							abel	le Ab	e, Maiden S Drams			
MARY retained by 5 should be	TO B	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street an			oute Number, C			Code)	
2 S S S S S S S S S S S S S S S S S S S		Michael L. Phil	llips				_		d.,	North				
		20e. METHOD OF DISPOSITION 1 Surial 2 Cremetion 3 R 4 Donation 5 Other (Specify)	emoval from Stata	ceme	PLACE AND DATE of the state of	ther plecel				1:/16			elty or Town,	
FIM Page ral dire		21. SIGNATURE OF FUNERAL SERVICE	alkwood	22. N	AME AND	ADDRESS	OF FAC	HITY				aryland		
	Kesiten Amy Cinglesbee						arrii	ng-Ca een	argo Mar	Funer yland	ral H 2100	ome,	P.A.	
\$ > E 5		23. PART i. Enter the diseases, a shock, or heart fellur	or complications that	t ceused	the desth. Do i	not enter t	the mod	e of dying	g, such	ss cerdiec	or respir	atory erre	st,	Approximete
filled in b on, or rer		IMMEDIATE CAUSE (Finel disease or condition												Onset and Death
ompletely il, cremati		resulting in death)	s. Lus	OF AS A	CONSEQUENCE O	F):								eyrs
			b,			. , .								
Ser i Gara	RTIFICATION	Sequentieily list conditions, if sny, leeding to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A	CONSEQUENCE O	F):								
Phys phys	FIC	CAUSE (Diseese or injury that initiated evente	c	(OR AS A	CONSEQUENCE O	F):								
F E E D	117	resulting in deeth) LAST	d											1
HDS, P at the death by the atten and Mental I w injury, o	CAL C	PART II. Other eignificent condit	ione contributing to	deeth bu	t not recuiting	in the und	derlying	ceuee giv	ven in F	Pert i, 24s	. WAS AN A			RE AUTOPSY FINDINGS
and the chart										1[PERFORM		CO	AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?
w requires that the pt. of Health a	MEDI					_				_			1 (YES 2 NO
AL He law has by Dept.	1 2	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL		TO C	CAUSE OF	DEATH			NO ATH (Che	ck only one)				
F VIIAL SICIAN: The law certificate has the State Dep	SIC	EXAMINER?	HOSPITAL:	ER/Outpa	itlent 3 🗆 DOA	OTHER:	:			6 Other (Sp	ecify)			
ON ATTENDING PHYSICIAN: The law requires OR ATTENDING PHYSICIAN: The law requires DIRECTOR: After this certificate has been sign hours after death with the State Dept. of Health 28 is marked, or litem 23 shows.	1 7 1	27. MANNER OF DEATH 1 Netural 5 Pending	26e. DATE OF (Month, D		26b. TIM	IE OF 2	28c, INJU WOR	K?		28d. DEŞCRI	BE HOW IN	JURY OCCI	URED	
UDING PHYS : After this of death with the marked to the standard to the stand		2 Accident Investigation	28a PLACE O	F INJURY	— At home, farm,	M street, factor	1 YE	S 2 🗌		261, LOCATIO	N /Street an	el Number c	or Burni Bout	n Alumbar
OR ATTENDIN OR ATTENDIN DIRECTOR: Aft hours after dea		- Codid Not	3 Suicide 6 Could not be determined 6 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. LOCATION (Street and Number or Rural Route Number, City or Yourn, Stete)											
AL OR AT L DIRECT	PLE		YSICIAN: To the beat of	my knowle	edge, death occurr	ed at the tim	ne, date e	nd placa, a	and due t	lo the cause(s) and mann	er aa state	d.	
TO THE HOSPITAL C TO THE FUNERAL D be filed within 72 hc	COMPLET		INER: On the basis of a	xamination	end/or investigation	on, in my op	olnion, de	eth occured	d at the t	lime, data and	place, and	due to the	cause(a) an	id menner as stated,
THE H Fled w	BE	29b. SIGNATURE AND TITLE OF CERTIF	FIER					29c. LICEN				29d. DATE	SIGNED (MO	onth, Day, Year)
223	2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUS	SE OF DEA	TH (ITEM 27) (Type	, Print)			5314			- //	11/7	,
		Dr. Henry Farkas	, Northern	Che	sapeake	Hosp:	ice	239	S.	Bridge Elktor	e St.	Su: 219	ite 2 21	
		JAN 1 3 1995	32. RAGISTA	AN'S SIGNA	roall						******			
	1 1	פרכון מי אינועה	0											

The same of the sa

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed with hours after death. Page 6 may be retained by the hospital or attending the TO THE FUNESTOR: After this certificate has been signed by the attending physician and completely filled in both the funeral director, page 5 should be detached for use as the line within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to build, creamation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			IENTAL HYGIENI REG. NO.	E	
	t. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		3. TIME OF DEATH
	Ellsworth Fra	nk McKay			I.	January 12	,1995 ^E	11:30 P.M.M
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH	8. B	IRTHPLACE (State or Foreign
	217-12-6788	1 5 M 2 □ F 70	YRS.	ONTHS DAYS	HOURS MIN.	Jan. 4,192		ryland
	9a. FACILITY NAME (If not institution, give str	reut and number)	13	b. CITY, TOWN	OR LOCATION OF DEA		9c. COUNTY (
DIRECTOR	Bel Air Convalesc	ent Center		Bel Ai	<u> </u>		Harfo	rd
R	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
	Maryland Harfor	<u>cl</u>	Abi	ngdon				1 TES 2 1 NO
FUNERAL	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
剪	3805 D Memory La				21009		USA	
5	tt. MARITAL STATUS t Never Married 2 X Married	12. WAS DECEDENT EVER I	N U.S. ARMED		ENDENT OF HISPANI ecify Cuban, Maxican,	C ORIGIN? (Specify Yes Puerto Rican, etc.)		RACE — American Indian, Black, White, etc.
BY	3 Widowed 4 Divorced	FORCES? 1 TYES			2 NO Specify:			Specify:
	15. OECEDENT'S EDUC	WW]	16a. DECEDENT'S U	SUAL OCCUPATION	N .	16b. KIND OF BUS	INFES (INDITION	White
	(Specify only highest grade of Elementary/Secondary (0-12)			rk done during mo		IOU. KIND OF BOS	INESS/INDOST	11
3	The state of the s	-Year	Locksmith	1		State Go	vernme	nt
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAM	E (First, Middle, Maiden	_	
BE C	Ellsworth Fra	nk McKay	7		Katherin		Bu	rv
10 8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a		oute Number, City or Town	, State, Zip Code	9)
F	Betty Marie McKa	Υ	3805 [Memory	Lane A	bingdon, Mc	. 2100	9
	20e. METHOD OF DISPOSITION 1 ☐ Burlel 2 🏋 Cremation 3 ☐ Ramo		D. PLACE AND DATE OF		rme of	DATE 20c. LOC	CATION — City of	or Town, State
	4 Donation 5 Other (Specify)	I		S	1-	13-95 W. C	hester	.Pa.
	22. NAME AND ADDRESS OF FACILITY HOWARD K. McComas III Funeral Home P.A. 1317 Cokesbury Rd. Abingdon, Md. 21009 23. PART I. Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate							
	IMMEDIATE CAUSE (Final	Jet billy bne caluse bn a	lach line.					Interval Between Onset and Death
- 1	disease Dr condition resulting in death)	. 4 Oute	Hola	,				
	The state of the s	DUE TO (OR AS	A CONSEQUENCE OF):					
N	Sequentially list conditions,	ACuto		when'				
Ĕ	if any, leading to immediate cause. Enter UNDERLYING	DOE TO (OR AS	A CONSEQUENCE OF):					
5	CAUSE (Diseese or injury	DUE TO (OR AS	A CONSEQUENCE OF):					
Ē	that initieted events reaulting in death) LAST	50E 10 (011 AS 1	A CONSEQUENCE OF).					j
CERTIFICATION		4						
	PART II. Other aignificant conditions	contributing to deeth I	out not recuiting in	the underlyin	g cause given in F	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
MEDICAL	Corona Antes	in de				1 YES 2		COMPLETION OF CAUSE OF DEATH?
ME	- Physic Uncc.	ds				_		1 YES 2 NO
								NA
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	burn	.26. PI Э ⊺н БА:	ACE OF DEATH (Chec	ck only one)		
YSI	1 TYES 2 TO NO	1 Inpatient 2 Fill Out	DOA DOA	Nursing Hon	e 5 🗆 Rasidence 6	Other (Specify)		
H	27. MANNED OF DEATH 1 Naturel 5 Pending	(Month, Day, Year)	26b. TIME	y wo	PRK3/ /	28d. DEŞCRIBE HOW II	JURY OCCURE	D
В	2 Accident Investigation	NA	NI		YES 2 NO	-	10/4	
ED	3 Suicide a Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Spe	r — At home, tarm, atr	eat, factory, offic		28t. LOCATION (Street a City or Town, State)	nd Number or Ru	ural Route Number,
H.	20a CERTIFIER		/(IN			10/4	
COMPLET		CIAN: To the beat of my know						
8	2 MEDICAL EXAMINER				leath occured at the t	ime, data and place, an	d due to the cau	zee(a) and menner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	1	Stephen GS	Maldere	29c. LICENSE NUM	BER	29d. DATE BIG	MED (Month, Day, Year)
2	20 NAME AND ADDRESS OF BEREIN	den ar		A	H4028	5	11/	1195
	30. NAME AND ADDRESS OF PERSON WHO	1 1/11 11:	1	0-1	Rol Si-	Md n	المراجع الما	
	31. DATE FILED (Month, Day, Year)	32 REGISTBAR'S SIGN	ATURE	101	WELL HIL	19 0	017	
	JAN 1 3 1995		x Randall			-		

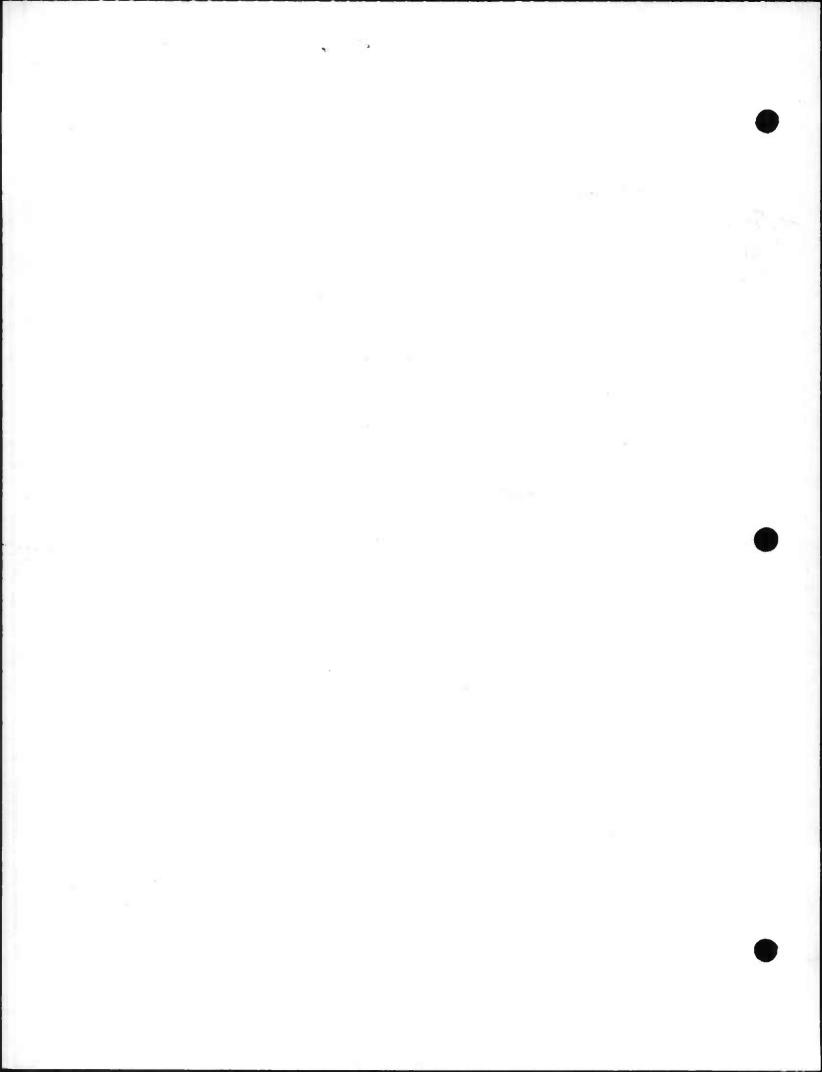


32. REGISTRAR'S SIGNATURE

JAN 2 0 1995

		Should		
	_	2		17
1	N.	THE NAME OF THE PARTY OF THE PA	i	1
(N	la tru	,	1
BALTIMORE, MARYLAND 21215-0020	N: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending providence.	illed in by the funeral director, page 5 should be detached for use as the human	in, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within Z4	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the funeral	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

						4	1					9	5	02685
)	J	02000
	FOR 1 STATE		STATE OF N	TARYLAND /	DEPAR	TMEN	OF H	EALTH	AND I	MENTAL I	HYGIEN	E		
	REGISTRAR 1. DECEDENT'S NAME (First	Middle Leath			ERTIF	ICATE	E OF	DEAI	Н		REG. NO.		_	
1 }	Garnett		-	M÷←	chell)				2. DATE OF MONTH	D/	**	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUM		nder s. sex	6. AGE (In yrs. le:		IF UNDER	1 VEAR	IF UNDER	04 1000	Janua:				12:30 P M
. 9	A SECONDARY STATE OF THE SECONDARY SECONDARY		1 🔀 M 2 🗆 F		YRS.	MONTHS	DAYS	HOURS	MIN	(Month, D	ay, Year)		Country	
	217-32-1827 9a. FACILITY NAME (If not in	/	**	84		9h CITY	TOWN O	R LOCATIO	_	Septen	ber	16,19	_	Maryland
ä	Physicians			ital			a Pl		JI 01 DE	-Ain				
E	RESIDENCE OF DEC	CEDENT	ar nospi	LLai		L	a ri	ata				Ch	arl	es
H	10a. STATE	10b. COUNTY	,			Y, TOWN C								10d. INSIDE CITY LIMITS?
0	Maryland 100. STREET AND NUMBER	Char:	les		I	ndia	_							1 X YES 2 NO
FUNERAL DIRECTOR							1	ZIP CODE						HAT COUNTRY?
M	1027 Straus		10 HM 0 D505D61					20640					U.S.	
F	1 Never Married 2 🔀		FORCES? 1	XYES 2 1	NO	1	If yes, spe	cify Cuba	n, Mexices	IIC ORIGIN? (S n, Puerto Rice	Specify Yes in, etc.)	or No-	14. RACE Black	- American Indian, , Whita, atc.
В	3 Widowed 4 Divo		1942-19				1 TYES	2 X) NO	Specify	<i>r</i> :			Specif	white
COMPLETED	15. DEC	EDENT'S EDUCAT	TION	16a. DE	CEDENT'S	USUAL O	CCUPATIO	N		16b, KJ	ND OF BUS	SINESS/INDU	ISTRY	
	Elementary/Secondary (I	1	College (1-4 or 5 +) iifa	. Do NOT u	se retired.)			g					
M	9	E 17 1 20		Pro	pell	ant 1	Make:	r			U.S.	Gove	rnme	ent
8	17. FATHER'S NAME (First, M							18. MOTH	ER'S NAI	ME (First, Midd	fle, Maiden	Surname)		
BE	Rosser L		ell						erti		eele			
2	Ethel G. Mitc Nancy M. M.	chell		19				nd Number	or Rural A	Route Number,	City or Town	n, State, Zip (Code)	
			_	20b. PLACE	Same		=							
	20a. METHOD QE DISPOSIT 1 Burlal 2 Crematic 4 Donation 5 Other	on 3 Ramova	al from Stata	cemetery, cre	ematory or o	ther place)				DATE		CATION — C		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Williams Funeral Home, P.A.													
	23. PART i. Enter the d	4/10/11	maileations that	<u> M006</u>	68		Rt	. 225	5 & (Glymor	nt Rd	., In	diar	Head, Md.
	shock or h	eart feliure. Lis	st only one caus	se on each line).		the mot	se or ayı	ng, sucr	n as cardied	or reap	ratory srre	et,	Approximate interval Between
	iMMEDIATE CAUSE (Fir disease or condition	nal		C_{α}	1	1								Onset and Death
	reaulting in deeth)	It.	DUE TO	OR AS A CONSE	OUENCE O	F):	The same							
z														İ
RTIFICATION	Sequentisliy list condit if sny, lesding to imme		DUE TO	OR AS A CONSE	DUENCE O	F):								
CA	ceuse. Enter UNDERLY													
F	thet initiated events resulting in deeth) LAS		DUE TO	OR AS A CONSE	OUENCE O	F):								
CER	Trouming in death, Exis	d.												
	PART ii. Other eignifica	int conditions	contributing to	deeth but not a	eeuiting	in the un	deriying	cause g	iven in I	Pert i. 24	a. WAS AN		24b.	WERE AUTOPSY FINDINGS
2	Collaga	- (L) 1	um		1.	Lya	ente	444			PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
Ä	attus	selecti	. Item	t Dr	u_	Cn								DF DEATH? 1 YES 2 NO
ż	DID TOBACCO U	SE CONTRIE	BUTE TO CAL	USE OF DEA	TH YE	S 🔲 I	10 D	UNC	ERTAIN	1 🗆				
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER?		IOSPITAL:	26. PLAC	E OF DEA	OTHER								
YSi	1 TES 2 TINO		Umpetient 2 🗆		_	4 🗌 Nun	ing Home		eldence	6 🗆 Other (S	pecify)			
	27. MANNER OF DEATH 1 Natural 5	Pending	26e. DATE OF (Month, Da	injury iy, Year)	26b. TIM	URY	26c. INJU WOI	RK?		26d. DEŞCR	BE HOW IP	NJURY OCCL	JRED	
BY	2 Culate	Investigation	26a. PLACE OF	INJURY — At ho	me farm	strant fact		ES 2	NO	26f. LOCATIO	M /Otmat a	and Alexandra	- Orient O	and More and
COMPLETED		Could not be determined	building,	ntc. (Specify)	, 141111,	remar, race	ory, orne				own, State)	no Number (r muniii m	oute Namber,
	29a. CERTIFIER	TEVING DUVEICIA	N: To the best of	mu knowledou de			C. STATE			Aurena a				
M			N: To the best of a											and manner ee stated.
	29b. SIGNATURE AND TITLE				- Juganit	,	,, de				- proce, an			
B	THE MINISTER AND THE	12-	n + 1	Duly.	M	1		D_O				29d. DATE	. 1	(Month, Day, Year)
2	30. NAME AND ADDRESS OF	F PERSON WHO C	COMPLETED CAUS	E OF DEATH (ITE	-		115-		1009		1000	T 1		• 10
	Henry L.				, 1.7,00		Ta D	A La	Gra	nge A	venue	e, P.C). B	ox 591
	04 DATE EU ED 44 0	16-1				-	LUL I	<u>-uld</u>	, 110	т у тан	1 20	/040		



DHMH-16 Rev 1/89

FOR 1 - STATE

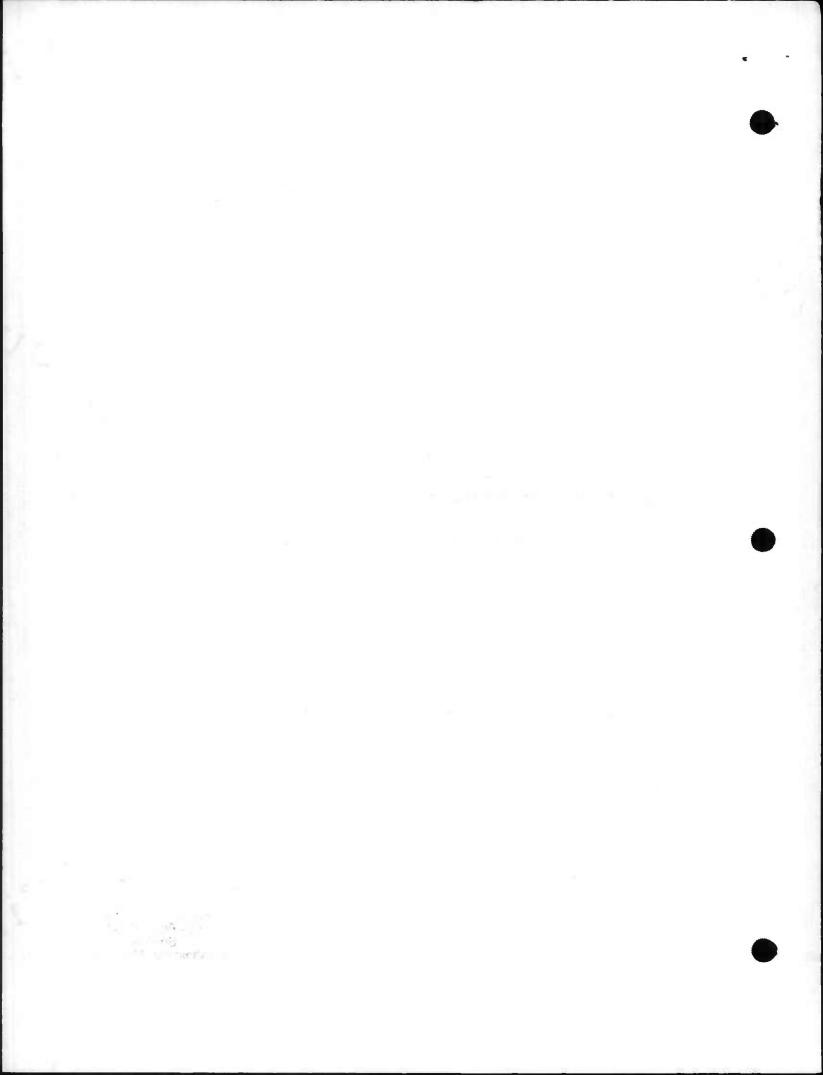
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE C	F DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Lest)	GENEVIEV	Е Т.	M	ANN	2. DATE OF DEATH MONTH D	AY	YEAR	3. TIME OF DEATH
						JAN. 17	, 19	95	10:05 PM
	4. SOCIAL SECURITY NUMBER 176-07-5595	5. SEX 6. AC	GE (In yrs. lest birthday) 80 YRS.	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year) 2/14/19		Counti	
	9e. FACILITY NAME (If not institution, give str		80 YAS.		VN OR LOCATION OF DE				nnsylvania
Œ				96. CITY, TOV	DEATH				
DIRECTOR	2324 BEREN LANE	5		WES	<u>TMINSTER</u>		CA	RRO	LL
EC.	10e. STATE 10b. COUNTY		10c. CITY	TOWN OR LO	CATION				10d. INSIDE CITY
5	MARYLAND	CARROLL	W	ESTMI	NSTER				LIMITS?
AL	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITI	ZEN OF	WHAT COUNTRY?
FUNERAL	2324 BEREN LANE	C .			211	57		USA	
֓֟֝֟֝֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓		12. WAS DECEDENT EVE FORCES? 1 Y	R IN U.S. ARMED			NIC ORIGIN? (Specify Yes	or No-	14. RACI	E — American Indien, k, White, etc.
ВУ	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OF		1 🗆	, specify Cuben, Maxice YES 2 NO Specify	y:	- 1	Spec	
	15. DECEDENT'S EDUC	AT ON	AL DECEDENTIA	101111 00011					MUTIE
Ë	(Specify only highest grade of	ompleted)	(Give kind of we life. Do NOT use	ork done during retired.)	most of working	16b. KIND OF BU	SINESS/IND	JUSTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5+)		LES (RETAI	L		(3)
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surneme)		
BEC	TH	OMAS E. (donnell donnell		BR	IDGET	LO	OFTU	JS
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str	et end Number or Rural	Route Number, City or Tow	m, State, Zip	Code)	
임	GREGORY MANN		2324	BEREN	LANE, W	ESTMINST	ER,	MD.	21157
	20a METHOD OF DISPOSITION 1 DABurlet 2 Cremation 3 Ramon		20b. PLACE AND DATE O				CATION —	-	· ·
	4 Donetion 5 Other (Specify)	(CALVARY C			/21/9 \$ CI	EAR	FIEL	LD, PA.
	21. SIGNATURE OF FUNERAL SERVICE LICE	HIEF A	-1	22. NAM	E AND ADDRESS OF FA	CILITY FLETCI	HER	FUN:	ERAL HOME
	1. Juny	lighton	all	254	E. MAIN	ST., WES	TMIN	STE	R,MD.21157
П	23. PART i. Enter the diseasea, or co shock, or heart failure. L	producetions that/cad	sed the deeth. Do no	ot enter the	mode of dying, auc	h as cardiec or reap	iratory arr	eat,	Approximate
	IMMEDIATE CAUSE (Final	at Drily Dria cause Di	. 0						intarval Between Onset and Daath
	disease or condition resulting in death)	ME AST.	ATIC KY	ENAC	CA				
		DUE TO (OR A	S A CONSEQUENCE OF):					
8	Sequentially list conditions, 6.								
Ĕ	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	S A CONSEQUENCE OF):					
윤	CAUSE (Diseese or injury that initiated events	DUE TO (OR A	S A CONSEQUENCE OF):					
CERTIFICATION	reaulting in death) LAST								
	DADE II Obbas desiliana and Mila								
EDICAL	PART II. Other significant conditions	contributing to deat	h but not resulting in	the undari	ying cause given in	Part i. 24s. WAS AN PERFOR		24b	MAILABLE PRIOR TO
ă						1 _ YES 2	□ NO		OF DEATH?
Ξ	DID TORACCO HEE	CONTRIBUTE	0.01110-0-						1 TES 2 NO
PHYSICIAN:	DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL	ONIKIBULE I	O CAUSE OF						
2	EXAMINER?	HOSPITAL:		OTHER:	L PLACE OF DEATH (Ch				
448	27. MANUER OF DEATH	28e. DATE OF INJUI			INJURY AT	8 Other (Specify) 28d, DESCRIBE HOW I	N IUDY OC	CHEE	
	Natural 5 Pending	(Month, Day, Yea		IRY	WORK?	200. DESCRIBE NOW I	NJUNT OCC	JUNEO	
ВУ	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJU	JRY — Al home, lerm, at			281. LOCATION (Street	and Number	or Rural i	Route Number
띮	4 Homicide 8 Could not be determined	building, atc. (S	Specify)			City or Town, Stete)			,
۳	290. CERTIFIER 1 CERTIFYING PHYSIC	AN: To the best of my kr	nowledge death occurre	1 at the time	teta and place and due	to the association and man			
COMPLETE	(Check only 2 MEDICAL EXAMINER								s) and menner ee stated.
- 1	29b. SIGNATURE AND TITLE OF CERTIFIER	Λ			29¢. LICENSE NUI			-	(Month, Desc-Year)
BE	Holino ku	tu M	D		1353	98	▶ 1	110	G (
2	30. HAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print)		. (3	<u>'</u>	110	1 (1-
	1					Flavi	o Krute	er. M	.D.
	31. OATE FILED (Month, Day, Year)	32. REGISTRAR'S S	GNATURE				Poole	Roa	
	1995 Jana a	Hudson Renda	ц			144	Suite		1157
				· · · · ·		Wealthi	TOTOL.	MU 2	++6/

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Jours aim death. Page 6 may be retained by the broopsil or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or minosis.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the imedical examiner must be notified at once. BALTIMORE, MARYLAND 21215-00

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit p. on, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit page within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

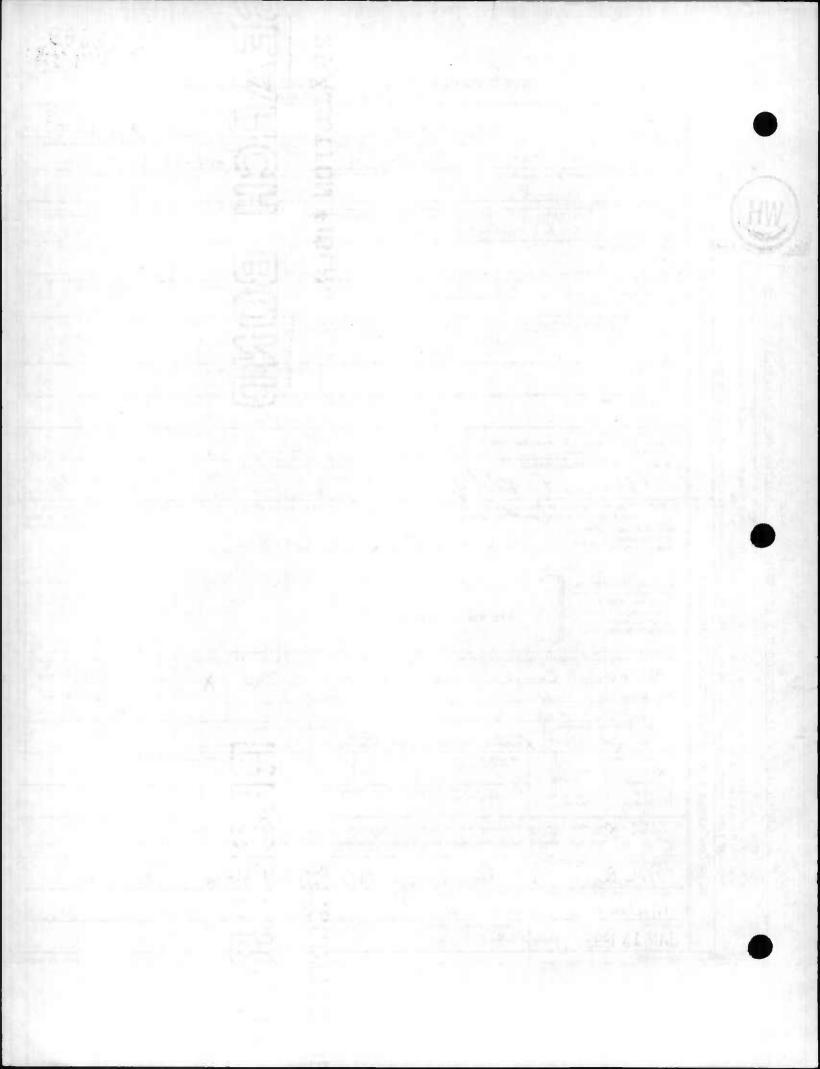
	1 - FOR STATE REGISTRAR	STATE OF MARY		TMENT OF H		MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	c.		VOR		2. DATE OF DEATH	N 199	EAR SOCAM	
	4. SOCIAL SECURITY NUMBER 578-52-1001	5. SEX 6. AGE	(In yrs. lest birthday) 76 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) AUG 22,1	918	BIRTHPLACE (State or Foreign Country) VIRGINIA	
TOR	99. FACILITY NAME (If not institution, give a PRINCE GEORGE!			_	TEVERLY	EATH	PRINC	OF DEATH E GEORGE 'S	
DIRECTOR	10e. STATE 10b. COUNT	CE GEORGE'S		Y, TOWN OR LOCAT				10d, INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 1401 KINGSV.				20721		10g. CITIZER	OF WHAT COUNTRY?	
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 X NO		ENDENT OF HISPAN	IIC ORIGIN? (Specify Year, Puerto Rican, etc.)	or No 14.	RACE — American Indian, Black, White, etc. Specify:	
TED	15. DECEDENT'S EDU (Specify only highest grade	C/ITION completed)	18e. DECEDENT'S (Give kind of v	USUAL OCCUPATION CONTROL OCCUPAT	ON st of working	16b. KIND OF BU	SINESS/INDUS		
COMPLETED	Elementary/Secondary (0-12) 8th	College (1-4 or 5+)	DOMESTI				P	VT.	
	17. FATHER'S NAME (First, Middle, Last) JAMES MINOR				200.00	ME (First, Middle, Maiden	Sumame)		
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street e	nd Number or Rural F	Route Number, City or Tow	n, State, Zip Co	de) 20721	
	NANCY DAVIS/ DAUG 200. METHOD OF DISPOSITION	20	1401			E MITCHELI		, MARYLAND	
	1 X Burlel 2 Cremetion 3 Rem- 4 Donetion 5 Other (Specify)	Form State	Metery, cremetory or ot HARMONY M	ther place) EMORIAL	PARK	1/9/95 LA		MARYLAND	
	Judwand of Blayson 7474 LANDOVER ROAD LANDOVER, MARYLAND								
rion	23. PART I. Enter the diseases, or complications that caused the dasth. Do not enter the mode of dying, such as cardiac or respiretory errest, ahock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death disease or condition resulting in death) Sequentially list conditions, if any, lasding to immediate								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	r) :					
MEDICAL C	PART ii. Other significant condition	B contributing to death	but not resulting i	n the underlying	cause given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
N.	DID TOBACCO USE CONTI	RIBUTE TO CAUSE O	OF DEATH YE	S I NO X	UNCERTAIN	<u>-</u> -		1 TYES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO	HOSPITAL:	26. PLACE OF DEAT	OTHER:	5 🗆 Residence	8 C Other (Provided			
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	E OF 28c. INJU	JRY AT	28d. DESCRIBE HOW I	NJURY OCCUR	ED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	26e. PLACE OF INJUR building, etc. (Spa	Y — At home, farm, s			261. LOCATION (Street a City or Town, State)	and Number or F	Tural Route Number,	
COMPLETED		CIAN: To the best of my know						ouse(a) and menner ee stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	CN NO	*************************		29c. LICENSE NUM	BER 70	29d DATE SI	GNED (Month, Day, Year)	
5	39. HAND AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, 70)	Print) FTO NI	P. LA	RED, MIS	207	7,1775	
	31. DATE FILED (Month, Day, Year)	32 MEDISTRAR'S SIGN	NATURE AND ALL				<i>y t</i>		

	S. Tall
BALTIMORE, MARYLAND 21215-0020	Frours after death. Page 6 may be retained by the hospital or attending th sicial. filled in by the funeral director, page 5 should be detached for use as the burial capair or mill. P. or, removal. The medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68769	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the fours after death. Page 5 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial space form. The first charter of the state begin or Health and Mental Hydrene prior to burial, cremation, or removal.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA			HEALTH AND	MENT	AL HYGIEN			
	1. DECEDENT'S NAME (Spir, Middle, Last)	/	nc FA	RLIN		2. DAT	E OF DEATH 6	199	S. TIME OF DEATH A	
	250-90-1434	™ M 2 □ F	yrs. last birthday) 44 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	ocT	E OF BIRTH	50 S	BIRTHPLACE (State or Foreign OUTH CAROLINA	
TOR	9a. FACILITY NAME (If not inetitution, give atreet 7521 - 75th AVENUE RESIDENCE OF DECEDENT	and number)			OR LOCATION OF D	EATH			Y OF DEATH E GEORGE 'S	
DIRECTOR		GEORGE'S	10c. CIT	Y, TOWN OR LOC LANDOV					10d. INSIDE CITY LIMITS? 1 XXES 2 NO	
FUNERAL	7521-75th AVENUE				01. ZIP CODE 20785				N OF WHAT COUNTRY? USA	
В	1 Never Married 2 Married 3 Widowed 4 Divorced	. WAS DECEDENT EVER IN U FORCES? TO YES IF YES, GIVE WAR OR DAT TREORCE	J.S. ARMED 2 NO ES	If yes,	ECENDENT OF HISPA specify Cuban, Maxic S 2 NO Speci	an, Puarto	IN? (Specify Yes Rican, atc.)	or No-	Black, White, etc. Specify: BLACK	
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade cont Elementary/Secondary (0-12)	on apleted) college (1-4 or 5+) 2YRS •	life. Do NOT us	work done during i	nost of working	16	b. KIND OF BUS	PVT.	STRY	
BE COM	17. FATHER'S NAME (First, Middle, Lest) ANTHORIA MCFA.F	RLIN			16. MOTHER'S NA BERN			Surname)		
TO E	7	BROTHER	15308	JENNIN	and Number or Rural IGS LANE]	Route Nui	E, MARY	LAND	20721	
	20e. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Removal 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENS	from State cernet	LACE AND DATE (ary, cremetory or of HURCH C	ther place) EME:TERY			8/95 CF	ESTER	y or Town, State SOUTH FIELD, CAROLINA	
ŀ	Juanary	ed. De	axto	7474	LANDOV	ER	ROAD I	LANDO	ME 20785 VER, MARYLAND	
CERTIFICATION	Approximate shock, or heart failure. List only one ceuse on each line. Approximate interval Betw Onset and D DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
CERTIF	thet initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF	7):						
¥.	PART II. Other significent conditions of	ontributing to death but	not resulting i	n the underlyi	ng ceuse given in	Part I.	24a. WAS AN. PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIB		DEATH YE			N 🔀			1 TYES 2 NO	
YSICI	EXAMINER?	OSPITAL: Inpetient 2 ER/Outpet		OTHER:	me 5 Residence	6 - Ott	er (Specify)			
BY PH	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)		M 1	JURY AT ORK? YES 2 NO	28d. Di	SCRIBE HOW IN	YJURY OCCUI	RED	
	3 Suicide 6 Could not be determined	28a. PLACE OF INJURY — building, atc. (Specify	At home, farm, s	streat, factory, of	Ice	28f. LO C/f	CATION (Street a y or Town, State)	nd Number or	Rural Route Number,	
COMPLETED		To the best of my knowled							cause(s) and manner as stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIEN 30. NAME AND ADDRESS OF PERSON, WHO CO	H (ITEM 27) (Type	28e LICENSE NUMBER 13879					DATE SIGNED (Month, Day, Year)		
		OMPLETED RAUSE OF DEATH		OFTON	DR.L	BZ	60M	10 20	772	
	JAN 06 1995	32. REGISTRAR'S SIGNAT	or Kardall	6						

ND 21215-0020	rospital or attending physician.	ched for use as the burial-transit	and an	
BALTIMORE, MARYLAND 21215-0020	TO THE MOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	n certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, eremation, or removal.	or other traumatic event, the medic	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	IYSICIAN: The law requires that the death	is certificate has been signed by the attered the State Dept. of Health and Mental	ed, or Item 23 shows any Injury, o	
DIVISION C	TO THE HOSPITAL OR ATTENDING PHY	TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death with	IMPORTANT: If Item 28 is marke	

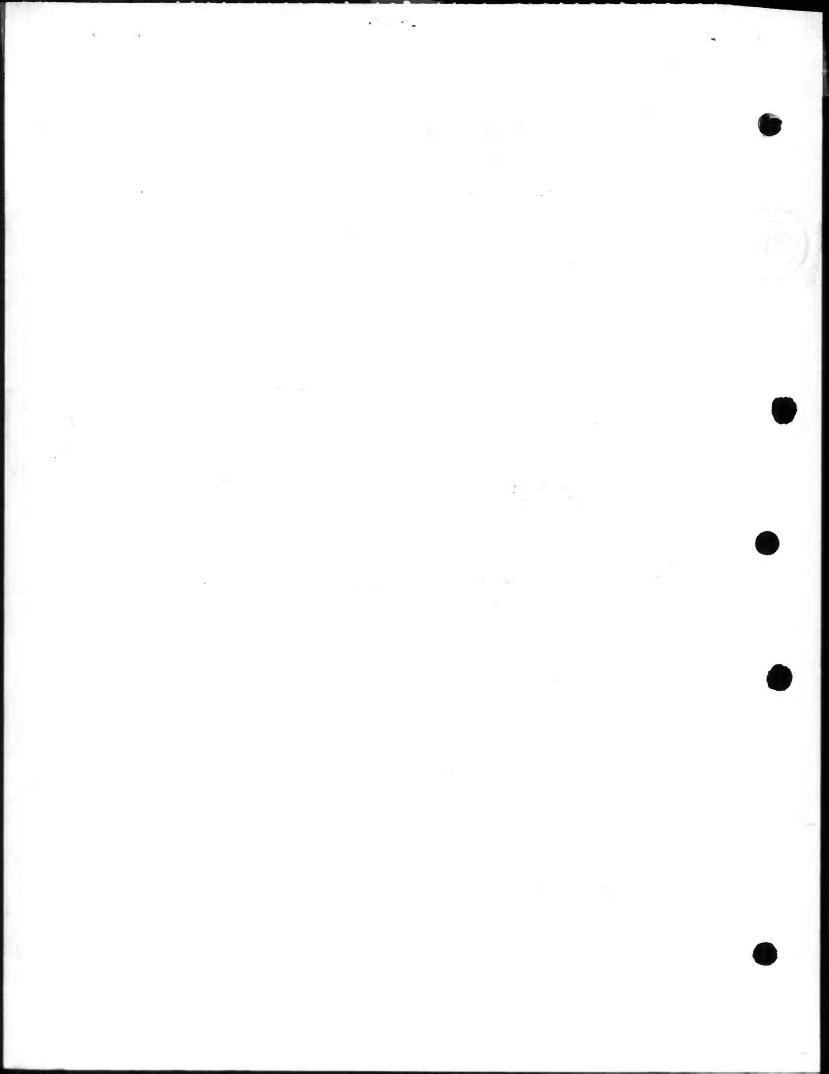
1 - STATE REGISTRAR	STATE UF MA		PAKIMEN FIFICAT				MENIAL	HYGIEN REG. NO				
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH			3. TIME OF DEATH	
JAMES V.	Mo,	NTAIN	V				MONTH	1	2	95	12 12	
4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birth		ER 1 YEAR	IF UNDE	1 24 HRS.	7. DATE OF		0-	8. SIRTH	PLACE (Steta or Foreign	
263-24-4659	1 🕸 M 2 🗆 F	75 v	RS. MONTHE	DAYS	HOURS	MIN.	(Month, E	Nay, Year)	19	Penr	nsylvania	
9e. FACILITY NAME (If not institution, give etre	et end number)		9b. Cr	TY, TOWN	DR LOCATI	ON OF DE		1-1	9c. COI	JNTY OF D		
Holy Cross Hospita	a.1				Spr					tgome		
RESIDENCE OF DECEDENT							-8					
10a. STATE 10b. COUNTY			c. CITY, TOWN								10d. INSIDE CITY LIMITS?	
	e George'	s I	Hyatts	vill	.e						1 X YES 2 NO	
10e. STREET AND NUMBER				10	H. ZIP COD		-		10g. CI	FIZEN OF W	HAT COUNTRY?	
7973 Riggs Road -	Apt.#2				207	83	ni		U.S	.A.		
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR	YES 2 NO	10	If yes, s		n, Mexica	ISPANIC ORIGIN? (Specify Yes or No— lexicen, Puerto Ricen, etc.) Specify:			Black	14. RACE — American Indian, Black, White, etc. Specify:	
	WWII						-				White	
15. DECEDENT'S EDUCA (Specify only highest grade of		(Chen ble	ent's USUAL	a discharge as	the are he see	ng		IND OF BU				
Elementary/Secondary (0-12)	College (1-4 or 5+)		VOT use retired								ithority	
10		Opera	tions	Cont	,					DC		
17. FATHER'S NAME (First, Middle, Last)							ME (First, Mid	dle, Maiden	Surname)			
Joseph Mountain			Minnie									
19e. INFORMANT'S NAME (Type/Print)							Route Number,				1.42	
Marie F. Mountain 7973 Riggs Road Apt#2, Hyati									11e,	MD 2	20783	
20e METHOD OF DISPOSITION 1 N Buriel 2 Cremetion 3 Remove	ni from State	20b. PLACE AND C			ame of		OATE	20c. LC	CATION -	- City or To	wn, State	
4 Donation 6 Other (Specify) George Washington Cemetery 1/16/95 Adelphi, Ma										Maryland		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Francis Gasch's Sons Funeral Home,											D 4	
> (gearly 7	, 1314	1									ne, P.A. e, MD 2078	
disease or condition resulting in death) a. Metastatic Tymak of Leff Athium DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (DR AS A CONSEQUENCE OF): c. DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF):												
PART II. Other algorificant conditions Metastatic Ca Stomach PAGState and 25. WAS CASE REFERRED TO MEDICAL	contributing to de	Parc.		thy!	20id	glan	1	4a. WAS AN PERFO YES	RMED?		WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATURE 1 DOYES 2 NO	
EXAMINER?	HOSPITAL:	0/0-disable a	ОТН	ER:								
27. MANNER OF DEATH	28e, DATE OF IN.		b. TIME OF	_	JURY AT	esidence	6 Other (S		IN HIPV C	CHRED		
1 Netural 5 Pending	(Month, Day,		INJURY	W	ORK?	TNC	200. DESCH	HOL HUW	INDUNT O	COMED		
2 Accident Investigation	26. Bi 405.05 II	MILLION AA Daren d				_ NO						
3 Suicide 6 Could not be determined	building, etc	NJURY — At home, f (Specify)	erm, street, fa	ectory, offi	ce		261. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
29e. CERTIFIER (Check only 1 CERTIFYINO PHYSICI (Check only 1 CERTIFYINO PHYSICI (Check only 1 CHeck only 1 CHeck only 1 CHeck only 1 CHeck only 1 CHeck only 1 CHeck only 1 Check only 1 C	On the besis of exam	uslana	(Type, Print)	y opinion,	death occu	ense nui	MBER 3		nd due to	the couse(s	(Month, Day, Year)	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	GIONATURE	IVII IV	01-10	1 00	11101	SIMU)	15-17/	71000	PC 70003	
JAN 13 1995 Jah	a d'avelor h	ardally										



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR		STATE OF MAI					ALTH AND	D MEI	NTAL HYGIEN	E		
1. DECEDENT'S NAME (First,	Middle, Last)								DATE OF DEATH			3. TIME OF DEATH
Juli	9	MAT	-cd1	10					MONTH DA	Υ (YEAR	11:30 P M
4. SOCIAL SECURITY NUMB	/		AGE (In yrs. lesi		IF UNDER 1	YEAR	IF UNDER 24 HR	s. 7. (DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign
214-36-2023	3 1	□ M 2 🔏F	86	YRS.	MONTHS	DAYS I	HOURS MIN	. N	ov. 30°1	908	Pitt	sburgh
9e. FACILITY NAME (If not in	· ·			9b. CITY, TOWN OR LOCATION OF DEATH								Mylvania
Anne Arund	del Medi	cal Cent	er	- 1		Ann	apolis	3		Ann	e Arı	ındel
RESIDENCE OF DEC												
10a. STATE	10b. COUNTY				, TOWN OR		N					10d. INSIDE CITY LIMITS?
Maryland	Anne Ar	undel Co	unty	Ar	napo							1 YES 2 NO
10e. STREET AND NUMBER	986 Ri	vers Edg	e Circ	le			1401					HAT COUNTRY? States
11. MARITAL STATUS		. WAS DECEDENT EX	ER IN U.S. AB		13. W			PANIC O	RIGIN? (Specify Yee			- American Indian,
1 Never Married 2 3 Widowed 4 Divo	Merried	FORCES? 1 [YES 2/LAN	10	11	yee, spec	ify Cuben, Me:	xican, Pu ecify:	ierto Rican, etc.)		Black	White etc.
15. DEC	EDENT'S EDUCATI	ION	16a. DE	CEOENT'S	USUAL OCC	CUPATION			16b. KIND OF BUS	INESS/INI		
(Specify onl) Elementary/Secondary (0	y highest grade com	college (1-4 or 5+)	(Gi	ve kind of w Do NOT use	ork done du retired.)	ring most	of working					
-12-			Ho	memak	er				Sel	f		
17. FATHER'S NAME (First, M.							IS. MOTNER'S	NAME (First, Middle, Melden	Sumame)		
	Jo	hn	Zufo	vsky			Julia	a	Svec			
Darlene Lo		sitano							Number, City or Town			21114
			20b. PLACE A						DATE 20c. LOC			
20e. METNOD OF DISPOSITE 1 Burlel 2 Crematio 4 Donation 5 Other		from State	Metr	70011	tan	Crem	atory	1-9	-95 Alex	andr	ia, V	/irginia
21. SIGNATURE OF FUNERA	L SERVICE LICENS	BEE							eral Hom			
Kole	It E	Evas	12	ta	16	000	Annapo	lis	Road, B	owie	, Mar	yland 20715
23. PART i. Enter the di	seeses, or com	plicetione that ce t only one ceuse	used the de	eth. Do n	ot enter t	he mode	of dying, s	such sa	cerdiec or respi	ratory ar	rest,	Approximete
IMMEDIATE CAUSE (Fin disease or condition resulting in death)		DUE TO (OR			1 FEA	HLU	CRE.					Interval Between Onset and Death
		DUE TO (OR	AS A CONSEC	UENCE OF	1 68			77 .	RED RIB			42-001
Sequentially list conditi if any, leading to immed		OUE TO (OR	AS A CONSEC	UENCE OF):				KEG 1910	4		13775
ceuse. Enter UNDERLYi CAUSE (Disease or inju		FAL										4 DMy
that initieted events			AS A CONSEC									
resulting in death) LAS	d	1-446	DIFTO	نس	AN"	DP	REREM	Utr	Aross	nia		
PART ii. Other significe	nt conditions co	ontributing to de	eth but not re	esuiting is	n the und	erivina	euse given	In Part	i. 24a. WAS AN	AUTOPSY	24h	WERE AUTOPSY FINDINGS
		Freeze						1000	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
												1 YES 2 NO
DID TOBACCO U	SE CONTRIB	UTE TO CAUS	E OF DEA	TH YE	S 🗆 N	0 🗆	UNCERT	AIN [
25. WAS CASE REFERRED TO EXAMINER?			26. PLAC	E OF DEAT								
1 TES 2 NO		OSPITAL:	/Outpatient 3	□ DOA	OTHER:		5 🗆 Residen	ce 8 🗆	Other (Specify)			
27. MANNER OF DEATN		28e. DATE OF INJ (Month, Day,)		28b. TIME	OF 2	8c. INJUF	RY AT		. OEȘCRIBE HOW II	NJURY OC	CUREO	
	Pending investigation	(Worth, Day,		INJU	M	# WORK	S 2 NO					
3 Suicide 8	Could not be	28e. PLACE OF IN building, etc.	JURY — At hor (Specify)	me, ferm, si	treet, factor	ry, office		281.	LOCATION (Street e City or Town, State)	nd Numbe	r or Rural R	oute Number,
4 Nomicide	getermined a											
		N: To the best of my										end menner ee stated.
29b. SIGNATURE AND TITLE	OF CERTIFICATION					13	9c. LICENSE	NUMBER		29d. OAT	E SIGNED	(Month, Day, Year)
20 NAME AND ADDRESS OF	1						Dy	251	7		1-7	5
30. NAME AND ADDRESS OF	PERSON WHO CO	ETED CAUSE C	F OEATH (ITEN	ii 27) (Type,	Print)							
31. DATE FILEO (Month, Day, JAN	13 1995	32. REGISTRAR'S	SIGNATURE	Cardall								



35	~
Section 1	DIRECTOR
	TO BE COMPLETED BY FUNERAL
	ETED BY
at once.	COMPL
notified at onc	TO BE

Sidebilanasia

DIVISION

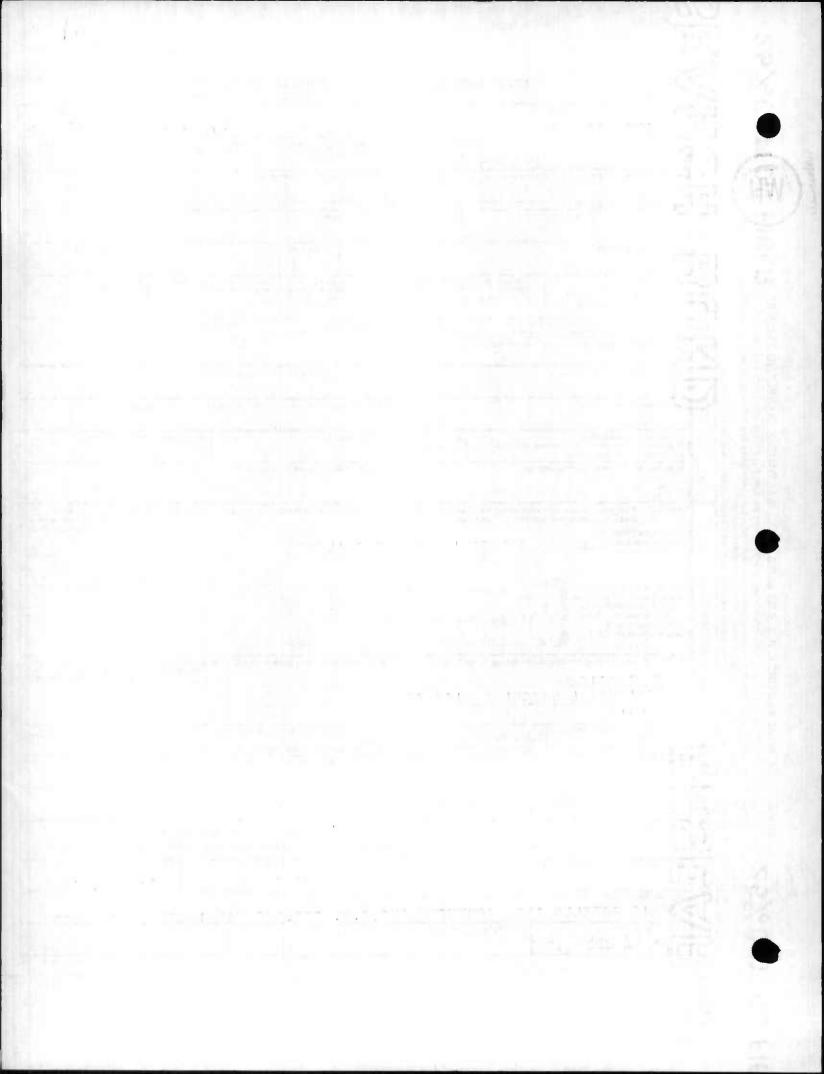
BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within after death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	nt, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ICIAN: The law requires that the death certificate be executed wit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept, of Health and Memal Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF	TO THE HOSPITAL DR ATTENDING PHYSIC	TO THE FUNERAL DIRECTOR: After this ce be filed within 72 hours after death with the	IMPORTANT: If item 28 is marked,	

TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

FOR STATE REGISTRAR 1 -

STATE C	OF MARYLAND / DEPAR CERTIF	TMENT OF H		MENTAL HYGIENE REG. NO.		
				2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DI
5. SEX	8. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	a. BIRTI	HPLACE (State or

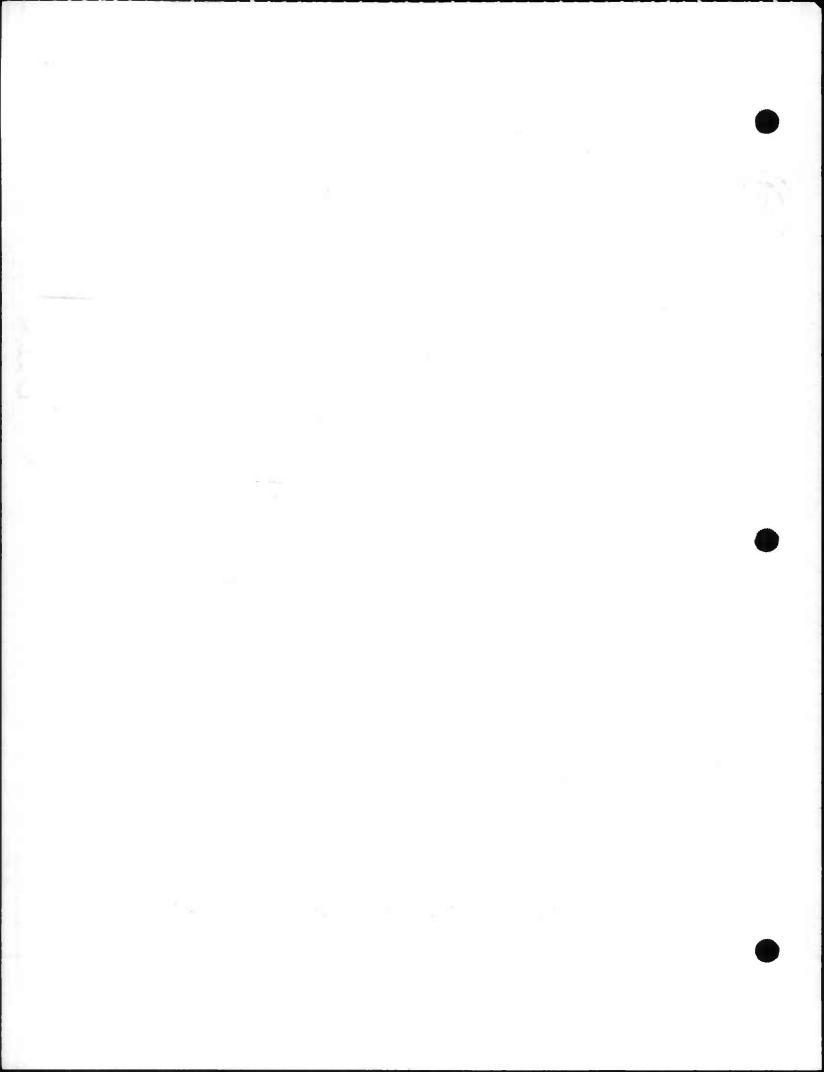
1. DECEDENT'S NAME (First,	, Middle, Lest)								2. DATE	OF DEATH			3. TIME OF DEATH	
EMILY MC	FADDE	N							MONTH	105/		YEAR	6:15	a
4. SOCIAL SECURITY NUMBER		5. SEX 1 M 2 X F	8. AGE (In yrs. les	yes.	IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE	OF BIRTH Day, Year) 12-139		Countr	IPLACE (State or Foreign)	
526-50-105 90. FACILITY NAME (If not in			31	tho.	Ab CITY	TOWAL	OR LOCATION	011 OF 01		17-10:		NTY OF D	isonia,	va.
FORT WASH	INGTON		L				Washi						Georges	
RESIDENCE OF DEC	10b. COUNTY	7		10c CITY	r, TOWN O								10d. INSIDE CITY	
MD.	P.												LIMITS?	
10e. STREET AND NUMBER	1.0			FOL	L Wai		ngton				10a. CIT	IZEN OF V	1 X YES 2 N	0
8303- Fo	rt Foo	to Road					2074	1		7721		J.S.A		
11. MARITAL STATUS	100	12. WAS DECEDER	NT EVER IN U.S. AF		13. V	WAS DE	.,	-	NIC ORIGIN	? (Specify Yes		14. RACE	- American Indian	
1 Never Married 2 3 3 Widowed 4 Divo			MAR OR DATES	NO			pecify Cubs S 2 X NO			tican, etc.)		Speci	i, White, etc. ily: .ack	
15. DEC	EDENT'S EDUC y highest grade	CAl'ION completed		CEDENT'S					16b.	KIND OF BUS	INESS/INI	DUSTRY		
Elementary/Secondary (0		College (1-4 or 5	Ma	. Do NOT us	e retired.)	unny m	USI DI WURNI	19						
7th				Dome	stic					N/I	1			
17. FATHER'S NAME (First, M							18. MOTI	HER'S NA	AME (First, A	fiddle, Maiden	Surname)			
Rush S		S					M	oll:	ie An	dersor	1			
19a. INFORMANT'S NAME (7										er, City or Town				
Milford L		t						d.,					. 20744	
20a. METNOD OF DISPOSITI TXXBurial 2 Crematic 4 Donation 8 Other		oval from Stata	20b. PLACE cemetery, cre	matory or of	her place)				DATI			City or To		
4 ☐ Donation 8 ☐ Other 21. SIGNATURE/OF FUNERA			Fort	Linc	oln (Bre	entwo	od,	MD.	
& An el	,	Hack	UN		I	Hac		s Fu	unera	l Char et, N.		Inc.		
Sequentially list conditi if any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or Inju- tati Initiated events	lons, diata ING	b. DUE TO	OR AS A CONSE	QUENCE OF	r): r):									
resulting in death) LAS	T L	d												
PART II. Other algnifica		a contributing to	death but not	reaulting i	n the un	derlyin	ng cause g	given in	Part I.	24a. WAS AN PERFOR		24b	WERE AUTOPSY FINE AVAILABLE PRIOR TO)
UROSEPSI										1 - YES 2	M NO		OF DEATH?	USE
PERIPHER	RAL VA	ASCULAR	DISEAS	SE									1 _ YES 2 _ NO)
ANEMIA														
25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHER		LACE OF D	EATN (Ch	heck only on	•)				_
1 NES 2 NO			ER/Outpatient 3	_	4 🗆 Nurs	ing Hor	ne 5 🗆 Re	sidence	_					
	Pending Investigation	28a. DATE Of (Month, I	F INJURY Day, Year)	28b. TIMI INJ	E OF URY M	W	JURY AT ORK? YES 2	NO	28d. DES	CRIBE HOW II	IJURY OC	CURED		
3 Suicide 6	Could not be determined	28s. PLACE (building	OF INJURY At he , etc. (Specify)	eme, farm, s	treet, fecto	ory, offic	CO			ATION (Street a or Town, State)	nd Numbe	r or Rural F	Boute Number,	
anni		CIAN: To the best of) and manner as stat	tod.
29b. SIGNATURE AND TITLE					, 0		29c, LICI			The place, and				.Jul.
		7/5	17%				M D	19					(Month, Day, Year)	5
30. NAME AND ADDRESS OF	CONTROL MAN			M OT /Kma	Orient)	-								
JAMIE BOT						Ε.	STF	201	5 WA	SHING	TON	D.C	20020	



JAN 2 3 1995

DALLIMORE, MARTLAN	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVIDION OF VITAL AECOADS, P.O. BOX 88780	É	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	E
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	불	THE PER	2
	2	23	Σ

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND /	DEPART ERTIFIC	MENT O	F H	EALTH AND I	MENT	AL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)					-	D = 7	2. DAT	E OF DEATH			3. TIME OF DEATH
	Martha E	Elmira Nigh						Ja	nuary 1		95	9:00 P M
	4. SOCIAL SECURITY NUMBER	7	(In yrs. las	"	F UNDER 1 Y		IF UNDER 24 HRS.	7. DAT	E OF BIRTH oth, Day, Year)		_	PLACE (State or Foreign
	220 09 7982		92	YRS.	WONTHS DA	WS.	HOURS MIN.	4/8	3/02	N		yland
~	9e. FACILITY NAME (If not institution, give s				9b. CITY, TO	WN O	R LOCATION OF DE	EATH		9c. COUNT	Y OF DE	EATH
ğ	Reeder Memorial	L_Home			Boon	s b	oro			Wash	ning	gton
DIRECTOR	100. STATE 10b. COUNTY	Y		10c. CITY,	TOWN OR L	OCATI	ION					10d. INSIDE CITY
P P	Maryland Wash	nington		На	gers	to	wn					LIMITS?
	10e. STREET AND NUMBER					_	ZIP CODE			10g. CITIZE	N OF W	HAT COUNTRY?
FUNERAL	64 Randolph Ave	⊇.				2	1740			USA		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I FORCES? 1 YES					ENDENT OF HISPAN			or No- 1	I. RACE	- American Indian, White, etc.
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D					2 X NO Specify		o Priceiri, etc.;	1.44	Specif	Black
	15. DECEDENT'S EDUC	CATION	T 18e. DE	CEDENT'S U	ISUAL OCCU	PATIO	M	10	Sb. KIND OF BUS		HITE	
E	(Specify only highest grade Elementery/Secondery (0-12)		(G/	ive kind of wo Do NOT use	ork done durir retired.)	g mos	st of working	1	DO. KIND OF BOO	INESS/INDS.	o i mi	
IP.	8	Comede (1 4 of 5 1)	ho	usew	ife				hom	e		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First	, Middle, Malden	Surneme)		
BE 0	Silas Edward La	a Due Dela	aute	r			Grace	May	Alic	e Wol	lfi	
10	19e. INFORMANT'S NAME (Type/Print)						id Number or Rural I					21742
	Frances A. Karr	1	1	747	Edge	WO	od Hill	Ls (town, Md.
	20e. METHOD OF DISPOSITION 1 XBurlel 2 Cremation 3 Remo			AND DATE OF				1		CATION - CI		
	■ Opnetion 5 Other (Specify)		ose	Hill			ery 1/	/24	[наg	ersto	own	, Maryland
	W UD	2			Ge	ra.	1d N. M	din:	nich	305 N	[.]	Potomac St
	Duy 1. 11	mues			На	ge:	rstown,	Ma	arylan	d 21	740	
	23. PART I. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of):											
CERTIFICATION	Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
Ä.	PART II. Other significant condition	s contributing to death t	but not n	eaulting In	the under	iying	ceuse given in	Pert i.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
S	HBP, NI	DDM							1 YES 2	.0		AVAILABLE PRIOR TO COMPLETION OF CAUSE
Ä									/			OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICA	DID TOBACCO USE CONTR	RIBUTE TO CAUSE C	OF DEAT	TH YES	□ NO	Ø	UNCERTAIN	V 🗆				
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLAC	E OF DEATH		one)						
YSI	1 U YES 2 NO	1 Inpatient 2 ER/Out	patient 3		OTHER: Nursing	Home	5 Residence	8 🗆 Oth	ner (Specify)			
F	27, MANNER OF DEATH Stural 5 Pending	(Month, Day, Year)		28b. TIME	RY	WOR		28d. DE	EŞCRIBE HOW II	JURY OCCU	RED	
À	2 Accident Investigation						ES 2 NO					
밀	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	cify)	me, term, str	eet, tectory,	office			CATION (Street e y or Town, State)	nd Number or	Rursi Ad	oute Number,
COMPLET	29s. CERTIFIER CERTIFYING PHYSIC	CIAN: To the best of my know	rledge, de	eth occurred	at the time.	date d	end place, end due	to the c	suse(s) end men	ner es stated		
N N	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner es stated. One) 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end manner es stated.											
	29b. SIGNATURE AND TITLE OF CERTIFIER					_	29c. LICENSE NUM					(Month, Day, Year)
8	A Hunty I	140					D3251		9		209	
유	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DE				_						
	Dr. Robert Gue	denet 100 G	eeti	ng La	ne Ke	edy	ysville,	MD	21756/	301-43	32-2	2222
	31. DATE FILED (Month, Day, Year)	JUL SERVISTRAN'S SIGN	ATURE L	1	_							



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CERTIF	ICATE OF	DEATH	REG. NO	_	
	1. DECEOENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	AY YEA	3. TIME OF DEATN
	HARRY AQUILLA NOR				JAN. 19°		
		yrs. last birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	-1 44. 4 0 14.	1042 SB	RTNPLACE (State or Foreign
	220-05-0400 1 X M 2 F 81 90. FACILITY NAME (If not institution, give street and number)	Tho.	Oh CITY TOWN	OR LOCATION OF			
DIRECTOR	WASHINGTON COUNTY HOSPIT	AL		RSTOWN	DEATN	WASH:	INGTON
REC	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOC	TION			10d. INSIDE CITY
	MARYLAND WASHINGTON	H	AGERST	OWN			1 TYES 2 XNO
FUNERAL	866 JEFFERSON BLVD.		1	21740			OF WHAT COUNTRY?
NE						U.S	. A .
В	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN 0 FORCES? 1 YES IF YES, GIVE WAR OR DAT	U.S. ARMED 2 V NO ES	II yes, s	CENDENT OF NISP becify Cuben, Mex S 2 XNO Spe	ANIC ORIGIN? (Specify Yellon, Puerto Ricen, etc.) cify:	8	ACE — American Indian, lack, White, etc. Pecify: WHITE
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S	USUAL OCCUPAT	ON of working	16b. KIND OF BU	SINESS/INDUSTR	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)		work done during in se retired.) ENGIN		ELECTI	RONICS	MFG.
00	17. FATNER'S NAME (First, Middle, Last)				NAME (First, Middle, Meiden		01/11577
BE	LEHMOND HURLY NORMA			MAR:			CKHEIT
욘	190. INFORMANT'S NAME (Type/Print) NEITA M. NORMAN				A Route Number, City or Tow HAGERSTOWN,		
		LACEANDDATE	OF DISPOSITION (A	ame of	DATE 20c. LO	CATION City of	r Town. State
	4 Donetion 5 Other (Specify)	AR LAWN	MEMORI.	AL PARK	01-21-95 HA	AGERSTON	N, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME /	ND ADDRESS OF	FACILITY		
	· R. hoel Brady	-	40 E	ANTIET	AM ST., HAG	RAL HUME SERSTOWN	, INC. I, MD. 21740
	23. PART I. Enter the diseases, or complications that caused to shock, or heart failure. List only one cause on each IMMEDIATE CAUSE (Final disease or condition resulting in deeth) DUE TO (OR AS A C	ch line.				iratory arreet,	Approximeta Interval Between Onset and Desth
CERTIFICATION	Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	CONSEQUENCE OF	F):	ž Smokin			Hansidden
I C	PART II. Other significant conditions contributing to death but	not reaulting	in the underlying	g cause givan i			24b. WERE AUTOPSY FINDINGS
DICAL	- Acute winary retention	~			PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE
ME							OF DEATN?
ÿ	DID TOBACCO USE CONTRIBUTE TO CAUSE OF	DEATH YE	S NO [UNCERTA	IN 🗆 🗡		
S	EXAMINER? HOSPITAL:	. PLACE OF DEAT	H (Check only one				4
PHYSICIAN:	1 YES 2 PNO 1 Pinpatient 2 ER/Outpet		4 - Nursing Hor		8 Other (Specify)		/
	1 Natural 5 Pending (Month, Day, Year)	28b. TIM INJ	URY W	IURY AT ORK?	26d. DEŞCRIBE NOW I	NJURY OCCURED	
B	2 Accident Investigation 3 Suicide 6 Could not be 26s. PLACE OF INJURY —	At home, ferm, t		YES 2 NO	2ef. LOCATION (Street 4	and Number or Bur	al Boute Mumber
H	4 Homicide determined building, atc. (Specify,)			City or Town, State)	Trainbor of Figure	ar rivate regrizer,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 MEDICAL EXAMINER: On the best of examination of	ige, death occurre	nd at the time, date	end place, end di	ue to the cause(s) end mar	nner es stated. d due to lhe ceus	e(s) end manner es atated.
BE	29b. SIGNATURE AND TITLE OF CONTINES			29c. LICENSE N	1 - 37		IED (Month, Day, Yeer)
6	30 NAME AND ADDRESS OF PERSON WIND STATE OF THE MINISTRALIA			D 26		1/20	198
	30. NAME AND ADDRESS OF PERSON WNO COMPRETED CAUSE OF DEATH	H (ITEM 27) (Туре,	Print) Fine Lane	, Keen	lysuille, md	21756	
	31. OATE FILED (Month, Day, Year)	UE			1		
	IAN 2 3 1990 12 12 12 12 12 12 12 12 12 12 12 12 12						- 1

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE	F DEATH	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH
Hellen H. Norris					January 4		YEAR	9:10 A. M
4. SOCIAL SECURITY NUMBER 5.	. SEX 6. AGE		F UNDER 1 YE		7. DATE OF BIRTH		s. BIRTH	PLACE (State or Foreign
579-05-2602	□ M 2 😾 F 78	g yes.	ONTHS DA	rs HOURE MIN.	(Month, Day, Year)	1916	Country	ington, DC
9a. FACILITY NAME (If not institution, give street			b. CITY, TOV	VN OR LOCATION OF DE		9c. COUNT		
Holy Cross Hospits	o 1		C - 1 1	m Considera				
Holy Cross Hospita	11		STIVE	r Spring		Monte	come	ry County
10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LO	CATION				10d. INSIDE CITY LIMITS?
Maryland Prince	Georges'	Hya	ttsvi	11e				1X YES 2 □ NO
10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZ	EN OF W	HAT COUNTRY?
5803 33rd Place				20782		Unit	ed S	States
	FORCES? 1 YES	N U.S. ARMED	13. WAS	DECENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	or No-	14. RACE	- American Indian, White, etc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR	ATES THO		, specify Cuban, Maxice YES 2 X NO Specifi			Specif	
A			1					White
15. DECEDENT'S EDUCAT (Specify only highest grade con	(ON hipleted)	18a, DECEDENT'S US	k done during		16b. KIND OF BUS	SINESS/INDU	ISTRY	
	College (1-4 or 5+)	Iffe. Do NOT use i			Postal	Servi	ce	
12	-	Budget A	nalys					
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	Surname)		
Henry S.E. Hunter				01ga M				
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow.			
Peter DelGrosso		3502 Ma	arlbo:	rough Way,	College P	ark,	Mary	yland 20740
20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Remove	from State	. PLACE AND DATE OF	DISPOSITION	(Name of	DATE 20c, LO	CATION — C	Ity or Tox	wn. State
4 Donation 5 Other (Specify)	F	ort Linco	Ľn Cei	metery 1/	6/95 Bren	twood	, Ma	aryland
21. SIGNATURE OF FUNERAL SERVICE LICEN	學//	,	22. NAM	AND ADDRESS OF FA	CILITY	. T.		
>//lack A	June	se/			uneral Hom			MD 00700
23. PART I. Enter the diseases, or com	plicetione that cause	the death. Do not	enter the	mode of dving suc	rg Rd., Br	entwo	oa,	Approximats
shock, or heert fellure. Lief	only one cause on a	ech line.		mode of dying, out	ri as caratoc or reap	istory site	art,	Intervsi Between
iMMEDIATE CAUSE (Final disease or condition		51=	5	-				Onset and Death
resulting in death)	DUE TO (00 AC	A CONSEQUENCE OF):	1751	5				/ IWK
	DOE TO (OR AS	1 \QL	0.60	from in	male to			
Sequentially list conditions, b	DUE TO (OR AS	A CONSEQUENCE OF:	lam	1,401	on feeren	V		
If any, leading to Immediate cause. Enter UNDERLYING		Rea	1	m for	refection			1 004
CAUSE (Disease or Injury thet Initiated events	DUE TO (OR AS	A CONSEQUENCE OF:	price	my tai	ese			IVA
resulting in death) LAST								
d								
PART ii. Other significant conditions c	ontributing to death t	out not resulting in	the underl	ying ceuse given in	Part I. 24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
					1 YES 2	- 1	1	COMPLETION OF CAUSE
					_ ''''' '	1	1	OF DEATH?
25. WAS CASE REFERRED TO MEDICAL			20	. PLACE OF DEATH (Ch	eck only one)			
EXAMINER? 1 YES 2 NO	OSPITAL:		THER:	foma 5 ☐ Residença				
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME (OF 28c.	INJURY AT	28d. DESCRIBE HOW II	NJURY OCCU	JRED	
Natural 5 Pending	(Month, Day, Year)	RULMI		WORK? YES 2 NO				
2 Cutette	28s. PLACE OF INJURY	Y — At home, farm, stra			28f, LOCATION (Street a	and Number o	v Rural R	oute Number.
4 Homicide S Could not be	building, etc. (Spe	cify)			City or Town, State)			
29a. CERTIFIER CERTIFICATION DIVISION							_	
(Check only								
2 MEDICAL EXAMINER: 0	are pears or examination	m and/or investigation,	in my opinio	n, death occured at the	time, data and place, an	d dua lo the	cause(e)	and manner as stated,
294 SIGNATURE AND TITLE OF CERTIFIER	1.			29c. LICENSE NUM	MBER	29d. DATE	SIGNED	(Month, Day, Year)
whom they	V			12431	1461	P 1	-4	- 75'
MOHAMMED A KI	OMPLETED CAUSE OF DE		es lo	n DZin	Silve	معدل	7	MD 20907
31. DATE FILED (Month, Day, Year) JAN 11 1995	32. REGISTRAN'S SIGN	Wison-Randall						

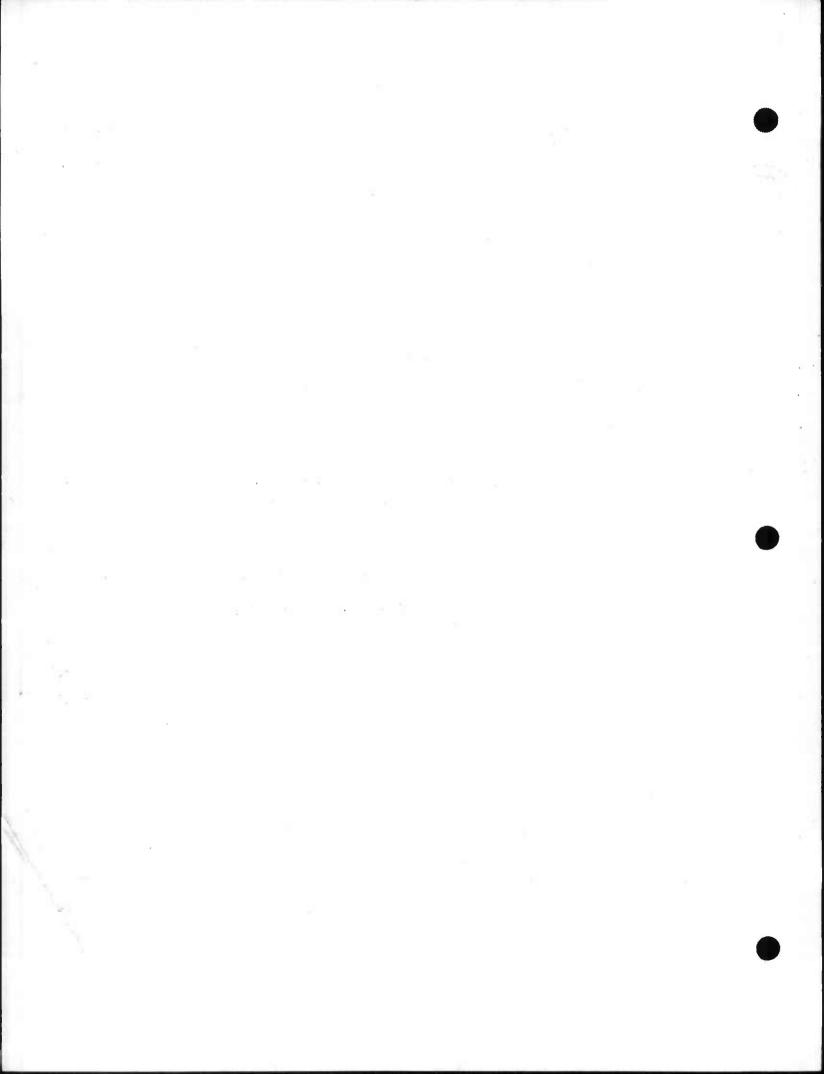
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and completely filted in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

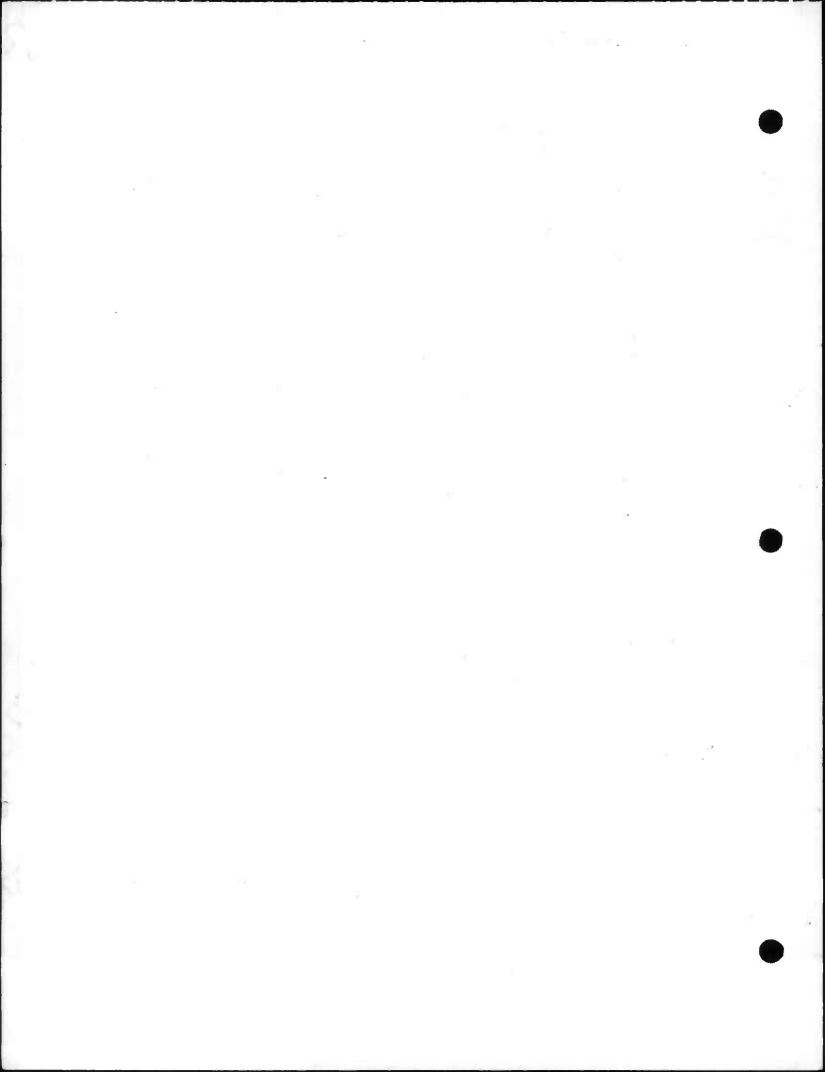
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - FOR STATE REGISTRAR	STATE OF MARYLAI		RTMENT OF I		MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
	Berney 1	ESTEROS borne	<u>-</u>					95 0254 AM			
1	4. SOCIAL SECURITY NUMBER 5.	. SEX 6. AGE (In	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) May 26, 1		BIRTHPLACE (State or Foreign			
	210 OT 1330				YRS. MONTHS DAYS HOURS MIN.			Georgia			
	9a, FACILITY NAME (If not institution, give stree	9a. FACILITY NAME (If not institution, give street and number)			96. CITY, TOWN OR LOCATION OF DEATH			9c. COUNTY OF DEATH			
R	Washington County Hospital			Hage	rstown		Wash	nington			
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	10a. STATE 10b. COUNTY									
DIRECTOR	Maryland Washiy	- 1	Y, TOWN OR LOCA				10d. INSIDE CITY LIMITS?				
	100. STREET AND NUMBER	igeon		agerstow	1. ZIP CODE		T 40- CITIZEI	YES 2 NO			
FUNERAL	31 N. Locust			100	21740		10g. Grizza	USA			
N.		2. WAS DECEDENT EVER IN U	J.S. ARMED	13, WAS OF		NIC ORIGIN? (Specify Yes	or No. 14	. RACE — American Indian,			
F	1 Never Married 2 Married	FORCES? 1 YES	2 3 NO	If yea, s		en, Puerto Ricen, etc.)	I OF NO.	Black, White, etc.			
ВУ	3 Widowed 4 Divorced	. The state of the			a gg mo upou	y.		white			
COMPLETED	15. OECEDENT'S EDUCAT (Specify only highest grade con	ION 11	(Give kind of a	USUAL OCCUPATI	ON ost of working	16b. KIND OF BUS	SINESS/INDUS	TRY			
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	se retired.)							
MP	unknown	0	unkno	Wn		unka					
8	17. FATHER'S NAME (First, Middle, Last) Amos Leaneer Osbor				Contract to the second	ME (First, Middle, Malden					
BE	19a. INFORMANT'S NAME (Type/Print)	ne	Total Manager			Elizabeth					
2	Jane Herbaugh					Hacorstow		ryland 21740			
	20a. METHOD OF DISPOSITION	20h B		OF DISPOSITION IN				or Town, State			
	1 XBurial 2 Cremation 3 Removal	from State cemete	ery, crematory or o	ther place)	ial Park			m, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LICENS		suar Da				CIBLUM	m, naryranu			
	1 50 stn	m	. 1		CH FUNER			223 017/0			
	23. PART I. Enter tha diseases, or com	I / Lune	to dooth Do					wn, Md. 21740			
	ahock, or heert failura. List	only one ceuse on eech	h iina.	10t afficer tire tire	ida or clying, suc	th as cardied or reapi	retory erresi	intarval Between			
	iMMEDIATE CAUSE (Final disease or condition	Congest	in a	10911-	Joiler	re		Onset and Death			
1	reaulting in death) a	DUE TO OR AS A CO	ONSEQUENCE OF	F):	-			100 000			
z								j			
음 I	Sequantially list conditions, if arry, laeding to immediate										
S	cause. Entar UNDERLYING CAUSE (Disease or Injury										
	DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST										
CERTIFICATION	d										
CALC	PART ii. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY FINDINGS										
2	Chanic dostructure pulmonary of tease 11 yes 2 Tho										
				1			NU	OF DEATH?			
2	DID TOBACCO USE CONTRIB	SUTE TO CAUSE OF	DEATH YE	S \square NO \square	UNCERTAI			1 TES 2 NO			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL	26.		TH (Check only one)	3 01102						
Sic		OSPITAL: Inpatient 2 ER/Outpatie	ent 3 🗆 DOA	OTHER:	e 5 🗆 Realdence	6 Other (Specify)					
돌	27. MANNER OF OEATH	28a. OATE OF INJURY (Month, Day, Year)	28b. TIMI		URY AT	26d. DESCRIBE HOW II	W INJURY OCCURED				
B	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	rES 2 NO						
	3 Suicide 6 Could not be	28a. PLACE OF INJURY — building, atc. (Specify)	At home, farm, a	streat, factory, offic		281, LOCATION (Street and Number or Rural Route Number, City or Town, State)					
								<u> </u>			
릴		N: To the best of my knowled									
COMPLETED	one) 2 MEDICAL EXAMINER: 0	In the basis of examination as	nd/or investigation	n, in my opinion, d	eath occured at the	time, data and place, and	d due to the co	suse(a) and manner as stated.			
BEO	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI		29d. DATE SI	GNED (Month, Day, Year)			
2	7111				02145	7	1/1	7/95			
-	ABDUL WAHEED	CMPLETED CAUSE OF DEATH	1 (ITEM 27) (Type,	Print)	E. HAG	ERSTOWN.	un	21742			
I	31. DATE FILED (Month, Day, Year) JAN 1 8 1995	32. REGISTRAN'S SIGNATU			· · · · · · · · · · · · · · · · · · ·						



68760 BALTIMORE, MARYLAND 21215	recuted within 24 hours after death. Page 6 may be retained by the hospital or attent	and completely filled in by the funeral director, page 5 should be detached for use as burial, cremation, or removal.	atic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attends	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

PHYSICIAN: MEDICAL

BY

COMPLETED

BE

2

3 Sulcide

										9	5	02696	
	FOR 1 - STATE REGISTRAR	STATE OF MA					EALTH AND I	MENTAL	HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE O				3. TIME OF OEATH	_
	SUSAN FRAN	CES O	SHEA					Janu	ary 9	, 19	95	11:20 P	М
	4. SOCIAL SECURITY NUMBER	15. SEX 6.	AGE (In yrs. la:	st birthday)	IF UNDER 1 1	_	IF UNDER 24 HRS.	7. DATE O	BIRTH		0. BIRTI	HPLACE (State or Foreign	_
	219-64-6237 ¹□ M 2 ☒ F 86 YRS.					DAYS	HOURS MIN.	June 5, 1908 Ireland					
_	9a. FACILITY NAME (If not institution, give :				9b. CITY, TO	OWN O	R LOCATION OF DE	EATN		9c. COU	INTY OF D	EATN	
10	Washington Adven	tist Hospi	tal		Tako	oma	Park			Mon	tgom	ery	
E	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR	LOCATI	ION					10d. INSIDE CITY	_
8	Maryland Princ	ce George's	5	Hva	attsvi	116	1					LIMITS?	
AL	10e. STREET AND NUMBER	300180		117	200011	_	ZIP CODE			10n. CIT	IZEN OF Y	WHAT COUNTRY?	_
8	3542 Madison Stre	eet				2	20782				land	THE COUNTY	
	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.			RMED	13. WA	_	ENDENT OF HISPAN	IIC ORIGIN?	(Specify Yes			E — American Indian,	_
	1 Never Married 2 Married	FORCES? 1 []		NO	lf y	es, spe	city Cuban, Mexica	n, Puarto Ric	an, etc.)		Spec	K, White, alc.	
	3 🖺 Widowed 4 🗌 Divorced	<u> </u>				,	- <u>2</u> 2 opeon					White	
COMPLETED BY	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DE	CEDENT'S	USUAL OCCI	UPATIO	N at of working	16b. i	IND OF BUS	INESS/IN	DUSTRY		
	Elementary/Secondary (0-12) College (1-4 or 5+)			(Give kind of work done during most of working life. Do NOT use retired.) Housewife									
	17. FATHER'S NAME (First, Middle, Last)		по	usewi	rre				m Hon				_
	Daniel Fitzpatri	a le					18. MOTHER'S NA			Sumame)			
	19a. INFORMANT'S NAME (Type/Print)	K	120				Bridget		Hoey				
2	Olive Goetz		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6320 Naval Avenue, Lanham, Maryland 20706							1706			
	20a. METNOD OF DISPOSITION	6320 Naval Avenue, Lanham, Maryland 2070 AND DATE OF DISPOSITION (Name of DATE 200, LOCATION — City of Town, S							_				
	1X Buriel 2 ☐ Cremetion 3 ☐ Rem									1			
	Gate of Heaven Cemetery 1/12/95 Silver Spring, Mary									<u>a</u>			
	Francis Gasch's Sons Funeral Home												
	10000	ouse										, MD 20781	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line.								Approximate Interval Between	_			
	IMMEDIATE CAUSE (Final	///	200	1.0	001		SEO			_		Onset and Death	
IFICATION TO BE COMPLETED BY FL	disease or condition resulting in death)	. 01	03		2/_	>/	300	11	SH	OCK	-		
		DUE TO (OR	AS A CONSE	DUENCE O	F):								
8	Sequentielly list conditions,	b	727										
F	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR	AS A CONSE	JUENCE O	r):								
문	CAUSE (Disease or Injury that initiated events	c	AS A CONSE	QUENCE O	D:							-	_
E	resulting in death) LAST											į	
ш		0											

PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? MAJOR DEPRESSION 1 YES 2 NO 1 | YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL:
1 Inpetient 2 ER/Outpet OTHER: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26d. OESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 1 YES 2 NO

28a. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Nomicide 29a, CERTIFIER (Check only one)

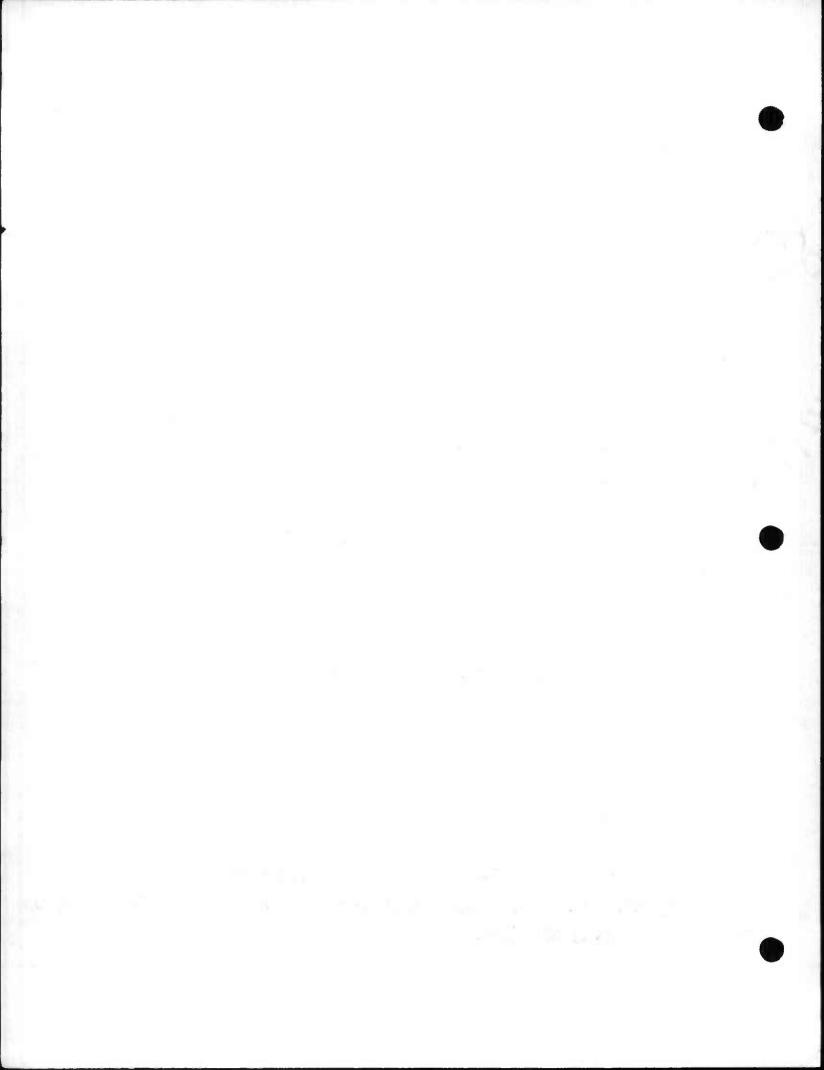
occured at the time, data and place, and due to the cause(a) and manner as stated.

29c, LICENSE NUMBER D24093 29d. DATE SIGNED (Month, Day, Year) ATTENDING

30. NAME AND ADDRESS OF PERSON WIND COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MARK PARKHURST MD 7305 BALT- AVE #107 COLLEGE PARK MD 20740

32. REGISTRAR'S BIGNATURE Fardall



FOR STATE

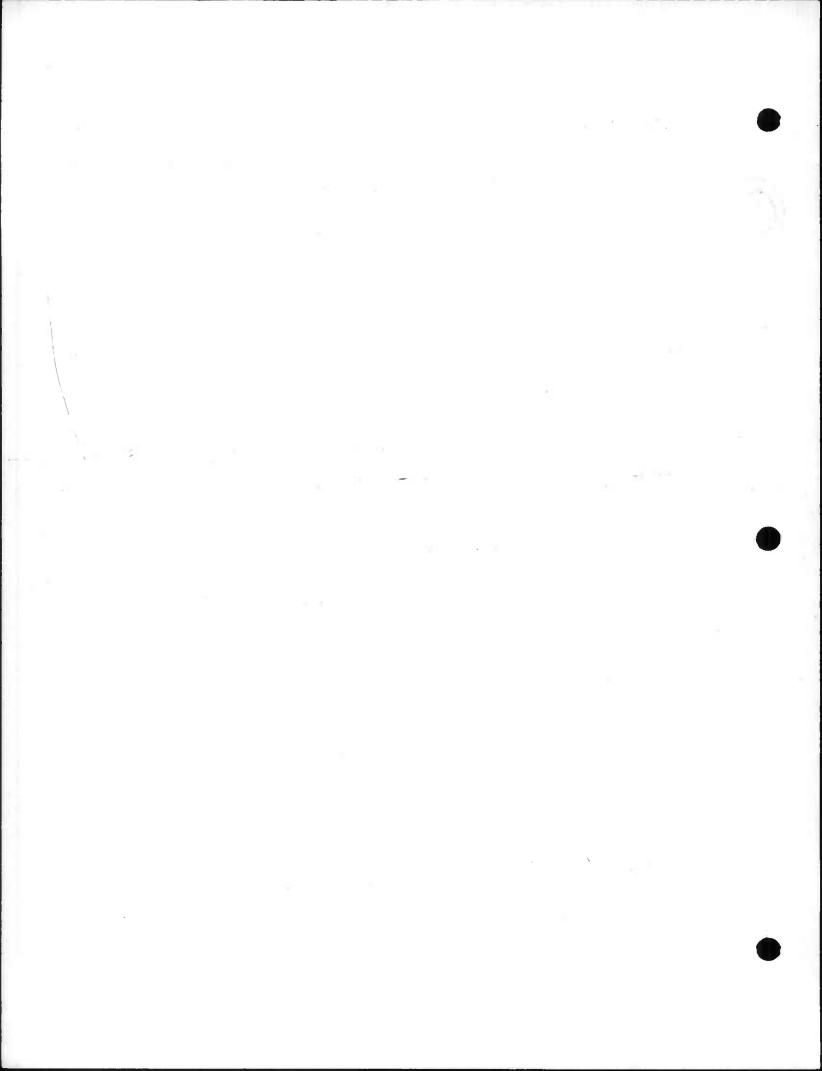
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CI	ERTIFIC	ATE O	F DEATH	F	EG. NO.			
1. DECEDENT'S NAME (First	, Middle, Last)						2. DATE OF				3. TIME OF DEATH
ALICE ENIZA	BETH P	RICE					JAN.	DAI / C		1995	5:35 A M
4. SOCIAL SECURITY NUME	BER	5. SEX 6.	AGE (In yrs. las	st birthday) III	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF 1		1		IPLACE (State or Foreign
217-05	-0691	1 🗆 M 2 🔽 🗲	76		NTHS DAYS		(Month, Da		2	Countr	γ)
9a. FACILITY NAME (If not in	estitution of a c		/ 0				4	011			ryland
1. The second of the second	stitution, give s	- 11		- 94	17	OR LOCATION OF DE	EATH	_ ′	9c. COL	INTY OF D	EATH
WASHIMFTO	V COWA	V14 1105	PMAL		Hag	erstown			WAS	SHIN	gtoN
RESIDENCE OF DEC	10b. COUNT	,		Lean OITY T	OWN OR LOC						
Maryland		hington									10d. INSIDE CITY LIMITS?
	Wasi	IIIIgton		пас	ersto	wn					1 YES 2 NO
100. STREET AND NUMBER						IOF. ZIP CODE			10g. CIT	IZEN OF W	VHAT COUNTRY?
20613 Wren I	Lane					21742				U.S.	Α.
11. MARITAL STATUS		12. WAS DECEDENT E	VER IN U.S. AR	MED	13. WAS D	ECENDENT OF HISPAN	IIC ORIGIN? (S	pecify Yea	or No-	14. RACE	- American Indian,
1 Never Married 2		FORCES? 1		10	If yes,	specify Cuban, Maxica ES 2 NO Specify	n, Puerto Ricar	n, atc.)		Black	k, White, atc.
3 Widowed 4 Divo	rced		OTT DATES		, , ,	es 2X NO Specify	<i>/</i> .			Speci	White
15. DEC	EDENT'S EDU	CATION		CEDENT'S US			16b, KIN	D OF BUSI	INESS/IN	DUSTRY	
(Specify only Elementary/Secondary (0	y highest grade	Completed) College (1-4 or 5+)	(Gi	ive kind of work Do NOT use re	done during i etired.)	most of working					
12 Years	-12)	Conege (1-4 or 5+)		Secret	arv		Dul	hlic	Sch	2 [22	System
17. FATHER'S NAME (First, M.	Iddle Leet			DCCICC	.ary	1				201 2	ystell
Winfield Hoo						18. MOTHER'S NA Flora			Surname)		
190. INFORMANT'S NAME (7) Lois Ann Pri			191	MAILING AD	ORESS (Stree	t and Number or Rural F	Route Number, C	City or Town,	State, Zi	p Code)	
LOIS AIII PII	.ce			0613 W	ren L	ane, Hage	rstown	, Mar	ryLai	nd 2	21742
20a. METHOD OF DISPOSITE 1 ☐ Burlel 2 💢 Crematio				AND DATE OF E			OATE	20c. LOC	ATION —	City or To	wn, State
4 Donation 5 Other		oval from Stata	Smitt	í sb úrg	Crema	tory 1-19	95	Smi	thsb	ura,	Maryland
21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE					1				7
Davales	7 174	(.)		7.	Doug.	ANO ADDRESS OF FA	ery Fu	neral	. Hor	ne	21742
Douglas			don Hi	tur		Eastern I					laryland
23. PART I. Enter the di	aeases, or o	complications that q	nused the de	ath. Do not	enter the n	node of dying, sucl	h ss cardiac	or reapin	atory sr	rest,	Approximata
shock, or no	esit failure.	List only one cause	on each line		-1						interval Between
IMMEDIATE CAUSE (Fin disease or condition	ISI		-1-17	ENAR	For	ILLINE					Onset and Death
resulting in death)	7	- Flui			-1 17	Tucke					3-4 UMS
		V	AS A CONSEC	DUENCE OF):	1						13.
Sequentially list conditi	ions.	NOOLS	- Ur	AZ 1	NA	KE					1-6 WKG
if any, leading to immed	diata	DUE TO (OF	AS A CONSEC	/		C		1-	0		
cause. Enter UNDERLY! CAUSE (Disease or Inju		1/4/05	17760		JUL	(MACINO	ma	U+ (JUM	DOCT	U 2 1
that initiated events		DUE TO OF	AS A CONSEC			1-					134.
resulting in death) LAS	' L.	IMO H	1ENUC	MAC	(NOW	A UT	(04)	105			1/2)
DADT II OU - 1 - II											
PART II. Other significa	nt condition	contributing to de	/ \		he underlyi	ng cause given in	Part i. 24s	. WAS AN A		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
CORUNA	n4/	nothing	Visuge	E.				YES 2			COMPLETION OF CAUSE
An Emil	+ Die	E- to (MANCE	n			_ '		1		OF DEATH?
DID TOBACCO U						V UNCERTAIN					1 TYES 2 NO
25. WAS CASE REFERRED TO		CIDSTE TO CAU.		E OF OEATH (1	<u>ч Ц Т</u>				
EXAMINER?		HOSPITAL:		0	THER:			_			
1 YES 2 NO		1 Cylinpatient 2 🗆 El		DOA 4	☐ Nursing Ho	me 5 Residence	8 Other (Sp	ecify)			
27. MANNER OF DEATH 1 Natural 5 1	Dandina	28a, DATE OF IN. (Month, Day,		28b. TIME O		JURY AT ORK?	28d. DESCRIE	BE HOW IN.	JURY OC	CUREO	
	Pending Investigation				M 1	YES 2 NO					
3 Sulcide 8 0	Could not be	28s. PLACE OF II building, atc	JURY - At hor	me, term, atree	et, factory, off	lea	281. LOCATIO	N (Street an	d Number	r or Rural R	loute Number,
4 Homicide	datarmined		(ороону)				City or lo	wn, State)			
29a. CERTIFIER	IEVINO BUVO	MAN. To the best of	knowled:		. 40				-		
		CIAN: To the beat of my									
2 MEDI	CAL EXAMINE	H: On the basis of axam	ination and/or i	nveatigation, is	n my opinion,	death occured at the	time, data and	place, and	dua to th	he cause(a)) and menner as stated.
296. SIGNATURE THE TITLE	O CENTIFIER	-		2		29c LICENSE NUM	BER		29d. DAT	E SIGNED	(Mogth, Day, Year)
111/40/11	ver	- + tAM	104	1 ftex	144	100	W6)		1/19	5
30. NAME AND ADDRESS OF	PERSON WHO	MPLETED CAUSE	OF DEATH (ITEN	1 27) (Type, Pril		1 1/	9	′		110	1()
STEDHA)	MET	7.N-m 1	100	700	0	HEIN A	We A	12-	-	. ا با با	111 317
31. DATE FILED (Month, Day, 1	Year)	32. REGISTRAD'S	SIGNATURE	/ [/	1001	11000 110	- 11	1760	214		MISCIR
JAN 2. 0 1995 Julia Shumbar Raddly											

TO BE COMPLETED BY FUNERAL DIRECTOR

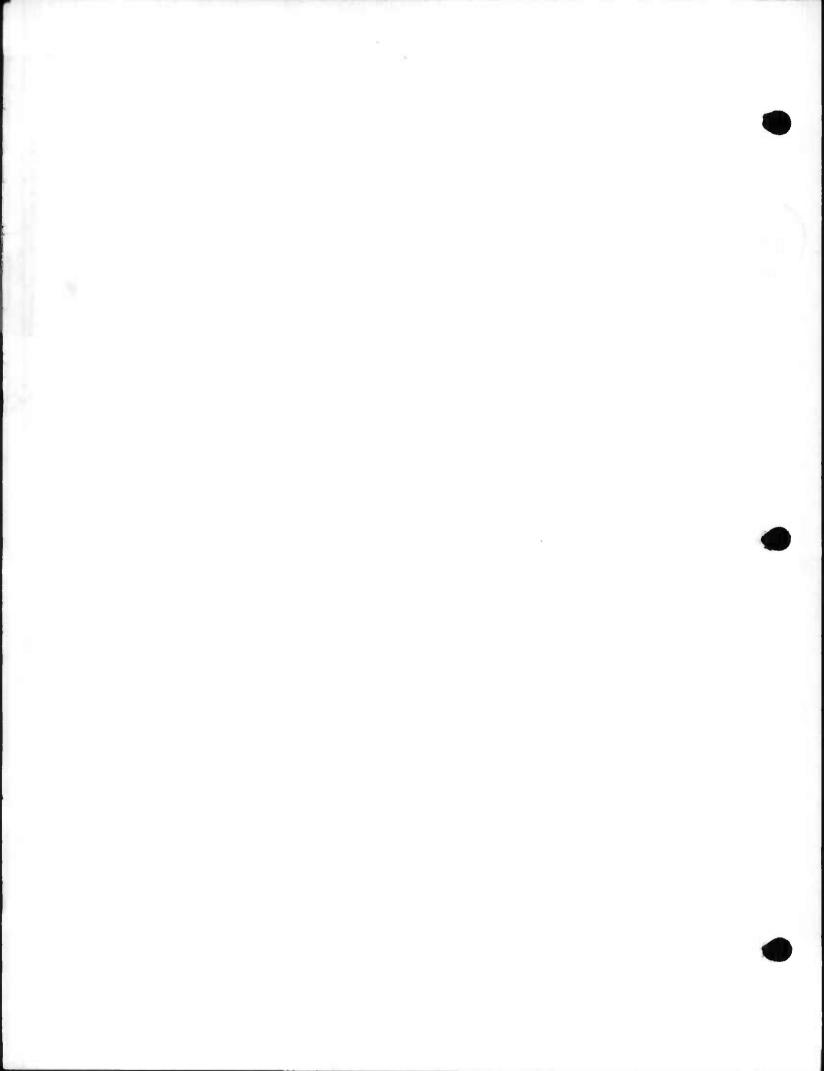
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

32. RESISTRAR'S SIGNATURE
Jalia Daveloc Ravell 0 1995



DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within are after death. Page 6 may be retained by the hospital or attending physicia	urs after death. Page 6 may be retained by the hospital or attending physicia
THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlath	in by the funeral director, page 5 should be detached for use as the burial-ti
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	nedical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARY			HEALTH AND	MENTAL	HYGIEN REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	——————————————————————————————————————	0 - 111111			2. DATE O	OF DEATH		3. TIME OF DEATH		
	SADIE CATHERINE	PRYOR				JANUA	RY 18	1995	1:14 A M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	BIRTHPLACE (State or Foreign Country)								
	213-74-6355	1 - M 2 T F 9	5 YRS.	MONTHS DAY	B HOURS MIN.	12/1	Day, Year)	99 W	ashington CO		
	9a. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY, TOV	N OR LOCATION OF			9c. COUNTY			
TOR	Williamsport Nursing Home Williamsport Washington										
FUNERAL DIRECTOR	MD Washi	ngt.on		ry, town on Lo Villiam					16d. INSIDE CITY LIMITS? 1 X YES 2 NO		
ا چ	10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?		
8	154 N Artizan ST				21795			USA	A		
3	11. MARITAL STATUS	12. WAS DECEDENT EVER			DECENDENT OF HISP				RACE - American Indian,		
	1 Never Married 2 Married	FORCES? 1 YES			, specify Cuben, Mexi YES 2 ဩ NO Spe		lcan, atc.)		Black, White, atc. Specify: White		
ВУ	3\\(\) Widowed 4 \(\) Divorced	1							,,,,,,		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S (Give kind of	work done during		18b.	KIND OF BU	SINESS/INDUST	TRY		
١٣	Elamentary/Secondery (0-12)	College (1-4 or 5+)	lite. Do NOT u	,		D.,		TT			
₹	unk		Domest	C1C				Homes			
	17. FATHER'S NAME (First, Middle, Last)	Va dan			18. MOTHER'S			Surname)			
BE	Asa I. 19s. INFORMANT'S NAME (Type/Print)	Kurin	405 44411 101	0.4555550	Jenny not and Number or Run	Bowm		- On The On	de S		
2	Clarence Blubaug	h	P.O.1		Quincy		172		(Pe)		
	20a. METHOD OF DISPOSITION				cemetery, cremetory of			··	or Town, Stata		
- 1	1XXBurial 2 Cremation 3XXXRam 4 Donation 5 Other (Specify)	oval from State	other niece)		ill Cemet			ynesbo			
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSE!			E AND ADDRESS OF				al Home, Inc.		
	V V	4									
_	mames H	Dower			S Broad S	<u> </u>	-				
	23. PART I. Enter the diseases, or ahock, or heart failure.	complications that caus List only one cause on		not enter tha	moda of dying, s	uch as card	lac or resp	iretory arrest	, Approximate interval Between		
	IMMEDIATE CAUSE (Final								Onset and Death		
	disease or condition resulting in death)	sEPSIS AN							1 WEEK		
		OUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING INFECTED DECUBITUS ULCER LEFT FOOT DUE TO (OR AS A CONSEQUENCE OF): PERIPHERAL ARTERIAL INSUFFICIENCY										
AT											
Ē	CAUSE (Diseese or injury thet initiated events										
F	thet initiated events oue TO (OR AS A CONSEQUENCE OF): reaulting in deeth) LAST										
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
SAL	PERFORMED?								AVAILABLE PRIOR TO COMPLETION OF CAUSE		
ă	PRIMARY PROGRESSIVE DEMENTIA								OF DEATH?		
Σ	10								1 NES 2 NO		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			-	B. PLACE OF DEATH	Thook only on	-		l		
S	EXAMINER?	HOSPITAL:		OTHER:							
ΗXS	27. MANNER OF DEATH	1 Inpetient 2 I ER/O			Home: 5 Realdens INJURY AT			INJURY OCCUP	RED		
	1.XXNatural 5 Pending	(Month, Day, Year)	JURY M 1	WORK?						
BY	2 Accident Investigation 3 Suicide & Could not be	28s. PLACE OF INJU		street, factory,							
品	4 Homicide 8 Could not be	building, etc. (S)	oeclfy)			City	or Town, State)			
COMPLET	290. CERTIFIER 1 X KCERTIFYING PHYS	BICIAN: To the best of my known	owledge, death occur	red at the time.	data and place, and o	tue to the cau	se(s) and ma	inner as stated.			
ME	one)	- 11 /							ause(a) and manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIE	B			29c. LICENSE I	NUMBER		29d, DATE 9	IGNED (Month, Day, Year)		
B	dépouse me				D3370				UARY 18, 1995		
2	30. NAME AND ADDRESS OF PERSON WI		DEATH (ITEM 27) (Type	oe, Print)				3111	20, 1000		
	TED E. HOWE, 15	4 N. ARTIZAN	N STREET,		AMSPORT,	MD 217	795				
	31 JAN 2 5 1995 (40 1995 500) Jul	182. REGISTRARIO SI	GNATURE					-			



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
ATTENI	CTOR:	after	28 1	
LOR	DIRE	hours	Item	
SPITAL	ERAL	III 72		
E HOS	E FUN	d with	MA	
ET CL	14 P	be file	IMPO	

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPAR						GIEN G. NO	E		
	1. DECEDENT'S NAME (First, Middle, Last) JOHN LESTER	PLACE						JAN. 1	L9,	199	5 EAR	3. TIME OF DEATH 1:55 P ,M
	4. SOCIAL SECURITY NUMBER 220 - 10 - 5425	6. SEX 6. AGE (In yrs. II	est birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIF (Month, Day, APRIL 1	TN Your) L3,	8. BIRTI Count 1904 WES		PLACE (State or Foreign) VIRGINIA
TOR	90. FACILITY NAME (If not institution, give sti MERIDIAN NURSI RESIDENCE OF DECEMENT			96. CITY, TOWN OR LOCATION OF DEATN 9c. COUN FREDERICK FR							RICK	
DIRECTOR	10e. STATE 10b. COUNTY	DERICK		Y, TOWN O								10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 400 NORTH AVEN			101.	217					.S.	HAT COUNTRY?	
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		- 1	f yee, spe		n, Mexicar	IIC ORIGIN? (Spe n, Puerto Ricen, o		or No—	14. RACE Black Specify	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		Give kind of the Do NOT us	VSUAL OF MORK Clone (Se retired.)	CCUPATIO	N st of workin	g			FAR		
BE CO	17. FATNER'S NAME (First, Middle, Last) JOHN RICHAR	D PLACE					IER'S NAI	ME (First, Middle,	Meiden			HOVERMALE
TO E	199. INFORMANT'S NAME (Type/Print) SANDRA L. BLA	CK 2						Number, City MYERS				1773
	20s. METHOD OF DISPOSITION 1 X Buriet 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	[RES	e AND DATE (/EN	CEM	ETEF		1-24-95		AGERS		vn, State N, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICE	Brady				W K. ANT			NEF	RAL HO	OME, RSTOV	INC. NN. MD. 2174
	23. PART I. Enter the diseases, or cahock, or heart failure. LIMMEDIATE CAUSE (Final disease or condition resulting in death)	oinplications that deused the d list only one cause on each lin DUE TO OR AS A CONSI	16. (h	amp	tha mod	da of dyl	ng, such	n aa cardiac o	reapi	ratory arre	est,	Approximata interval Batween Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST	DUE TO (OR AS A CONSE							_			
ا بـ	PART II. Other eignificant conditions	a contributing to death but not	reaulting	In the un	derlying	cause g	lven in i	· P	VAS AN PERFOR YES 2	20		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICA			CE OF DEAT	CTHEF	only one)		ERTAIN	8 Other (Speci	if _V)			
В	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — At h	INJ	8b. TIME OF 28c. INJURY AT WORK? 1 YES 2 NO						nutha Mumhae		
COMPLETED	Surfice 6 Could not be determined building, etc. (Specify) 29e. CERTIFIER (Check only one) CERTIFING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end manner ee stated.											
TO BE CO	2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND AGDRESS OF PERSON WHO	3: On the beele of exemination end/or		mo	pinion, de	-	NSE NUM		ace, en			end menner ee stated. (Month, Day, Year)

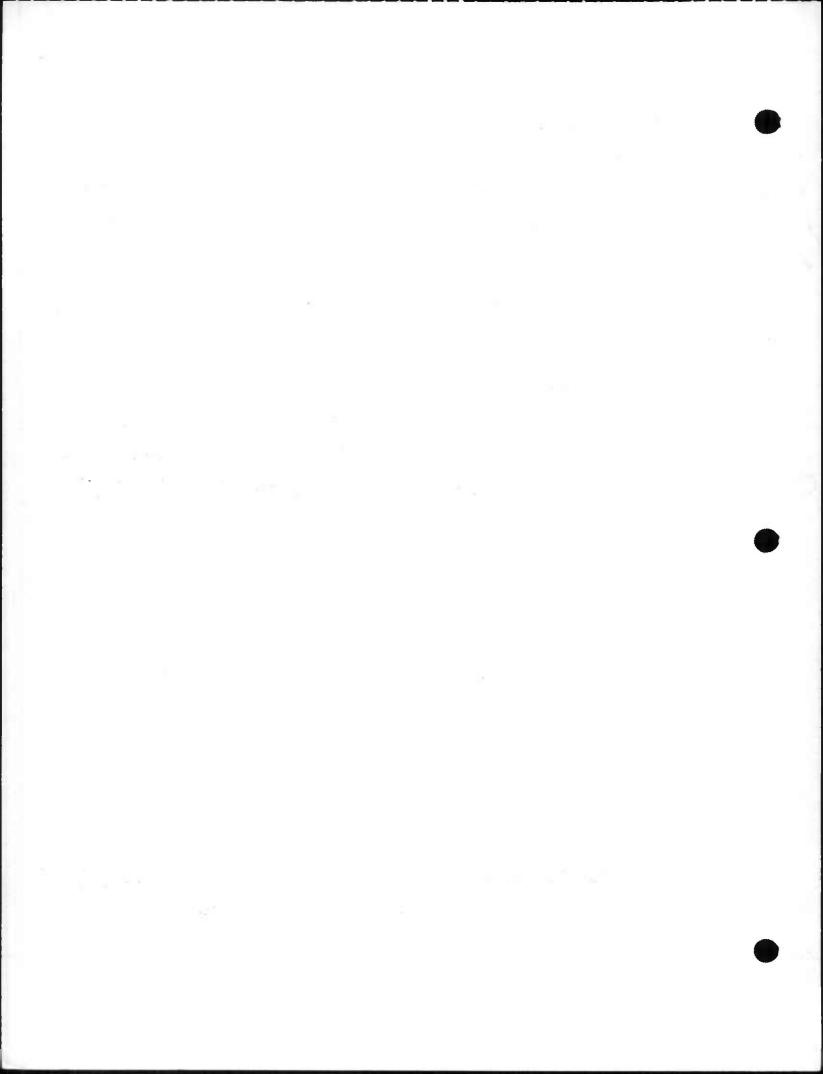
30. NAME AND AGORESS OF PERSON WHO COMPLEYED CAUSE OF GEATH (ITEM 27) (Type: Print)

ROBERT L. KAUEFMAN M.D. 300 W. 9TH STREET, FREDERICK, MD.

FMAN M.D. 3

31. DATE FILED (Month, Day, Year)

JAN 2 3 1995



FOR

1 - STATE REGISTRAR		CE	RTIFI	CATE OF	DEATH	REG	NO.				
1. DECEDENT'S NAME (First, Middle, Last)	amot /			D1	_	2. DATE OF DEAT	TH DAY	YEAR	3. TIME OF DE	ATH	
	garet A	1		Plumme		January		1995	9:20	P	
	5. SEX 1 M 2 XF	6. AGE (In yrs. les		IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yo PUG 20	er)	8. BIRTH Country	ARYLAN		
9a. FACILITY NAME (If not institution, give str BERLIN NORS). RESIDENCE OF DECEDENT		1E			OR LOCATION DE C			OUNTY OF D	ESTE!	2	
10a. STATE 10b. COUNTY		3	10c. CITY,	TOWN OR LOCA							
MARYWHD WOL	RCESTER			BERL					1 YES 2		
US 50 AT R					2180	/	.10g. C	US	WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FDRCES? 1 IF YES, GIVE W	YES 2 N		If yea, s		ANIC ORIGIN? (Speci can, Puarto Rican, at illy:		14. RACI Black Spec	E — American Ind k, Whita, atc. Ily: WHITA		
15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5 +	(Gi	CEDENT'S U ve kind of wo Do NOT use	SUAL OCCUPAT ork done during m retired.)	ON ost of working		F BUSINESS/				
17. FATHER'S NAME (First, Middle, Last)			OOF	READ			PRIN				
17. FAITHER'S NAME (FIRST, MIDDIN, LIST)	HNAMO	ISAAC			18. MOTHER'S N	AME (First, Middle, M.	eiden Surname	EF			
190. INFORMANT'S NAME (Type/Print) ELLEN P, MER	RITT	196	MAILING A	ADDRESS (Street	and Number or Rural	OCFAN (or Town, State,	Zip Code)	2184	2	
20a. METHOD OF DISPOSITION 1 Burtal 2 Cremation 3 Remove		cemetery, crei	matory or other	DISPOSITION (A er place)	lame of		c. LOCATION				
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE,	5/	7LISBL	22. NAME A	EMATORY IND ADDRESS OF F	ACILITY	SALI.		MP.		
Dames 7.	Burs	ide.) •			FUNERA Mo. 2180		ME			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST LUCTURES CLerate Cardiovassalar Disease 10 yrs ELECTRONIC CAUSE (Disease or injury that initiated events resulting in death) LAST											
PART II. Other significant conditions Sendle I Chanic Hyperter 25. WAG CASE REVENUE TO MEDICAL	Centributing to Obst	recetain	e Pu	Zhin Ummi roni	nee's Dea	een PE	S AN ALITOPS RECORNEED? ES 2 X NO	Y 24h	WERE ALTOPSY AMALABLE PRIOR COMPLETION OF OF DEATH? 1 VES 2 X	CAUSE	
EXAMINERT	HOSPITAL:	EDIO-matter 3		OTHER:	LACE OF DEATH (C	Santa Santa				-	
1 X Natural 5 Pending	28s. DATE OF (Month, Ou	INJURY	28b. TIME INJU	OF JBC BY	AURY AT DRIKT YES 2 NO	8 Other (Specify 26d, DESCHIBE H		OCCUMED			
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE Of building,	INJURY — At horets. (Specify)	me, farm, str	wet, factory, offi		28f. LOCATION (S City or Swin,	travit and Mymi State)	ber or Rurer f	Route Number		
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI MEDICAL EXAMINER									a) and manner sa	stated.	
29b. SIGNATURE AND EFFCE OF CENTIFIER	lle.	S Da	-		29c. LICENSE NU D2950				(Month, Day, Year - 95		
30. NAME AND ADDRESS OF PERSON WHO Gregorio Bell	OSO, MD	E OF DEATH (ITEM	427) (Type, F 4421	Beechwo	ood P1. (Crisfield	, MD	21817	410- 968-3	149	
31. DATE FILED (Month, Day, Year)		R'S SIGNATURE	سدسد								

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the hospital or attending physician to THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trained be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

attending physician burial BALTIMORE, MARYLAND 21215-0020 as the use retained by the hospital or funeral director, page 5 should be detached for after death. Page 6 may be the removal filled in by 0 the attending physician and completely fille Mental Hygiene prior to burial, cremation. DIVISION OF VITAL RECORDS, P.O. BOX 68760 signed by t Health and Health a has been s Dept. of H OR ATTENDING PHYSICIAN; The law 23 this certificate h 6 DIRECTOR: After II hours after death HOSPITAL TO THE FUNERAL (
De filed within 72 h
IMPORTANT: It II 光

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1 Netural

2 Accident

3 Suicide

4 Homicide

95 02701 AMENDED #10g.flix 1/11/95, CYW, P.G. COUNTY FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH orte -Unice lae Midneshi annery 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 K F DAYS HOURS 237-54-7429 58 YRS Sept. 1936 North Carolina 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 6825 Furman Parkway Riverdale Prince George's DIRECT RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Prince George's Riverdale 1X YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6825 Furman Parkway 20737 United Sat States FUN 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 X Married If yes, specify Cuban, Mexican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 YES 2 NO BY 3 Widowed 4 Divorced Specify: White 60 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) E Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Homemaker 9 Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Lall Hare Sablie Smith 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ACORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Lloyd Pate 6825 Furman Parkway, Riverdale, Maryland 20e. METHOD OF DISPOSITION
1 ☒ Buriel 2 ☐ Cremetion 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE 1/10/95 Brentwood, Maryland Donation 5 Other (Specify) Fort Lincoln Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADORESS OF FACILITY Fort Lincoln Funeral Home, Inc. May 3401 BLadensburg Rd., Brentwood, 20722 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory strest, **Approximate** shock, or heart failure. List only one cause on each Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) terio relestre cardio vas culas direese allers CERTIFICATION Sequentially list conditiona, OUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 WE OF DEATH? 1 TES 2 NO

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES PNO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER 1 YES 2 NO ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 27. MANNER OF GEATH

4 Nursing Home 5 Residence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED

5 Pending 1 YES 2 NO 28a. PLACE OF INJURY — At home, ferm, atreet, factory, office building, atc. (Specify) 8 Could not be determined

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.

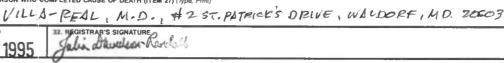
SIGNATURE AND TITLE OF TYC. LICENSE NUMBER 29d. DATE SIGNEO (Month Day Year

ugusto NAME AND ADDRESS OF RERSON WHO COMPLETED O

31. DAJE FILED (Month, Day,

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DR /	J.BE	OULS	Em
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach	be filed within 72 hours after death with the State Dept. of Health and Mentai Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF N		/ DEPAR					MENTA	L HYGIEN REG. NO.	E		
- 5	1. OECEDENT'S NAME (First, Middle, Last)	, ,	00.	30-					MONT	OF DEATH	W	YEAR	3. TIME OF DEATH
	KALPY	7'		DCE					JA	VUTTRY	81	1995	10.15 M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs.		IF UNDER	R 1 YEAR DAYS	IF UNDER	MIN	(Monti	OF BIRTH		Country)	
	244-10-6756	1 M 2 D F	78	YRS.						24,]			h Carolina
œ	9a. FACILITY NAME (If not institution, give sti	ngry IAWI	14-	2.7	9b. CITY		R LOCATIO		ATH			NTY OF DE	0
DIRECTOR	RESIDENCE OF DECEDENT	iny Invi) 1708	PIAC		Ch	INT	DN			PN	INC.	BEODE
E I	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
	Maryland Prince	George'	S		C.	linto	on						1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER Pineview Manor Nursing & Rehabilitation 101. ZIP CODE 109. CITIZEN OF W											ZEN OF WI	HAT COUNTRY?
前	Center, 9106 Pine	view Lan	ie		-01.		2073	35			Unit	ed S	tates
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS OECEDEN FORCES? 1	T EVER IN U.S.		13.	WAS DEC	ENDENT O	F HISPAN	C ORIGIN	17 (Specify Yes Rican, etc.)	or No-	14. RACE Black,	- American Indian, White, etc.
BY	3 Wildowed 4 Divorced	IF YES, GIVE W					2 X NO			, , , , , ,		Specify	
	15. DECEDENT'S EDUC		16a.	DECEDENT'S	USUAL O	CCUPATIO	Ж		T 16b	. KIND OF BUS	INFSS/IND	Bla	CK
E	(Specify only highest grade (Elementary/Secondary (0-12)			(Give kind of title. Do NOT us	work done	during mo	st of workin	ng	1	Nino C. D.	M141200	,00111.	1
PL	8	Consys (1.4 of 5.		ainten	ance	Wor	ker			Priv	ate		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH			Middle, Maiden			
BEC	Ralph Prince						Rox	anna	Tho	mas			
10 B	19a. INFORMANT'S NAME (Type/Print)									ber, City or Town			
- 1	Josephine Prince	-		3827	St.	Barn	abas	Road	d, S	uitlan	d, M	D 20	746
20e. METHOD OF DISPOSITION X Burlel 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) Commetery, crematory or other place) Caston Baptist Church Cemetery 1/14/95 North Hampton Cty., N.C.										n, State			
										Cty., N.C.			
	21. SIGNATURE OF FUNERAL SERVICE LICE	12 1	-				T FUI			ME			
	John 1. SI	ewart	111		40	01 B	enni	ng Re	oad.	N.E.	Wasl	hingt	on, D.C.
	23 PART i. Entar the disaasas, or c shock, or heart failura.	omplicationa that caused tha death. Do not anter the mode of dying, such as cardiac or raspiratory arres List only ona cause on aach ling.									est,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final disease or condition		_										Onset and Daath
	reaulting in death)	DUE TO (OR AS A CONSEQUENCE OF):									9 HRS 30 KIN		
_													9 HRS 30UN
ERTIFICATION	Sequantially ilst conditiona,	DUE TO	COR AS A CONS	SEQUENCE O	F):					•			19 HIS JUNIN
SAT	If any, leading to immediate cause. Enter UNDERLYING	. As	PIRATION AS A CONS	eN 01	FT	"UBE	PEL	DING					11 HRS 45MI
E	CAUSE (Disease or injury that initiated avanta	DUE TO	(OR AS A CONS	SEQUENCE O	F):								
	resulting in death) LAST	. VOA	ULTING	7									il HES 45 MIN
2	PART il. Other significant conditions	s contributing to	death but no	t resulting	In the ur	ndarlying	causa (givan in I	Part i.	24a, WAS AN	AUTOPSY	24b. \	WERE AUTOPSY FINDINGS
S	urinary trac									PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Decubitus								_	1 TES 2	NO		OF DEATH? 1 TES 2 NO
2 :	DID TOBACCO USE CONTR		USE OF DE	EATH Y	ES 🗆	NO [l UNC	ERTAIN	<u>-</u>				
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			LACE OF DEA	TH (Check	only one)							
Sic	1 TES 2 NO	HOSPITAL:	☐ ER/Outpetient	3 🗆 DOA	4 Nu		e 5 🗆 Re	sidence	8 🗆 Othe	r (Specify)			
PH	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF (Month, D		26b. TIM	IE OF JURY	26c. INJ WO	URY AT		26d. DES	CRIBE HOW II	NJURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation	getion 1 TES 2 NO											
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE O building,	OF INJURY — At, etc. (Specify)	home, farm,	atreet, fac	tory, office				ATION (Street a or Town, State)	nnd Number	or Rural Ro	ute Number,
COMPLET	29a, CERTIFIER												
MPI	(Check only												
8	2 MEDICAL EXAMINE		xamination and/	or investigation	on, in my	opinion, d	eath occur	red at the t	fime, date	and place, an	d due to th	e cause(s)	and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	di da	Rend	241)			_	ENSE NUM			29d. DAT		(Month, Day, Year)
6	30. NAME AND ADDRESS OF PERSON WHO	, lun	,		- Oriett		\mathcal{D}	155	13			1/91	95



30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day,

P.G. COUNTY

	A	MEN DED	#12	Op	,	1/9/95,	CYW	,
-	FOR STATE REGISTRAR		S	ATE	0F	MARYLAND	/ DEP	
1. (DECEDENT'S NAME (FI	irst, Middle, Last)						

	1 - STATE REGISTRAR	SIAIL OF MA	CERT	IFICAT	E OF	DEAT	H UN	ENIAL HYGIEN REG. NO	Ł		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH		YEAR	3. TIME OF DEATH
	MARK T.		PRICE				Ъ	AN 03	1:30 A M		
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birtho	MONTHS	DAYS	IF UNDER 2	24 HRS. 7	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHP Country)	LACE (State or Foreign
- 1	577-94-5061	1X M 2 🗆 F	30 YR	S.			N	NOV.13, 19	964		INGTON, DC
OR	9a, FACILITY NAME (If not institution, give structure) 2203 VERMONT				v, town (NDO\	ER LOCATIO	N OF DEAT	гн	1	NCE	GEORGES
EG	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c	CITY, TOWN	OR LOCAT	ION					10d, INSIDE CITY
DIRECTOR	MARYLAND PRINCE	GEORGE'S		LANDO						1.5	LIMITS?
	10e. STREET AND NUMBER	GEORGE S) .	LAINDO	1	. ZIP CODE			10g. CITI		IAT COUNTRY?
FUNERAL	2203 VERMONT AV	TENUE				20785	5		V	USA	
2	11. MARITAL STATUS	12. WAS DECEDENT E FORCES? 1	VER IN U.S. ARMED	13.	WAS DEC	ENDENT OF	HISPANIC	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No-	14. RACE -	- American Indian, White, etc.
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR		1	1 YES	2 X NO	Specify:	Puano Rican, etc.)		Specify:	
	15, DECEDENT'S EDUCA	ATION	18a, DECEDEN	IT'S USUAL (OCCUPATIO	ON .		16b. KIND OF BUS	INESS/IND	HETOV	BLACK
COMPLETED	(Specify only highest grade c Elementary/Secondary (8-12)	Onpleted) College (1-4 or 5+)	(Give kind	of work done of use retired.)	durina mo	st of working	1	IOL KIND OF BOX	JINESS/IND	OSINI	
MP	12th		CLE	RK TYI	PIST]	PVT.		l.
8	17. FATHER'S NAME (First, Middle, Last)							(First, Middle, Maiden	Sumame)		
8	WILLI 19a. INFORMANT'S NAME (Type/Print)	AM GREENE						CIA PRICE			
9	PATRICIA BROWN/ M	OTHER						NUMBER, City or Town			20785
	204, METHOD OF DISPOSITION		20b. PLACE AND DA	TEOFDISPO	STIONTV	me of					
20s. METHOD OF DISPOSITION **XXBurlal 2											
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE /		22	NAME AN	D ADDRESS	S OF FACIL	FUNERAL I	HOME		YLAND20785
	Juliwana	7 DI	anton	74	474 ⁻ 1	ANDO	VER F	ROAD LAND	OVER,	MARY	YLAND20785
	23. PART i. Enter the diseases, or co shock, or heart failure. Li	enplications that co	sused the daeth. D	o not ante	r the mo	de of dyln	ig, such e	es cerdiac or respi	ratory arr	est,	Approximats
	IMMEDIATE CAUSE (Final				,						Intervel Bstween Onset and Death
	disease or condition resulting in death)	Mult DUE TO (OR	iple a	un	She	it	WOU	inds			
		DUE TO (OF	AS A CONSEQUENC	E OF):							
CERTIFICATION	Sequentially list conditions, if sny, lesding to immediate	DUE TO (OF	AS A CONSEQUENCE	E OF):							
S	cause. Enter UNDERLYING CAUSE (Disease or injury										
E	thet initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE	E OF):							
EH	d.										
	PART ii. Other significant conditions	contributing to de	eth but not reauitle	ng in the u	nderiying	cause gl	ven in Pa	irt i. 24s. WAS AN			VERE AUTOPSY FINDINGS
DICAL								PERFOR		0	WAILABLE PRIOR TO COMPLETION OF CAUSE
ME								_ /			F DEATH?
ä	DID TOBACCO USE CONTRI	BUTE TO CAUS	E OF DEATH	YES 🗆	NO 🗆	UNCE	RTAIN				
PHYSICIAN:		HOSPITAL:	26. PLACE OF D	OTHE							
14S	1 X YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 EF		A 4 □ Nu	raing Hom	$\overline{}$		Other (Specify)			
	1 Natural 5 Pending	(Month, Day, 1	(bar)	TIME OF INJURY		DRY AT RK? ES 2		S WE TEN		URED	
BY	2 Accident Investigation 3 Suicida 8 Could not be	28s. PLACE OF IN	IJURY — At home, ter							or Rurai Rou	itel Number.
Ä	4 Orlomicide determined	building, etc.	(Specify)				1-	City or Town, State)	erma	nt a	itel Number,
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICI	AN: To the best of my	-		time, deta	and place, a		-			
NO.	One) 2 XMEDICAL EXAMINER:										and manner as stated.
ш	29b. SIGNATURE AND NITLE OF CERTIFIER	all	/			29c. LICEN	ISE NUMBE	R	29d, DATE	SIGNED (A	fonth, Day, Year)
TO B		0 41				0.0	C.M.	E	JA	N 3,	1995
,	30. NAME AND ADDRESS OF PERSON WHO	DWO CO	DE DEATH (ITEM 27) (1	ype, Print) Penn	Sti	ceet	, Ba	ltimore	, Ma	ryla	nd 21201
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE							-	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans. Defined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

| IN I have 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760

2 JAN 06 1995

Jalia Davidson Rardall

- - - - XXII

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician
THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-graves filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

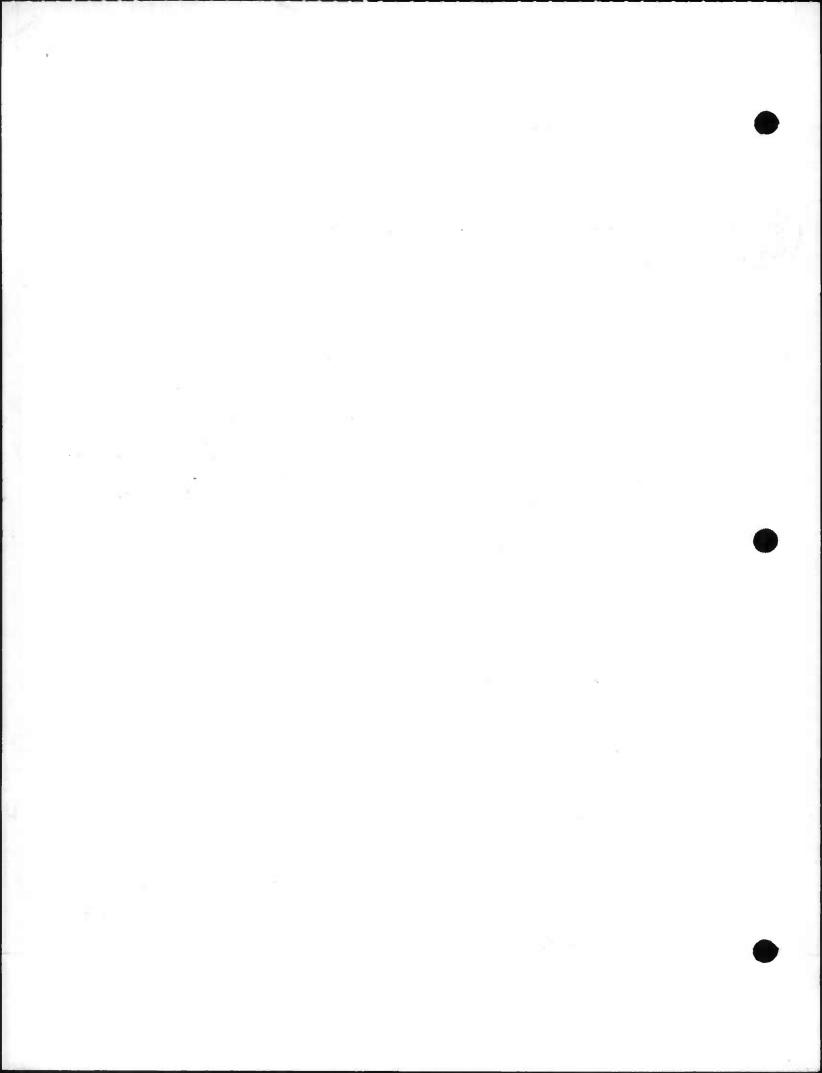
FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE REGISTRAR	JIM	IL OF H	IANTL	CE	RTIF	ICATE	OF	DEAT	TH	MEN	REG. NO				
	1. DECEDENT'S NAME (First, Midd		·									ATE OF DEATN			3. TIME OF DEATN	
1	MARGARET	MARCH									. "	ONTH 5	1	YEAR 95	930 PM	
١	4. SOCIAL SECURITY NUMBER	5. SEX		8. AGE	'in yrs. lesi	birthday)	IF UNDER		IF UNDER		7. D	ATE OF BIRTH			IPLACE (State or Foreign	
	214-64-8719	1 🗆 M	2 K F	77		YRS.	MONTHS	DAYS	HOURS	MIN.	1	0-16-1	7	Countr	Maryland	
	9a. FACILITY NAME (If not institution	on, give street and r	number)				9b. CITY,	TOWN (OR LOCATIO	ON OF DE	ATN		9c. COL	INTY OF D	EATN	
	PRINCE GEOF		OSPI	TAI	ı		СН	EVE	RLY				PRINCE GEORGE'S			
		COUNTY				10c. CIT	Y, TOWN O	R LOCAT	TION		_			T	10d. INSIDE CITY	
1	Maryland Pr	cince G	eorg	ge's	3	H.	ighl	and	l Pa:	rk					LIMITS?	
	10e. STREET AND NUMBER							10	ZIP CODE		_		10g. CI1	IZEN OF W	VHAT COUNTRY?	
	6917 Sherif								20	785			Un	ited	States	
I	11. MARITAL STATUS 1 Never Married 2 Married	FOR	DECEDEN	EVER I	U.S. ARI	MED						RIGIN? (Specify Yearto Ricen, etc.)	or No-	14. RACE Black	- American Indian, , White, atc.	
	3 Widowed 4 Divorced		ES, GIVE W						2 X NO			, , ,		Speci	ty:	
15. DECEDENT'S EDUCATION 166. DECEDENT'S USUAL OCCUPATION 166, KIND OF BUSINESS/INDUSTRY									Black							
(Specify only highest grade completed) (Give kind of work done during most of working																
	Elementary/Secondary (0-12)	Conege	# (1~4 OF 5 +	'	Но	1160	keep	or								
	17. FATHER'S NAME (First, Middle,	Last)			110	use.	KCCP	CI	18, MOTH	IER'S NA	ME (F	irst, Middle, Maiden	Surname)			
۱	Tana	atius O	lieer	1					Win	rair	n i :	a Brool	20			
ı	19a. INFORMANT'S NAME (Type/Pi		acci		19b	. MAILING	ADDRESS	(Street s				Number, City or Tox		(p Code)		
	Anthony Woo	dward			1	529	Hun	t A	ve.	Lar	ndo	over, N	Mary	land	20785	
	24s. METNOD OF DISPOSITION 14 Burish 2 Cremetion 3	☐ Ramoviil from	State	cen	etery crer	netory or o	OF DISPOSI				- 1			City or To		
I	4 ☐ Denation 5 ☐ Other (Special SET		1	Ha	rmo	ny l	Mem.							Land	dover, Md.	
ı	(101 -	1 /1	5	9 10		-						RAL HOI				
1	4001 Benning Rd. N.E., Wash. D.C. 23 Part I. Enter the diseases or complications that ceused the death. Do not anter the mode of dying, such as cardiec or reapiratory errest, Approximete															
ı	23. Part i. Enter the disees ahock, or haart	es or compilea	tions that	ceused as on a	the dan	eth. Do r	not anter	the mo	de of dyi	ng, suci	h as	cardiec or reap	ratory e	Test,	Approximete Interval Between	
ı	MAEDIATE CAUSE (Final														Onset and Death	
1	resulting in death)	a.	SEP	15				_							484rs	
4	I.S		DUE TO	(OR AS A	CONSEO	UENCE O	F):									
ı	Sequentially list conditions, if any, leading to immediate		DUE TO	OR AS A	CONSEO	UENCE O	F):									
I	cause. Enter UNDERLYING	•														
H	CAUSE (Disease or Injury that initiated events	1	OUE TO	OR AS A	CONSEO	UENCE O	F):									
1	resulting in death) LAST	d														
ı	PART II. Other significant co	anditiona contril	buting to	death h	ut not ri	naultina	in the une	dorlyln	2 601100 6	shan in	Dord	i. 24a, WAS AN	ALITORNA	1 40	WERE AUTOPSY FINDINGS	
	carinom					adolting	m the till	Jen y III	y cauae y	nvan m	rait	PERFO		240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ıl.		0 0 0	(101								_	1 TYES	DINO		OF DEATH?	
ı	DID TOBACCO USE (ONITOIRLITE	TO CA	ISE O	E DEAT		C 🗆 N	וס ר	LINIC	ERTAIN		,			1 YES 2 NO	
ı	25. WAS CASE REFERRED TO ME		TO CA				TH (Check o		POINC	CKIAII	<u> </u>	1				
ı	EXAMINER?	HOSP	LFAL: atlant 2				OTHER	:	• 5 □ P•	aldanaa	• 🗆	Other (Specify)				
ı	27. MANNER OF DEATH		. DATE OF	INJURY		28b. TIM	E OF	28c. INJ	URY AT	Siderice	_	OESCRIBE HOW	NJURY OC	CURED		
ı	1 Natural 5 Pendi 2 Accident Invest	ing igation	(Month, De	ly, Year)		INJ	M	_	RK? /ES 2 [] NO						
ŀ	3 Sulcide 8 Could set b. 28s. PLACE OF INJURY — At home, term, street, tectory, office 28t. LOCATION (Street and Number or Rural Route Number.															
1	4 Homicide detarr	plnad		ator (apoc						- 1		City or Town, State,				
1	29a. CERTIFIER (Check only	G PNYSICIAN: To	the best of	my know	ledge, des	th occurr	ed at the tir	ne, data	and place,	and due	to the	cause(a) and ma	nner as ata	nted.		
) and manner as stated.	
ı	296. SIGNATURE AND TITLE OF	ERTIFIER	$\overline{}$						29s, LICE	NSE HUM	ен п		29d. OA	TE SIGNED	(Month, Day, Year)	
	Veloly/hlu	lun	/						0	227	3	0	1	1/6/		
Í	30. NAME AND ADDRESS OF PER	SON WHO COMPL	ETEO CAUS	E OF OE	ATH (ITEM	1 27) (Type,	Print)		/ · ^		1	renber	11 -			
	1 DATE EN ED MARCH DOWN	155651	140	+57	000	reer	1 Way	y C	MA	1.	O.	censes	TM	02	0770	
	JAN 12 1995 32. ARGISTRARE SIGNATURE RANDAUL SULLA DAVILLE RANDAUL															



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	1215-0026	П
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending unhand.	ir attending private in	.l
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burner and be filled within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.	use as the burnarian	1
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	, web	,

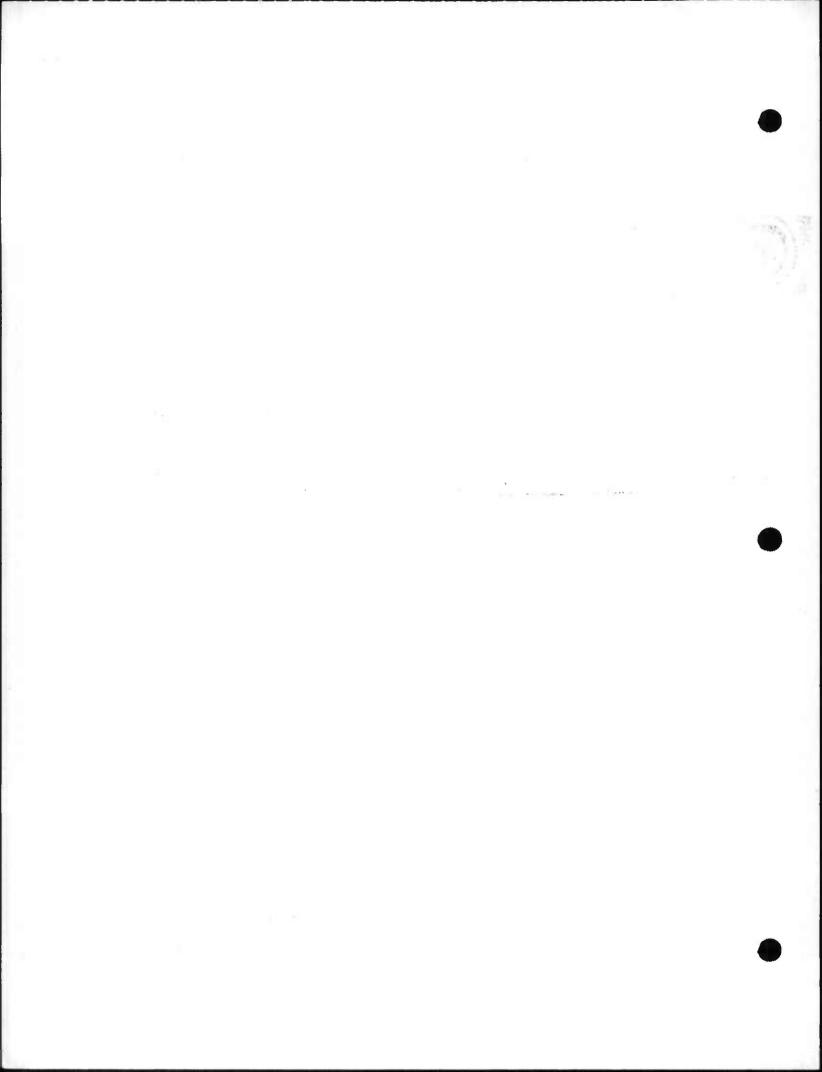
1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1	•	STATE REGISTR	AR
þ	1. D	ECEDENT'S	NA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIFNE

_	REGISTRAR		CERTI	FICATE	OF	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)		,				2. DATE OF	DEATH	ıv.	YEAR	3. TIME OF DEATH	
	Charles		edman				Janua	Vas		195	1800 M	
	4. SOCIAL SECURITY NUMBER 220- 10- 3956		BE (In yrs. lest birthda 39 YRS	MONTHO	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF May	DIOTE	05	6. BIRTH Brur	PLACE (State or Foreign SWICK, Md	
E I	9a. FACILITY NAME (If not institution, give str Washington Count			96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF Hagerstown Washir								
5	RESIDENCE OF DECEDENT				J						,	
DIRECTOR	_	hington		lagers						10d. INSIDE CITY LIMITS? 1 ☑ YES 2 ☐ NO		
FUNERAL	17836 Virginia A				101.	21740				J. S.	VHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	1:2. WAS DECEDENT EVE FORÇES? 1 YE IF YES, GIVE WAR OF	ES 2 NO	H H	yes, spe	ENDENT OF HISPAN Delify Cuban, Maxica 2 NO Specifi	n, Puerto Ric		or No—	Black	E — American Indian, k, Whita, atc. ^{ffy:} White	
	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DECEDENT	I'S USUAL OCC	CUPATIO	N et of working	16b. K	IND OF BUS	INESS/INI	DUSTRY		
COMPLETED	Elementary/Secondary (0-12)	(College (1-4 or 5+)	Laboi	use retired.)	any mo	N. O. Working	Cou	inty 1	Road	Cons	struction	
	17. FATHER'S NAME (First, Middle, Last) Allen Redman					18. MOTHER'S NA	ME (First, Mid ie Phi					
TO BE	190. INFORMANT'S NAME (Type/Print) R. Larry Redma	n	19b. MAILI	NG ADDRESS ((Street a	nd Number or Rural I	Route Number,	city or Town	n, State, Zij	Code)	1. 21740	
	20 METHOD OF DISPOSITION 1 Durial 2 Cremetion 3 Remo	ovel from State	20b. PLACE AND DAT	E OF DISPOSIT	TION (Na	me of	DATE	20c. LO	CATION —	City or To	wo State	
	4 Donation 5 Other (Specify)		Brownsv					9-95	Brow	nsvi	lle, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICE	h.	Bast, J			D ADDRESS OF FA					ional Pike d. 21713	
	23. PART Entar the diseases, or conshock, or heart failure. L	oniplications that caus	sed the death. De	not antar t	ha mod	sa of dying, suc	h aa cardla	c or raspi	ratory ar	rest,	Approximata	
		Atherisch Due to (OR A		vdiovase	ular	disease					Interval Between Onset and Death	
_	_										Chronic	
CERTIFICATION	Sequantially list conditions, if any, landing to immediata cause. Enter UNDERLYING	DUE TO (OR A	Rand SACONSEQUENCE	OF):	A.	NT					on one	
TFIC	CAUSE (Disease or Injury that initiated events	DUE TO (OR A	S A CONSEQUENCE	OF):	KES W	nellitus					Un pourc	
ER	resulting in death) LAST	ie										
	PART II. Other algnificant conditions	contributing to death	but not reaultin	g In tha und	larlying	cauaa given in	Part I. 24	la. WAS AN		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
EDICAL					_		1	YES 2	/		COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: ME	DID TOBACCO USE CONTR	PRUTE TO CAUSE	OF DEATH	YES II N	ΩП	UNCERTAIN					t 🗌 YES 2 🗍 NO	
ź I	25. WAS CASE REFERRED TO MEDICAL		26, PLACE OF DI			OTTOLKIAII	101					
ĕ		HOSPITAL:	utpatient 3 🗆 DOA	OTHER:		5 Realdence	8 Other (S	Specify)				
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJUR (Month, Day, Year		IME OF 2	8c. INJU	RK?	28d. DESCR	IBE HOW IF	JURY OC	CURED		
፟፼	2 Accident Investigation	28a. PLACE OF INJU	IRV — At home fem	M factor	1 V	ES 2 NO	204 1 00471	OM (Day)	4.44	0.45		
ETED	3 Suicide 8 Could not be determined	building, atc. (S	pecify)	i, attest, factor	ry, onice		City or	lown, State)	nd Number	or Hunti H	loute Number,	
COMPL	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINER) end manner as stated,	
	296. SIGNATURE AND TITLE OF CERTIFIER	21				29c. LICENSE NUN	ABER		29d. DAT	E SJGNED	(Month, Day, Year)	
O BE	KZK					D 265	79		1	17/9	5	
	20. NAME AND ADDRESS OF PERSON WHO R. C. Kugler MD	COMPLETED CAUSE OF	Northern			Haso-	stown,	Moni	land	רומ	142	
	JAN I 9 1995 July	32. REGISTRAR'S SH						<u> </u>				
TI.	7100	The state of the s	Za II.									



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CE	RTIF	ICATE O	F DEAT	H	REG. NO				
	(MHUE)	CHARDES	EXP	y ₇ 2	RIDEN	OUR		2. DATE OF DEATH	79	Gene	3. TIME OF DEATH	м
	212-14-7307	X M 2 F	AGE (In yrs. last t	vrthday)	IF UNDER 1 YEA MONTHS DAY	-		MARCH 9,19	920		PLACE (State or Foreign	
TOR	9a. FACILITY NAME (If not Institution, give street WASHINGTON COUN RESIDENCE OF DECEDENT	,	PITAL			RSTOV		ATH	Washing for			
DIRECTOR	10a. STATE 10b. COUNTY	INGTON			Y, TOWN OR LO				10d. INSIDE CITY LIMITS? 1 YES 2			
FUNERAL	100. STREET AND NUMBER 11834 PATRICK RO	DAD				101. ZIP CODE 217			U.S.A.			
ВҰ	11. MARITAL STATUS 1	E. WAS DECEDENT E FORCES? 1 V IF YES, GIVE WAR WW	YES 2 NO	NO If yes, specify Cuban, Mexicen, Puerto Rican, etc.) Black, White								
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade corr Elementary/Secondary (0-12)	ION npleted) college (1-4 or 5+)	(Give	kind of v o NOT us	USUAL OCCUPI vork done during le retired.)	most of working	g	166, KIND OF BUS			N	
BE COM	EDWARD LEE RIDENOUR MARTHA LEE									RIMM		
5	196. INFORMANT'S NAME (Type/Print) CARLETTA L. EVANS 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 11834 PATRICK ROAD, HAGERSTOWN, MD. 21742											
	20b. PLACE AND DATE OF DISPOSITION DATE 20c. LOCATION — City or Town, State 1 M Burlal 2 Cremation 3 Removal from State CEDAR LAWN MEMORIAL PARK 01-21-95 HAGERSTOWN, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	21, SIGNATURE OF FUNERAL SERVICE LICENS	Brade	1						AL HO	OME RSTOW	INC. N, MD. 217	40
CERTIFICATION	23. PART I. Enter the diseases, or coniplications the caused the death. Do not enter the mode of dying, such as cardiac or reapiretory arrest, abock, or heart failure. Lial only one deuae on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
EDICAL	PART II. Other algnificant conditions co	ath but not res	ulting i	n the underly	Iven in P	PERFOR	I. 24e. WAS AN AUTOPSY PERFORMED?		. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	3		
IAN: N	DID TOBACCO USE CONTRIES 25. WAS CASE REFERRED TO MEDICAL	UTE TO CAUS		_	S NO		ERTAIN					4
Y PHYSICIAN: MI	1 VES 2 NO 1 27. MANNER OF DEATH 1 Netural 5 Pending	OSPITAL: Inpatient 2 EF 28a. DATE OF INJ (Month, Day, 1)	IURY	26b. TIMI	E OF 28c.	NJURY AT WORK?		Other (Specify) 28d. DESCRIBE HOW I	NJURY OC	CURED		-
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	26e. PLACE OF IN building, etc.	JURY — At home . (Specify)	, form, a			-	26f. LOCATION (Street a City or Town, State)	and Numbe	er or Aural A	loute Number,	
BE COMPLETED		CIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) end manner as stated. B: On the bests of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 20c_LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)										
5	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE O	OF DEATH (ITEM 2	17) (Type,	Print)	100	CCU	45		1 1 1	7/95	-
31. DATE FILEO (MONTH, Day, Year) 32. REGISTRAR'S SIGNATURE 11. Day 3 1995 July Studies Redell											+	

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within \$4 hours after death. Page 6 may be retained by the hospital or attending physician.

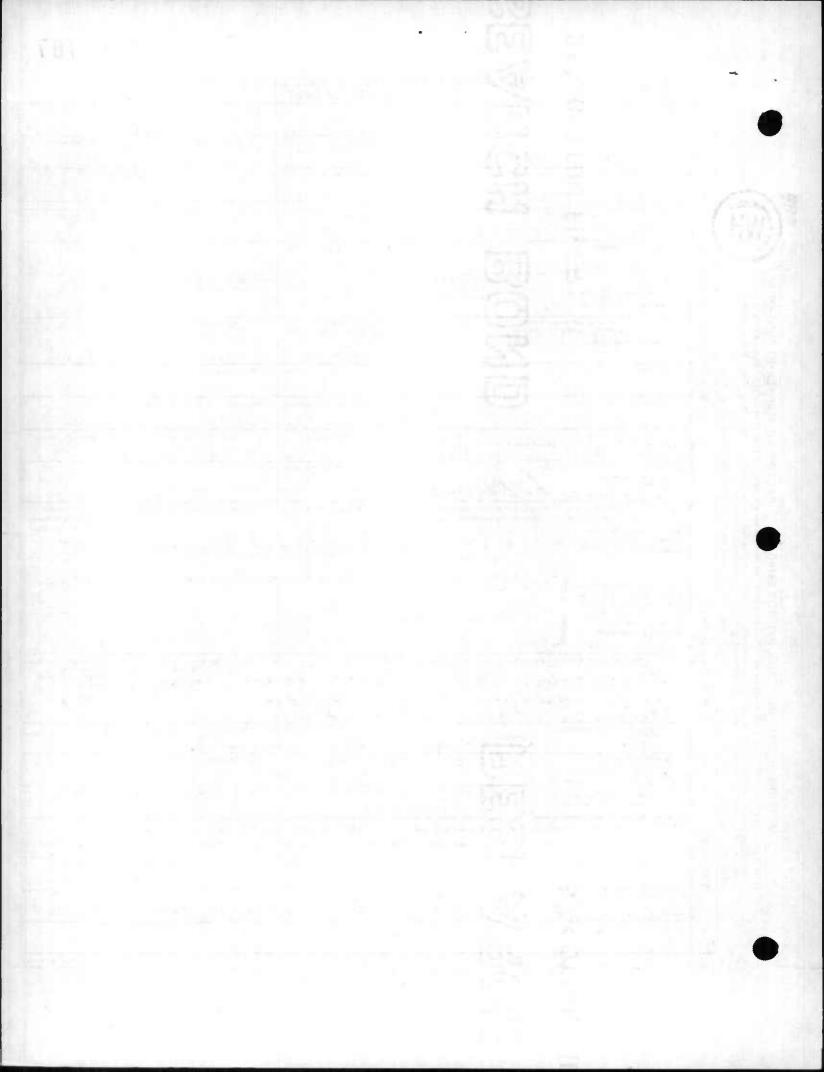
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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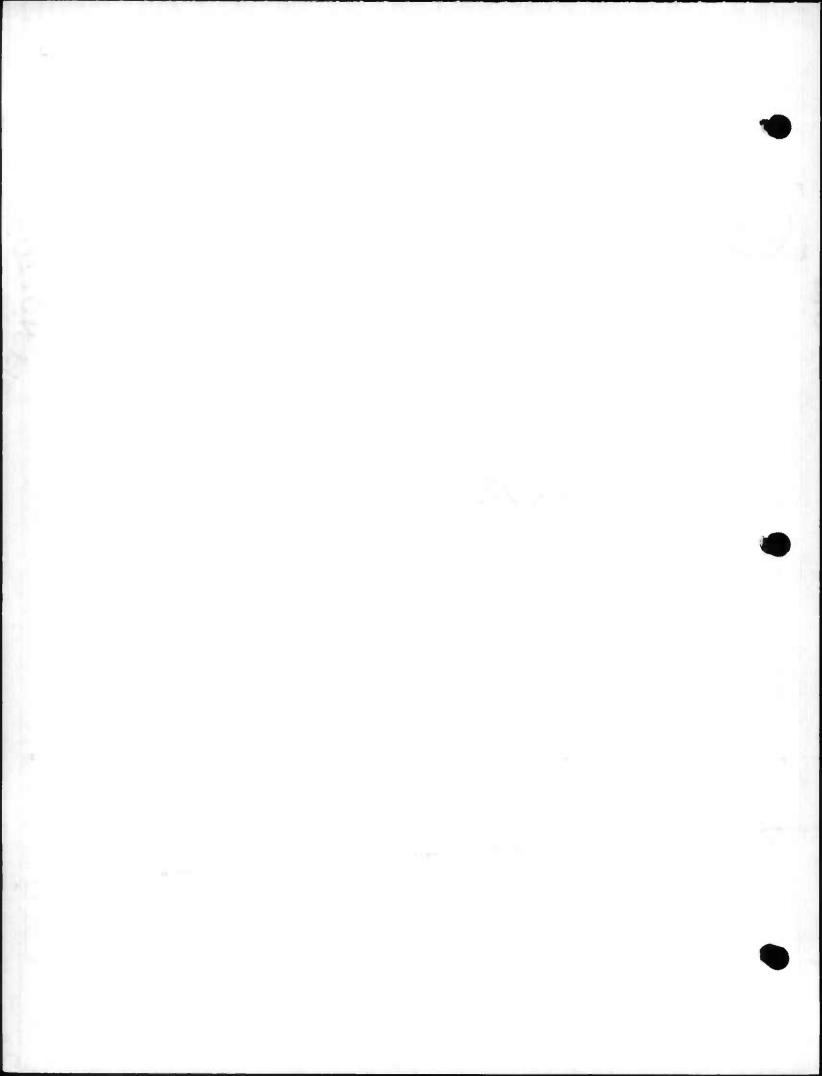
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF	DEATH	RE	EG. NO.						
1. DECEDENT'S NAME (First, Middle, Last)	10000			17,000	2. DATE OF D	EATH DAY	YEAR	3. TIME OF DEATH				
Carl	Melvin	R	₽W		Ol -		95	10:10 P.				
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	RTH	8. BIRT	HPLACE (State or Foreign				
216-05-0048	1 M 2 F	92 YRS.	OAYS DAYS	HOURS MIN.	(Month, Day 9/5/	02	Coun	Virgini				
McCready Memo				field	-AIN		Some					
10a. STATE 10b. COUNT			OWN OR LOCAT	ON		10d. INSIDE CITY						
	orcester		Girdle					LIMITS? 1 YES 2 1 NO				
100. STREET AND NUMBER 5416 Onley	Road		101	21829		10g. 0		WHAT COUNTRY?				
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E	YES 2X NO	If yes, spe	ENDENT OF HISPAN celty Cuban, Mexica 2 X NO Specify	n, Puerto Rican							
15. DECEDENT'S ED	UCATION le completed)	16s. DECEDENT'S US (Give kind of work	done during mo	N of of working		of Business/						
Elementary/Secondary (0-12)	College (1-4 or 5 +)	Field	Manag	er		bby Ca						
17. FATHER'S NAME (First, Middle, Last)		1 11010	inamag	18. MOTHER'S NA								
William Rew				Emma	S. Re	W						
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AL	DRESS (Street =	nd Number or Rural I			Zip Cnde)					
C.Lynden Rew				Rd., (21820				
20a. METHOD OF DISPOSITION												
1 X Surial 2 Cremation 3 Removel from State cemetery, cremetory or other place)												
4 Donation 5 Other (Specify) Springhill Meth. Cem. 1/14 Girdletree, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSES, 22. NAME AND ADDRESS OF FACILITY												
Patricia	L. Den	mis				me,Sno	ow H:	ill,Md.				
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury CAUSE (DISEASE (Disease or injury CAUSE (Disease or injury CAUSE (Disease												
CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEDUENCE OF):												
PART II. Other significant condition	1 01	eeth but not resulting in		Deren in		WAS AN AUTOPS PERFORMEO?	SY 24	b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE				
0 10	rentia;	ASCUD				YES 2 1 NO		OF DEATH?				
25. WAS CASE REFERRED TO MEDICAL	1	The season	26. PL	ACE OF DEATH (Ch	eck only one)							
EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	5 - Residence	e 🗆 Om (C	-44-4						
27. MANNER OF DEATH 1 Netural 5 Pending	28s. DATE OF IN (Month, Day,	IJURY 285, TIME (OF 28c. INJ WO	JRY AT RK?		E HOW INJURY	OCCURED	A Maria				
2 Accident Investigation 3 Suicide 5 Could not be detarmined detarmined City or Yown, State) 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Yown, State)								Route Number,				
29a. CERTIFIER (Check only 1 CERTIFYING PHYS		y knowledge, daeth occurred minetion and/or investigation,						(s) and manner as stated				
290. BIGHATURE AND TITZE OF CERTIFIC	ed per			D. 29		29d. 0		D (Month, Day, Year)				
GREGORIO M		SO, M.D. 4		ECHWE	OD PL	OKIC	FIFI	0 MDZ1817				
	99 32. REGISTRAR	S SIGNATURE	10			1000	116	7				
VAN 13	333	menon pudal	^-									



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within About after death. Page 6 may be retained by the hospital or attending physic muscan integrine after this participan has been signed for use as the burial or the funeral director, page 5 should be detached for use as the burial	to the forecast, but control, the first control of	
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	FOR 1 . STATE	STATE OF MA					MENTAL I	HYGIENE				
	REGISTRAR		CE	RTIFICAT	E OF	DEATH		REG. NO.				
1	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF MONTH	OEATH DAY	y YE	AR 3. 1	TIME OF DEATH	
	ANNA MARY	ROBI	SON				Janu		16,19	9 5	11:30 Am	
1	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. lest	MONTH	ER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month, E		8.1	SIRTHPLAC	CE (State or Foreign	
	229-66-2227	1 [] M 2 🔭 F	72	YRS.							Virginia	
	9a. FACILITY NAME (If not institution, give str			9b. CI		OR LOCATION OF DE	HTA	TH 9c. COUNTY OF DEATH				
5	Washington County	Hospita.			Hage	rstown		Washington			on	
EG	10a. STATE 10b. COUNTY			10c. CITY, TOWN	OR LOCAT	TION			10d	, INSIDE CITY		
HIC	West Virginia	Jefferso	on	Shen	andoa	h Juncti	.on		1	LIMITS?		
23	10e. STREET AND NUMBER				101	. ZIP COOE	10g. CITIZEN OF				COUNTRY?	
FUNERAL DIRECTOR	P. O. Box 44				25442					USA		
5	11. MARITAL STATUS	12. WAS DECEDENT I					DENT OF HISPANIC ORIGIN? (Specify Yea or No.— 14. RACE — by Cuber, Maylean Puerto Bless, etc.)					
	1 Never Married 2 Married	FORCES? 1 [10		ecify Cuban, Mexica 2 NO Specify		an, etc.)		Specify:		
) BY	3 ☑ Widowed 4 ☐ Olvorced									whit	e	
TED	15. OECEDENT'S EDUC (Specify only highest grade of	ATION completed)	(GI	CEDENT'S USUAL we kind of work dor Do NOT use retired	ne durina ma		16b. K	IND OF BUS	INESS/INDUST	RY		
اڌ	Elamentary/Secondary (0-12)	College (1-4 or 5+)		homemak	,			her o	wa hom	P		
COMPLET	17. FATHER'S NAME (First, Middle, Last)			Homeman		16. MOTHER'S NA						
	James Hendrickson Louisa Mae Isner											
BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
2	Sheila R. Weatherholiz P. O. Box 44, Shenandoah Junction, W.VA.25442 20s. METHOD OF DISPOSITION (Name of commencey, cremetory or 20s. LOCATION — City or Town, State											
	20a. METHOD OF OISPOSITION 1 Strial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val Irom State	other ple						ation – chy 1s Chu			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSE E	2 10			NO ADDRESS OF FA	CILITY		LO OHO	LUIL	7.0.	
	· Scott	MI	lnn	A					gersto	WI2,	Md. 21740	
	23. PART I. Enter the diseases, or complications that caused tha death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Pneumonia Pneumonia											
	OUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
S	cause. Enter UNDERLYING CAUSE (Disesse or Injury											
TIF	that initiated events resulting in death) LAST	DUE TO (C	R AS A CONSEC	DUENCE OF):								
H		·										
MEDICAL (PART II. Other significant condition	contributing to d	leath but not r	resulting in the	underiyir	ng ceuse given in		PERFOR		AW	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH?	
M										1[YES 2 NO	
Ä	25. WAS CASE REFERRED TO MEDICAL					4 405 05 05 1711 (0)						
ICI	EXAMINER?	HOSPITAL:		ОТН	IER:	LACE OF DEATH (Ch		_				
PHYSICIAN:	1 X YES 2 □ NO 27. MANNER OF DEATH	1 Inpatient 2 X		26b. TIME OF	1	JURY AT			NJURY OCCUP	REO		
	1XXNatural 5 Pending	(Month, Day	(Year)	INJURY	W	ORK? YES 2 NO						
ВУ	2 Accident Investigation 3 Suicide 5 Could not be			ome, farm, street,					and Number or	Rural Rout	e Number,	
	4 Homicide 5 Could not be	building, e	tc. (Specify)				City of	Town, State)				
COMPLETED	29a. CERTIFIER (Check only one)											
00	2XXMEDICAL EXAMINE	- 0.5-	ACTUAL COLUMN	veetigetion, in f	y opinion,			na prace, ar		-1111	III. De la constantina	
BE	296. SIGNATURE AND TITLE OF CERTIFIER	9.71	1						17/9!	onth, Day, Year)		
10	36. NAME AND ADDRESS OF PERSON WH	O COMPLETED CALLED	E OF OFATH ATE	M 27) (Time Drive)		D0106			- 1/	17/9	,	
	Edward W. Ditto,	III, M.D.	217		ingto	n St.	Hager	stown	, Md.	2174	40	
	314DATE FILEO (More), Day, Year)	32. REGISTRAP	'S SIGNATURE									



TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	SIMIL OF I	CE	RTIF	CATE (OF DE	IN AND	MENIA	REG. NO.	E				
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE	OF DEATH			3. TIME OF DE	ATH	
FREDA NAOMI ROBER	'TSON						Jan C	Ary 12	ν Q5	YEAR	20:10	Рм	
4 SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 YE		NDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTH	PLACE (State or	Foreign	
232 26 5382	1 🗌 M 2 💢 F	89	YRS.	MONTHS DA	WB HOU	RS MIN.	Jan		906	VAR'	YLAND		
9e. FACILITY NAME (If not institution, give stre	et and number)			9b. CITY, TO	WN OR LO	CATION OF DI			9c. COUNTY OF DEATH				
SACRED HEART HOS	PITAL			CUM	BERLA	ND			AL	LEGA	NY		
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c, CITY	, TOWN OR L	OCATION			10d, INSIDE CITY					
MARYLAND ALLE	GANY			LDTOW		LIMI 1 Yes							
10a. STREET AND NUMBER	WITH I			LDION	10f. ZIP (CODE			10g. CITIZ	EN OF W	WHAT COUNTRY?		
ROUTE 2, BOX 34					21	555			U.	S.A			
	12. WAS DECEDEN	T EVER IN U.S. ARI	MED					N? (Specify Yes	or No—	14. RACE	— American Inc	dien,	
1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W		U			NO Specif		Ricen, etc.)		Speci	t, White, etc.	_	
15. DECEDENT'S EDUCA	FION										MILLI	<u></u>	
(Specify only highest grade of	cympleted)	(Gir	ve kind of w Do NOT us	USUAL OCCUI ork done durin e militad)	PATION g most of w	orking	161	. KIND OF BUS	INESS/INDU	JSTRY			
Elementery/Secondery (0-12)	College (1-4 or 5			MAKER				OWN H	OME				
17. FATHER'S NAME (First, Middle, Last)					10. A	OTHER'S NA	ME (First	Middle, Maiden	Surname)		-		
ELDOOD CRABTREE								NIA P					
19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)													
NORMA BUCY													
20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Remove	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION / Name of DATE 20c. LOCATION — City or Town, State												
4 Donation 5 Other (Specify)	1X Burlel 2 Cremetion 3 Removal from State Cemetery, crematory or other place) 4 Donation 5 Other (Specify) GREENRIDGE CEMETERY 1/15/95 OLDTOWN, MD												
21. SIGNATURE OF FUNERAL SERVICE LICEVISEE 22. NAME AND ADDRESS OF FACILITY GEORGE – UPCHURCH FUNERAL HOME, P.A.													
Wandy 9), unchurch 202 GREENE ST., CUMBERLAND, MD 21502													
23. PART I. Enter the discesses, or co shock, or heart failure. Li	mpileatione tha	t caused the dec	eth. Do n	ot enter the	mode of	dylng, suc	h aa cen	diec or reepi	ratory arre	ret,	Approxim	nate	
IMMEDIATE CAUSE (Finel		50 1 2 2 2 2		_	-	-					Onset an		
disease or condition	Con 9.	> 2 tens	11	Las	-	ta.	los	6			1,3 4	lrs.	
	DUE TO	(OR AS A CONSEO	UENCE OF):	1						10	~	
Sequentially liet conditions, b.													
if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEO	UENCE OF):									
CAUSE (Disease or Injury thet initiated events	DUE TO	(OR AS A CONSEO	UENCE OF	١٠							-		
resulting in death) LAST		(on no n conoco	OLITOL O.	,.							į		
d.											_ +		
PART II. Other algnificant conditions	contributing to	deeth but not re	eulting is	n the under	lying ceu	ee given in	Part i.	24a. WAS AN		24b.	WERE AUTOPSY		
							_	1 YES 2			COMPLETION OF DF DEATH?		
											1 YES 2	NO	
DID TOBACCO USE CONTRI	BUTE TO CA					NCERTAI	N 🗆						
	HOSPITAL:			OTHER:	one)								
	·4	ER/Outpatient 3	DOA	4 - Nursing									
27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF (Month, D		26b. TIME INJU	/RY	WORK?		28d. DES	CRIBE HOW IN	IJURY OCCI	JRED			
2 Accident Investigation	28a BLACE O	F INJURY — At hon	. 4		YES	2 NO							
3 Suicide 6 Could not be 4 Homicide determined	building,	etc. (Specify)	nu, rarm, a	treet, rectory,	OTTICE		261. LOC City	ATION (Street e or Town, State)	nd Number o	or Rural A	oute Number,		
29e. CERTIFIER	,		_							_			
296. CERTIFFIER (Check only one) 2 MEDICAL EXAMINER: Dn the basis of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner as stated. MEDICAL EXAMINER: Dn the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated.													
	the page of 6)	Ammination end/or in	rvestigation	i, in my opinic	on, death o	ccured at the	time, date	end place, end	due to the	ceuse(e)	end menner ee	stated.	
29H SIGNATURE AND TITLE OF CERTIFIER					29c. 1	LICENSE NUN	WBER		29d. DATE	SIGNED	(Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED COM	SE OF DEATH AVE	970 (****	Beleet.	$\perp D$	3/2	2/		- //	14	14-		
14/:11. A 1 1 A	K T	H N	21) (Type.	land:	01	41	A	had	. 1 1	10	21-	2	
31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'SSIGNATURE	644 H	195hir	19ton	Jt.	cun	yxrlar	ra, P	112	21300	~	
IAN 1 7 1005	Martelan.	hardell											

BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the horapita or attending physician and completely filled in by the funeral director, page 5 should be desircted for use as the bursts be filed within 72 hours after death with the State Dept, of Health and Memtal Hygiene prior to burlal, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

11:1 10 2111

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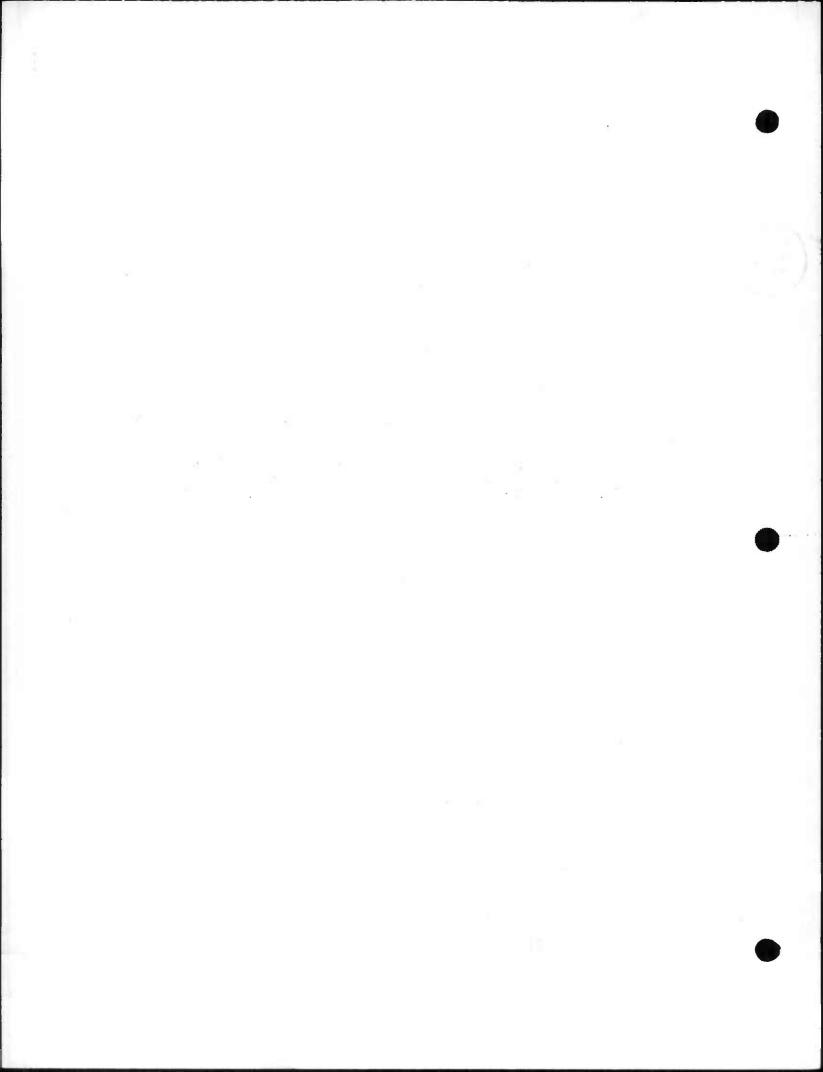
FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CER	RTIFICA	TE OF	DEATH		REC	G. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last)						2.	DATE OF DE	ATH			3. TIME OF OEATH
- 9	ALVA PAIII		RIN	IGER				month anuary	v 1 (995	1:28 P M
	4. SOCIAL SECURITY NUMBER 5. Se	EX 6. AG	E (In yrs. last bir		INDER I YEAR	IF UNDER 24 I	HRS. 7.1	DATE OF BIR	TH		e pipyi	IDI ACE (Chain or Familia
	210-09-8353	(M2□F {	83	YRS. MON	THS DAYS	HOURS M	hū	NE Z	19	11	Count	W.VA.
	9e. FACILITY NAME (If not institution, give street ar	nd number)		9b.	CITY, TOWN	R LOCATION	OF DEATH			9c. COU	NTY OF D	EATH
R	Memorial Hospital			C	umber1	and				Δ11	egan	37
DIRECTOR	RESIDENCE OF DECEDENT									VII	egan	.У
2	10e. STATE 10b. COUNTY		t		WN OR LOCA							10d. INSIDE CITY LIMITS?
	MARYLAND ALLEGA	NY		MT.	SAVAGE							1 TYES 2 NO
¥	10e. STREET AND NUMBER				10	. ZIP CODE				_		WHAT COUNTRY?
FUNERAL		YSIDE				21545				U	.S.A	•
2	11. MARITAL STATUS 12. V	MAS DECEDENT EVER FORCES? 1 YE	R IN U.S. ARMED	D		ENDENT OF H				or No-	14. RACI	E — Americen Indian, k, White, etc.
BY	3 Widowed 4 Divorced	F YES, GIVE WAR OR	DATES			2 NO S			,,,,		Spec	
	15. DECEDENT'S EDUCATION		40 05055			-						WHITE
	(Specify only highest grade comple	leted)	(Give I	kind of work o	AL OCCUPATION Ione during more ed.)	on st of working		16b. KIND (OF BUS	INESS/INC	DUSTRY	
2	Elementary/Secondary (0-12) Coll	lege (1-4 or 5+)						CARPE	NTF	R/RA	OFFR	
Tr. FATHER'S NAME (First, Middle, Last) WILLIAM B. RINGER DESSIE MILLER												
2	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ROSE RINGER 30X#133 CORRIGANVILLE, MARYLAND 21524											
		1.										
	20c METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION — City or Town, State											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MERRITT—ADAMS FUNERAL HOME											
	9191	104		i	MERRI	TT-ADA	MS F	UNERA	L H	OME		
	Nale a. 11	Lerus										ARYLAND
- 1	23. PART I. Enter the disesses, or compi shock, or heart failure. List o	ications that caus	ed the death	. Do not a	ntar tha mo	da of dying,	such ss	cardiac or	reapir	atory sn	rest,	Approximata Intarvai Between
	IMMEDIATE CAUSE (Final	, , , , , , , , , , , , , , , , , , , ,	1	1								Onset and Dasth
	disease or condition resulting in death)											
	OUE TO (OR AS A CONSEQUENCE OF)											
Z	Sequentisity list conditions,											
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5	CAUSE (Disease or Injury	DUE TO 100 44										10 M
Ē	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUE	NUE OF):								,
CERTIFICATION	d											
	PART II. Other aignificant conditions con	tributing to death	but not resu	ilting In th	e underlying	cause give	n In Part			AUTOPSY	24b	. WERE AUTOPSY FINDINGS
DICAL									ERFORI YES 2			AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEC					1			1,	123 2	Mino	İ	DF DEATH?
2	DID TOBACCO USE CONTRIBU	TE TO CAUSE	OF DEATH	YES I	NO E	UNCER	TAIN F	7				1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		28. PLACE O			OTTELK	IZII L					
Sic		SPITAL: Inpetient 2 - ER/Ou	utpstient 3 🗆 i		HER:	e 5 🗆 Raalde	nce 6 🗆	Other (Specia	(6/)			
₹		28e. DATE OF INJURY	Y 28	Bb. TIME OF	26c. INJ	URY AT	-	DESCRIBE		JURY OC	CURED	
	t Netural 5 Pending	(Month, Day, Year)	'	INJURY		RK? 'ES 2 No						
B√		280. PLACE OF HIJUR	RY At home,	term, street.	tectory, offic		261.	LOCATION (Street as	nd Number	or Rural F	Route Number,
Ĕ	4 Homicide determined	building, etc. (Sp	pedity)					City or Town,	, Stete)			
۳	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN:	To the heat of me key	puladas deeth	nonumed et	No deservates	and alone and	1 4	antdo		-2 -0.00	il.	
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On											
	2911. SIGNATURE AND TITLE OF CENTIFIER	1			my opinion, d			, oste and pre	sca, and	oue to tr	e console) end menner as states.
8	2011. HILDRATURE AND TITLE OF CENTIFIED A	nd				29c. LICENSE				29d. DAT	E SIGNED	(Month, Day, Year)
2	20 NAME AND ADDRESS OF DESCRIPTION O					D 367	66				14	(1)
	30. NAME AND ADDRESS OF PERSON WHO COM										1	
	Dr. Vik Poonai 455	Frederic	ck Stre	eet, (Cumber	land,	MD 2	1502				
	JAN 1 1 1995	32. MEGISTHART SHO	ration- Ra	dall								
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BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending in DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



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medical examiner

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JAN 2 0 1995

after death.

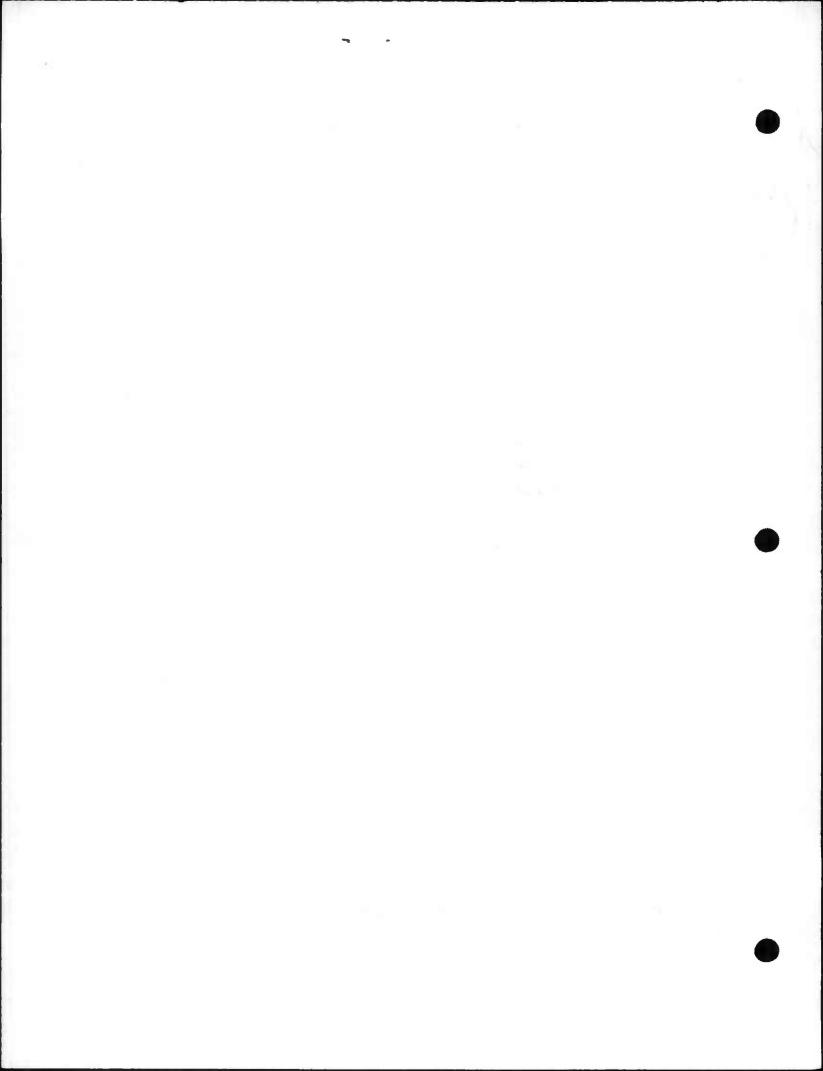
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in t	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or re-	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medi
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 12 1995 Nutter Rison January 11:50 P: M Claire 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) 1 M 2 F HOURS 214-16-4981 YRS. January 27,1922 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Physicians Memorial Hospital Charles LaPlata 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Charles LaPlata 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 9955 Della Ct. 20646 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Maxican, Puarto Rican, atc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY Specify: 3 Widowed 4 Divorced White ETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12 Nurses Aid Hospital 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname Milton Columbus Pusev 띪 Clara Ola Belle Nutter 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Same as #10 Melvin R. 20s. METHOD OF DISPOSITION
1 X Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Trinity Memorial Gardens 1-16-95 Donation 5 Other (Specify) Waldorf, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Williams Funeral Home, P.A. M00668 Rt. 225 & Glymont Rd., Indian Head, Md. 2064 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or reepiratory arrest, shock, or heart fellure. List only one ceuse on each line. Approximats Interval Batween IMMEDIATE CAUSE (Finel Onset and Deeth disesse or condition WAEROGEMOND FENKEWIA · CHRONIC 7 mo resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other eignificant conditions contributing to deeth but not reculting in the underlying ceuse given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? 1 TYES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 - Realdence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED Netural Accident 1 YES 2 NO BY 28a. PLACE OF INJURY — At home, tarm, street, factory, offica building, stc. (Soscilv) Sutcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide determined 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) Hough Mally 17-D-28352 2

Krishan Mathur MD 11340 Pembrooke Square Suite 213 Waldorf, Md. 20603

HELISTRAR'S SIGNATURE O



FOR

	1 - STATE REGISTRAR	SIAIE UF M					DEAT		ENTAL HY	G. NO.	È			
	1. DECEDENT'S NAME (First, Middle, Last) Raymor	20/	Ragi	an	ď				2. DATE OF DI		1.19	9°5	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 578-64-4556	5. SEX 1 M 2 □ F	6. AGE (In you last	birthday) 7 YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BI (Month, Day, DEC. 2	ROH /	947	Country	PLACE (State or Foreign) INGTON, DC	
FUNERAL DIRECTOR	9a. FACILITY NAME (If not institution, give s 5409 RIVERDA		#F6				R LOCATION RDALE	N OF DEA			9c. COU	NTY OF DE		
EG	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	· · · · · · · · · · · · · · · · · · ·		10c, CITY, TOWN OR LOCATION										
E E		CE GEORGE	15	TOC. CIT		VERI							10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
1	100. STREET AND NUMBER RIVER	Annual Comments		101. ZIP CODE						10g. CITIZEN OF WHAT				
REAL	5409 RIVERDI		#F6				2073					USA		
BY	11. MARITAL STATUS 12 Never Married 2 Married 3 Widowed 4 Divorced	12: WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 NO	NO If yes, specify Cuban, Maxican, Puerto Rican, etc.) Bid							14. RACE Black, Specify	- American Indian, White, atc. BLACK		
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	(Specify only highest grade completed)						ECEDENT'S USUAL OCCUPATION Give kind of work done during most of working B. DO NOT use retired.) CONSTRUCTION PVT.						
OM	17. FATHER'S NAME (First, Middle, Last)			COI	DIK			ER'S NAMI	E (First, Middle,	Maiden S		/T.		
BE C	FLOYD RAGLAND, SR. EVELYN M. THOMAS													
	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stelle, Zip Code)													
												20002		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 1. SIGNATURE OF FUNERAL SERVICE LICENSEE 1. SIGNATURE OF FUNERAL HOME 1. SIGNATURE OF FU										20785			
	23. PART I. Enter the diseases, or o	oniplications that	caused the dee	th. Do i	- 1								Approximata	
	shock, or heert fallure. List only one ceuse on each line. Interval Between Onset and Death disease or condition resulting in death) Out to (or as a consequence of):													
ATION	Sequentially list conditions, if any, leeding to immediate cause. Entar UNDERLYING		OR AS A CONSEQU											
CERTIFICATION	CAUSE (Disease or Injury that initieted events resulting in death) LAST	DUE TO (OR AS A CONSECU	JENCE O	F):									
	PART II. Other significent condition	s tontributing to	deeth but not re	sulting	in the un	derlying	ceuse g	lven In Pa		WAS AN A	WTOPSY		WERE AUTOPSY FINDINGS	
MEDICAL					_					YES 2	-	^	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	DID TOBACCO USE CONTI	RIBUTE TO CAL					UNC	ERTAIN						
Sici	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	26. PLACE		OTHER	3:								
PHYSICIAN:	27. MANNER OF DEATH	1 □ Inpatient 2 □ 28a. DATE OF I	INJURY	28b. TIM	E OF	28c. INJU	JRY AT		Other (Spec		JURY OC	CURED		
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, De			URY M		RK? ES 2							
ETED	3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF building, a	INJURY — A1 hom ntc. (Specify)	e, farm, e	itreet, lact	ory, offica		2	City or Town		nd Number	or Rural Ro	oute Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the beat of r R: Dn the basis of axi											and menner as stated.	
TO BE (Muguso Charles	ingua	m				9c. LICEI	J 87	ER	C	29d, DAT	E SIGNED	Month, Day, Year) 8, 1995	
-	31. DATE FILED (Month, Day, Year)	Jus 2N	10500	27) (Type.	ay)	win	CL	dis	Tho)	nl	20	14		
	JAN 1 0 199!	32. REGISTRAR	Savulor Ra	rdall	/									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TK hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other trawmatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

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MARY LAND 21215-0020	ביין אין	retained by the hospital or attending physician.	5 should be detached for use as the burial-transit permit	at once
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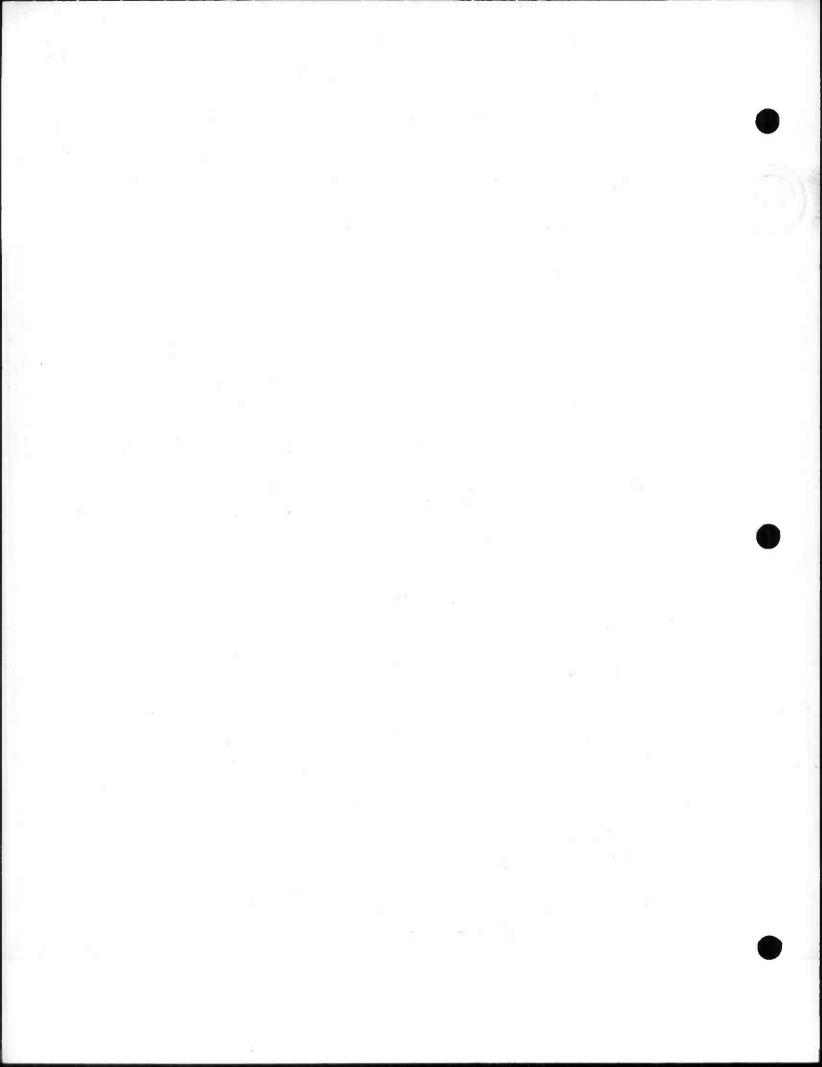
TO THE HOSPITAL
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De filed within 72 h
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DISCOUNDED TO THE PROPERTY FOR BOX SOLON	. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withings hours after death. Page 6 may	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, par hours after death with the Chate Door of Martis Aurilana nice to hundar comparison or several	hous are been win in claim opp. Or result and revise hypers provide venation, or embal.	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN S. Rosario Demetria 1/7/95 12:18A 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTNPLACE (State or Foreign 577-98-8299 92 DAYS HOURS 1 M 2 F Philippine Is. August 14,1902 9a. FACILITY NAME (If not institution, give stree 9c. COUNTY OF DEATH Prince George's 9b. CITY, TOWN OR LOCATION OF GEATN DIRECTOR Southern Maryland Hospital Clinton RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George's Fort Washington 1 YES 2 X NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8901 Palmer Street 20744 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. It yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Merried Spectly Filipino BY 3 X Widowed 4 Divorced ETED. 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KINO OF BUSINESS/INOUSTRY (Specify only hig Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Fernando Soriano BE Maria Miranda 190. INFORMANT'S NAME (Type/Print) Amparo Rosario 1965. MAJLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8901 Palmer St. Ft. Washington, Md. 20744 2 20e. METHOD OF DISPOSITION
1 Burlel 2 Cremetion 3 M Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State Manila Memorial Cemetery
Manila Memorial Cemetery 4 Donation 5 Other (Specify) Manila, P.I. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George P. Kalas Funeral Home There 6160 Oxon Hill Rd. Oxon Hill. Md. 20745 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or judat feliure. List only one ceuse on each line. interval Between IMMEDIATE CAUSE (Finel **Onset and Death** disease or condition Cardiomyopathy resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Congestive Heart Failure PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING Arteriosclerotic Heart Disease CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE Severe Malnutrition 1 TES 2XXNO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL OTHER: ty Inpatient 2 ER/Outpatient 3 DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT 26d, DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29e. CERTIFIER (Check only 1 💢 CERTIFYING PNYSIDIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee ateted. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE, AND TITLE OF CERTIFIE 29c. LICENSE NUMBER BE 29d. DATE SIGNEO (Month, Day, Year) M. Lee ▶ 1/7/95 D 15789 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Danilo Lee, M.D, 7700.01d Branch Ave. Clinton, Md. 20735 JAN 09 1995





	1 - STATE REGISTRAR	SIAIE UF F	MARTLAND /			F HEALIH AN OF DEATH	D MEN	REG. NO.	Ŀ				
	1. OECEDENT'S NAME (First, Middle, Last)							ATE OF DEATH			3. TIME OF OEATH		
	ARINDEL	A	DDISON		ROBIN	SON JR.	111	IAN 06		YEAR 95	7:08A M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER 1 YE		s. 7. D/	ATE OF BIRTH Ionth, Day, Year)		8. BIRTHP	LACE (State or Foreign		
	578-66-1090	1 🔀 M 2 🗆 F	45	YRS.	MONTHS DA	A HOURS MR			1949	Wash	ington, DC		
	9s. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TO	WN OR LOCATION O			9c. COUNTY OF DEATH				
OR		DRIVE			ROCKV			MO	NTGON	/IERY			
딥	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			I too CIT	Y, TOWN OR LO	CATION							
E											10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER	omery Con	unty	Rockville						1 YES 2X			
8	600 Gude East Gu	de Drive				20850					tates		
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. AF	RMED	13. WAS	OECENDENT OF HIS	SPANIC OR	GIN? (Specify Yea			- American Indian.		
B≺	1 Never Married 2 Married 3 Widowed 4 X Divorced	FORCES? 1 IF YES, GIVE V	YES 2 XIII	NO	If yes	, specify Cuban, Me YES 2 X NO Sp	xicen, Puer	rto Rican, etc.)		Black, Specify	White, etc.		
8	15. OECEDENT'S EDU	ATION		16b. KIND OF BUS	SINESS/IND	USTRY	White						
4	(Specify only highest grade Elementary/Secondary (0-12)	+) (G	itve kind of to Do NOT ut	work done during se retired.)	most of working								
Ē.	12		Un	emp1	oyed			N/A					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	NAME (Fir	st, Middle, Malden	Surname)				
H	Arundel A. Robinson, Sr. Helen M. Akowskey												
0	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
- 1	Carol A. Sherry 1819 Anchorage Drive, Chester, Maryland 21619												
	20a. METHOD OF DISPOSITION 1 Burlal 2 □ Cremation 3 □ Remo	ovel from State	cameten, ere	ametan, ar a	OF DISPOSITION ther place)		1			City or Tow	.,		
	4 Donation 8 Other (Specify) Fort Lincoln Cemetery 1/11/95 Brentwood, Maryland 21. SIGNATURE OF FUNERAL SERVICE UCENSES												
	Mack of.	Les	Rhey		Fort	Lincoln Bladensh	Fune				MD 20722		
	23. PART i. Enter the diseases, or	omplications the	t caused tha da	ath. Do r	not antar the	mode of dving.	ouch as c	ardiac or reepl	ratory arr	est.	Approximats		
	ehock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Fine) disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):												
	DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
SA	csuse. Enter UNDERLYING												
Ě	CAUSE (Disease or injury that initiated events Due TO (OR AS A CONSEQUENCE OF):												
	resulting in death) LAST	đ											
	PART II. Other significent condition	s contributing to	deeth but not r	reculting	n the underl	ving cause given	in Part i	24e. WAS AN	AHTTORY	24h 1	WERE AUTOPSY FINDINGS		
EDICAL		-						PERFOR	MED?	1	WAILABLE PRIOR TO		
								1 X YES 2	□ NO	1	OF DEATH?		
Σ	DID TOBACCO USE CONTI	RIBUTE TO CA	USE OF DEA	TH YE	S I NO	☐ UNCERT	X KINIA			'	YES 2 NO		
3	25. WAS CASE REFERRED TO MEDICAL				H (Check only o		AII (2)						
SIC I	EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHER:	fome 5X Realden	co 8 🗆 0	ther (Specific)					
PHYSICIAN:	27. MANNER OF DEATH	28a. OATE OF	INJURY			INJURY AT		DESCRIBE HOW IN	JURY OCC	CURED			
BY F	1 Natural 5 Pending 2 Accident Investigation	FOUND: 1		fouth: 7:05	AM 1	WORK? YES 2 NO	UNK	NOWN					
	3 Suicide 8 XX Could not be	28s. PLACE O	F INJURY — At ho	me, term, r	treet, factory, o	ffice	28t. L	OCATION (Street a	nd Number	or Rural Ro	ute Number,		
	4 Homicide detarmined		ESS SHELT	ER			RO	CKVILLE,	MD.	. GUDE	51.		
2 1	29e. CERTIFIER (Check only	CI/N: To the best of	my knowledge, da	ath occurr	ed at the time, o	late and place, and	dua to the	cause(a) and men	ner as atate	ed.			
COMPLET	296. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated.												
	29b. SIGNATURE AND TITLE OF CERTIFIER						NUMBER				Month, Day, Year)		
出の	Dennis	In Chu	ite m					1		JAN	10/95		
٥	30. NAME AND ADDRESS OF PERSON WHO					imore, N		and 212					
	Dennis Chute M.I				c, par	THOTE, I	жи	UKI 212					
	JAN 11 1995	Jahr d	B'S SIGNATURIO	rdall									



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 75 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

12. . . . NACHI " 10.

1 - STATE REGISTRA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR CERTIFICATE OF DEA	ATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH 3. TIME OF DEATH								
	Erna Wuestefeld SPAHR	January 17, 1995 4:45 a. M								
		ER 14 URE 7 DATE OF BUTTH C BUTTH ACC (CASE A FAMILIA								
	217-42-9843 1 \(\text{M} \) R 2\(\text{X} \) F \(\text{97} \) YRS. MONTHS DAYS HOURS	MIN. Aug. 4, 1897 Connecticut								
POR	Ravenwood Lutheran Village Hage	town or Location of Death flagers town Washington								
ᇤ	RESIDENCE OF DECEDENT									
L DIRECTOR	Md. Washington Smiths	bwrg 1 = YES 2 THO								
FUNERAL	100. STREET AND NUMBER 21829 Old Forge Rd.	21783 U.S.A								
ВУ		OF HISPANIC ORIGIN? (Specify Yes or No— Den, Mexican, Puerto Rican, etc.) Specify: White								
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of work	16b. KIND OF BUSINESS/INDUSTRY								
COMPLETED	(Give kind of work done during most of work Elementary/Secondary (0-12) Cullege (1-4 or 5 +) Homemalset Homemalset	Home								
M		THERIO MANE (For Mink Add)								
BE C	17. FATHER'S NAME (First, Middle, Last) Henry F. Wuestefeld 16. MOTHER'S NAME (First, Middle, Melden Surname) Helena Mueller									
TO B		per or Rural Route Number, City or Town, State, Zip Code)								
F		Pueblo Colorado 81001								
	20a, METHOD OF DISPOSITION 1 \(\text{Normal Burde} \) 2 \(\text{Cremention} \) 3 \(\text{Removal from State} \) 4 \(\text{Donation} \) 5 \(\text{Other (Specify)} \) 20b. PLACE AND DATE OF DISPOSITION (Name of the complex) of other (Specify) of other (Spe									
	21. SIGNATURE OF FUNERAL SERVICE LICENSIFE 22. NAME AND ADDR	RESS OF FACILITY 10 FOF Deadless A								
-8	Davis Funeral Home Smithsburg, Md. 2178.									
CERTIFICATION	23. PART I. Enter the diseases, or compilications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cardie on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):									
EH	resulting in death) LAST									
PHYSICIAN: MEDICAL C	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause of the conditions contributing to death but not resulting in the underlying cause of the conditions contributing to death but not resulting in the underlying cause of the conditions contributing to death but not resulting in the underlying cause of the conditions contributing to death but not resulting in the underlying cause of the conditions contributing to death but not resulting in the underlying cause of the conditions contributing to death but not resulting in the underlying cause of the conditions contributing to death but not resulting in the underlying cause of the conditions contributing to death but not resulting in the underlying cause of the conditions can be conditioned as the conditions of the conditions contributing to death but not resulting in the underlying cause of the conditions can be conditioned as the conditions of the conditions can be conditioned as the conditions of the conditions can be conditioned as the conditions of the conditions of the conditions can be conditioned as the conditions of the conditions can be conditioned as the conditions of the conditions can be conditioned as the conditions of the conditions can be conditioned as the conditions of the conditions can be conditioned as the conditions of the conditions can be conditioned as the condition of the conditions can be conditioned as the condition of the conditions can be conditioned as the condition of the condition of the conditions can be conditioned as the condition of the conditions can be conditioned as the condition of the conditions can be conditioned as the condition of the conditions can be conditioned as the condition of the conditions can be conditioned as the condition of the conditions can be conditioned as the condition of the conditions can be conditioned as the condition of the conditions can be conditioned as the condition of the condition of the condition of the condition of the condition of the conditi	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO								
A	25. WAS CASE REFERRED TO MEDICAL 28 PLACE OF DEATH (Check only one)									
SIC	EXAMINER? 1 VES 2 Ind HOSPITAL: 1 inpatient 2 ER/Outpatient 3 DOA 4 Invaring Home 5 Residence 6 Other (Specify)									
	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? 1 Tetural 5 Pending	28d. DESCRIBE HOW INJURY OCCURED								
ED BY	2 Accident Investigation 3 Sutcide 6 Could not be determined determined 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify)	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED	29e. CERTIFIER , CETTEVING BUYSICIAN, T. M. A. A. A. A. A. A. A. A. A. A. A. A. A.									
OM	(Check only One) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.									
8	29b. SIGNATURE AND TITY OF CERTIFIER	CENSE NUMBER 29d. DATE NIGNED (Month, Day, Year)								
임	30. NAME AND ARROW OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)	ACTUANO Hagetown MI)								
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	ماداته المراكبام المارات								
	JAN 2 0 1995 Julia Staveler Rady	21440								

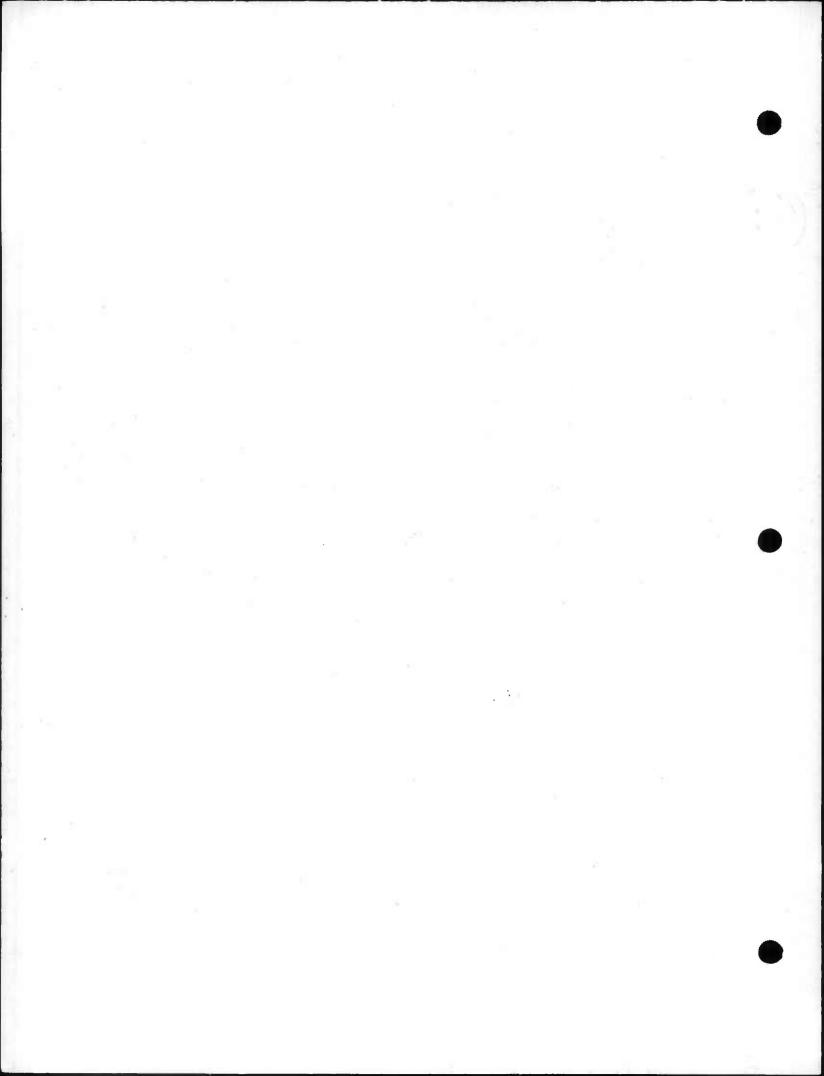
BALTIMORE, MARYLAND 21215-0020

10 mm

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAE

	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last)	dyse	AII	en	5	hau	1	2. DATE OF DEATH MONTH	1	7 SEAR	3. TIME OF DEATH 22 /5 M	
	4. SOCIAL SECURITY NUMBER 214-16-0685	5. SEX 1 M 2 F	8. AGE (In yrs. les	YRS.	- 5	DAYS HOURS	1.00	7. DATE OF BIRTH (Month, Day, Year) Apr. 20,19	911	Countr	HPLACE (State or Foreign by) Tyland	
TOR	90. FACILITY NAME (# not institution, give street and number) 1204 West Washington Street RESIDENCE OF DECEDENT				96. COUNTY OF DEATH Hagerstown Washington							
DIRECTOR	106. STATE 106. COUNTY Maryland Washington			10c. CITY, TOWN OR LOCATION Hagerstown					10d. INSIDE CITY LIMITS? 1 1 YES 2 NO			
BY FUNERAL	1204 Washington Street			101. ZIP CODE 21740				0	10g. CITIZEN OF WHAT COUNTRY? U.S.A.			
	11. MARITAL STATUS 1 □ Never Married 2 □ Merried 3 ☒ Widowed 4 □ Divorced 12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 □ YES 2 ☒ IF YES, GIVE WAR OR DATES			RMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify No If yes, specify Cuban, Mexican, Puerto Ricen, etc.) 1 YES 2 No Specify:				, Puerto Ricen, etc.)	es or No- 14. RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	(Specify only highest grade completed) (Give kind of life. Do NOT					NT'S USUAL OCCUPATION d of work done during most of working OT use retired.) Cutter shoe mfg.						
BE CON	17. FATHER'S NAME (First, Middle, Lost) Leonard M. Stevens					18. MO	18. MOTHER'S NAME (First, Middle, Maiden Surname) Julice D. Dennis					
TO B	190. INFORMANT'S NAME (Type/Print) Mr. Lawrence J. Hamill, Jr. 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1213 Grayspring Drive, Bunker Hill WV 25413							25413				
	206. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Removal from State 4 Donetton 5 Other (Specify) 20b. PLACEAND DATE Of DISPOSITION (Name of cagnetery, crematory or other place) Cedar Lawn Memorial Park 1-23-95 Hagerstown, Maryland								, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Minnich Funeral Home 415 East Wilson Blvd., Hagerstown, MD 2174											
	23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, abock, or heart failure. Lies only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximate interval Between Onset and Death Cause of Cause o											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted evanta resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF):											
DICAL	PART II. Other algnificant condition	s Vuct	death but not re	eaulting i	n tha unde	riying causa	givan in F	Part I. 24a. WAS AN PERFOR 1 TYES 2	MED?	24b.	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN: ME	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 28. PLACE OF DEATH (Check only one)											
HYSIC	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 28e. DATE OF I						Other (Specify)				
BY PI	27. Manner OF DEATH 1 Netural 5 Pending 2 Accident Investigation 1 Accident Investigation				URY	28d. OESCRIBE HOW INJURY OCCUREO 28d. OESCRIBE HOW INJURY OCCUREO 28d. OESCRIBE HOW INJURY OCCUREO						
	3 Suicida 8 Could not be datarmined 28e. PLACE OF INJURY — At homa, farm, building, atc. (Specify)				street, fectory, offica 28f. LOCATION (Street and Number or Flural Route Number, City or Town, State)						ioute Number,	
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beats of axamination end/or investigation, in my opinion, dash occurred at the time, date end placa, and due to the cause(s) end manner as stated.											
띪	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)								(Month, Day, Year)			
٩	16 HAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSI	E OF DEATH (ITEN	1 27) (Type,	Print)			, /	,	-/-		

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- REGISTRAR			C	ERTIF	ICATE	OF	DEATH		REG. NO.	-		
1. DECEDENT'S NAME (First,	Middle, Last)	*						2. DAT	E OF DEATH			3. TIME OF DEATH
	Agnes	Kat	hleen	S	TONE			MON			YEAR	11:15 P. M
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. I	est birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.		uary 21	<u>,199</u>		IPLACE (State or Foreign
235- 28- 4		1 🗌 M 2 📉 F	75	YRS.	MONTHS	DAYS	HOURS MIN.	(Mor	1, 19	19	Counti	ey, W.Va.
90. FACILITY NAME (If not interest for the facility NAME							R LOCATION OF DE	EATH			hing	
RESIDENCE OF DEC												
Maryland	Wash	nington			y, town o onsb		ION					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
100. STREET AND NUMBER 6423	Applet	own Rd.				10f.	ZIP CODE 21713	3		10g. CITI	ZEN OF V	VHAT COUNTRY? S. A.
11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divor		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 X		11	yes, spe	ENDENT OF NISPAN ecity Cuben, Mexica 2 NO Specifi	n, Puarto		or No-	Black	E — American Indian, k, White, atc.
(Specify only	EDENT'S EDU highest grade	completed)	- S	ECEDENT'S Give kind of vie. Do NOT us	vork done d	CUPATIO	IN st of working	16	b. KIND OF BUS	INESS/IND	USTRY	
Elementery/Secondery (0-	-12)	College (1-4 or 5	-)	pt. S		visc	r		Chamber	of	Comm	erce
17. FATHER'S NAME (First, Mi	ddle, Last)						18. MOTNER'S NA	ME (First,	Middle, Maiden	Surname)		
Willia	m Hunt						Ivy Sco	ott				
19e. INFORMANT'S NAME (7)			1				nd Number or Rural i					
Sandra K.		er			6423	App	olrtown E	Rd.	Boonsbo	ro.	Md.	21713
20e. METHOD OF DISPOSITION 1X Buriel 2 Cremetion 5 Other	n 3 V Rem	oval from State	cemetery, ci	remetory or ot	ther plecel		^{me of} Garden:	DA		CATION —		
21. SIGNATURE OF FUNERAL		CENSIE	10000	Di Cpi	22.1	VAME AN	D ADDRESS OF FA	CIFILIA PT_5				
+ Holms	18/Vac	J √ John	H. Bas	t, Jr	. B.	AST	FUNERAL	HOM	H:			cional Pike Nd. 21713
23. PART I. Enter the disabook, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	eart fellure.	List only one cau	course (OR AS A CONSI	10.				n aa ce	rollac or reapi	atory arr	eet,	Approximate Interval Between Onset and Death
Sequentially list condition if any, leading to immediate. Enter UNDERLYII CAUSE (Disease or injust that initiated events resulting in deeth) LAST	diate NG ry	c	(OR AS A CONSI								_	
PART II. Other algorifican	_		death but not	resulting i	n the un	derlying	ı ceuse given in	Part I.	24a. WAS AN A PERFORI 1 YES 2	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER? 1 VES 2 NO	MEDICAL	HOSPITAL:	ER/Outpatient	3 DOA	OTHER	1:	ACE OF DEATH (Ch			-61	1	10/1
27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIMI	E OF	28c, INJL	JRY AT		SCRIBE HOW IN	JURY OCC	URED	Zma
2 Accident	Pending nvestigation	(Month, D			M M		ES 2 NO					
	Could not be letermined	28e. PLACE O building,	F INJURY — At h etc. (Specify)	ome, ferm, s	Kreet, facto	ory, office			CATION (Street a y or Town, State)	nd Number	or Rural F	Route Number,
		ICIAN: To the best of e) and menner ee stated.
29b. SIGNATURE AND TITLE	OF CERTIFIE	R /				Т	29c. LICENSE NUN	ABER	ı	29d, DATE	SIGNED	(Month, Dey, Year)
	Ryu	ilnt	n.o				D3251	-			23	
30. NAME AND ADDRESS OF	PERSON WH	ED FAIF	SE OF DEATH (IT)	EM 27) (Type,	Print)	0 1	CEET	NO	/ MAIL	= /	KEZ	DISVILLE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Tours after death. Page 6 may be retained by the law in the hospital or attending physician and completely filled in by the funeral director, page 5 should be detacted for use as the burial-transport of filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

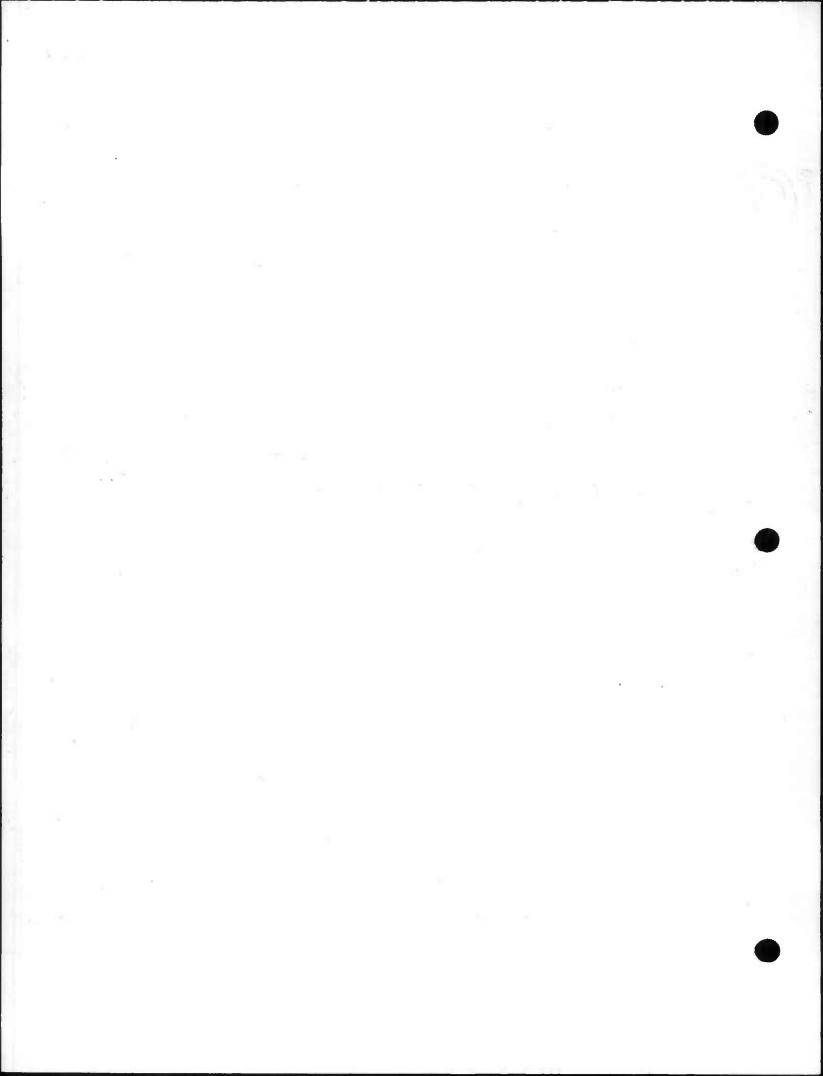
IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

JAN 2 3 1995

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89



	1	-	FOR STATE REGISTRAF
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		C	ERTIF	ICATE OF	DEATH	REG.	NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF OEAT			3. TIME OF DEATH	
	MICHAEL NMN STARS	INIC					Jan.	21 19	95	90	
	4. SOCIAL SECURITY NUMBER	5. BEX	8. AGE (In yrs. las	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		-	HPLACE (State or Foreign	
	194-14-0218 9a. FACILITY NAME (If not institution, give s	1 🙀 M 2 🗆 F	69	YRS.	MONTHS DAYS	HOURS MIN,	Oct. 26		Pe	nnsylvania	
TOR	13637 Donnybrook					erstown	EATH		shin		
DIRECTOR	Maryland Was	v hington		10c. CIT	Y, TOWN OR LOCA Hage	erstown				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	13637 Donnybrook	Drive			10	11. ZIP CODE 21742			U.S.	WHAT COUNTRY?	
B B	11. MARITAL STATUS 1 Naver Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	X YES 2 1	RMED NO	If yes, s	cendent of HISPAI pecify Cuban, Mexica 3 2 NO Specif	NIC ORIGIN? (Specify in, Puarto Rican, etc. y:	Yea or No-	14. RAC Blac Spec	E — American Indien, k, White, etc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)	CATION completed) College (1-4 or 5+	(G life	ive kind of a Do NOT us	· ·	ost of working		BUSINESS/IN			
A P	12 Years		R∈	gion	al Direc	ctor	Depar	rtment	Sto	re	
00	17. FATHER'S NAME (First, Middle, Last) Michael George St	arsinic					ME (First, Middle, Mai therine				
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or	Trues Chain 7	in Code)		
2	Audrey M. Starsin	ic	1	3637	Donnybr	ook Dr.,				and 21742	
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from Stata	20b. PLACE.	AND DATE OF SOUT	of disposition (N	ame of cory 01-2	2-95 SI	LOCATION —		Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC				Doug La	ND ADDRESS OF FA	ry Funer	al Hom	e	21742	
\dashv	23. PART I. Enter the disesses, or		Lanuard the de				lvd. Nor				
	shock, pr heart fallure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one caus	OR AS CONSE	rie	- Car	Cinon		spriatory ar		Approximate intervsi Between Onset and Death	
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury that initisted events resulting in desth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d										
PHYSICIAN: MEDICAL	PART ii. Other significant condition	e contributing to	death but not i	resulting	in the underlyin	g cause given in	PER	AN AUTOPSY FORMED?	246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
AN	OF THE CLOS OFFICERS TO LIVE								\perp		
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. P	LACE OF DEATH (Ch	eck only one)				
IYS	1 VES 2 NO	1 Inpatient 2 I			4 - Nursing Hor	ne 5 Residenca					
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, Da		28b, TIM INJ		ORK? YES 2 NO	26d. DESCRIBE HO	W INJURY OC	CURED		
- 41	3 Suicida 6 Could not be 4 Homicide determined	28a. PLACE Of building,	F INJURY — At ho etc. (Specify)	ome, ferm,	street, factory, offic	:e	26f. LDCATION (Str. City or Town, St	et and Numbe ate)	or or Rural	Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI One) 2 MEDICAL EXAMINE									a) and manner ea atated.	
BE C	29b. SIGNATURE AND TITLE OF CENTIFIES	1 /2	.)	IM	Δ	29c. LICENSE NUI	ABER 2 >	29d. DAT	TE SIGNED	(Month, Day, Year)	
				V	_	12 6 (1)			j l	73 5	
Q.	30 NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	SE OF DEATH (ITE	M 27) (Type,	Print)	14 250	Red He	10 5 1		23 95	

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

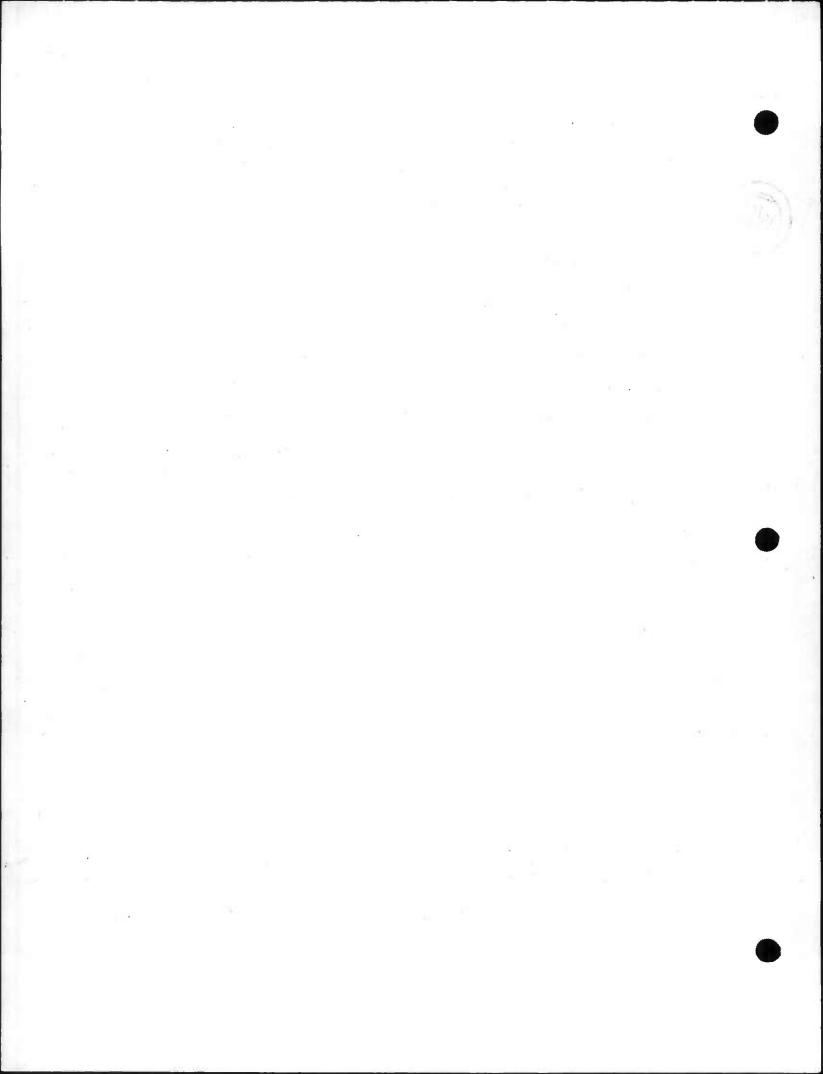
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a riours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal-transit is the man of the state Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-18 Rev 1/89



IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

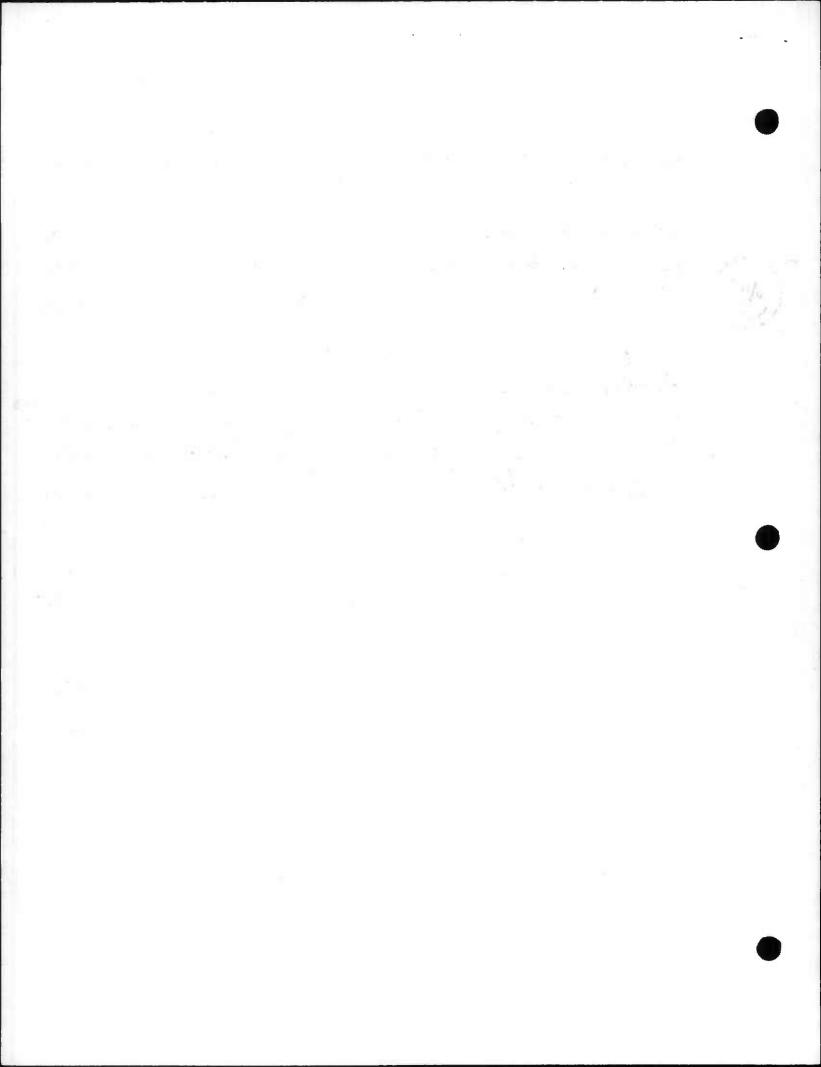
FOR

	1 - STATE REGISTRAR	SIAIC OF F	CE	RTIF	ICATI	E OF	DEAT	AND N	REG. NO.	E		
3	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH DA	٧	YEAR	3. TIME OF DEATH
8	GENEVIEVE 4. SOCIAL SECURITY NUMBER 5.	MAY	SHRADI 6. AGE (In yrs. last		W 1 M 100 E	4 4545			JAN. 16,	199		5:00 P- M
- 6	0.17 00 0001	□ M 2 X F	82	YRS.	IF UNDER	DAYS	HOURS		JUNE 3, Year)	12	a. BIRTH	RYLAND
	9a. FACILITY NAME (If not institution, give street	,			96. CITY	, TOWN O	R LOCATIO	ON OF DEA			NTY OF DE	
TOR	112 EAST WASHIN	GTON S	TREET		НА	GER	STOW	IN		WA	ASHI	NGTON
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY
		INGTON		ł	HAGE	RST	NWO					1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 112 EAST WASHIN	GTON S	TREET			10f.	ZIP CODE	740		-	J.S.	HAT COUNTRY?
ВУ	11. MARITAL STATUS 12 1 Never Married 2 Nerried 3 Widowed 4 Divorced	FORCES? 1	T EVER IN U.S. ARN YES 2 XNO WAR OR DATES	IED O		If yes, spe	cify Cube	F HISPANI n, Mexicen Specify:	C ORIGIN? (Specify Yes , Puerto Ricen, etc.)	or No—	14. RACE Black Specifi	- American Indian, White, etc.
	15. DECEDENT'S EDUCATO (Specify only highest grade con				USUAL O		N it of workin	a	16b, KIND OF BUS	INESS/INI	DUSTRY	
		college (1-4 or 5 a	Hfe. i	Do NOT u	se retired.)		n or workin		OUN	1045	_	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		I HO	JIM F.	1AKE	K	18. MOTH	IFR'S NAM	OWN E (First, Middle, Melden	_		
BE C	CHARLES ALEXA	NDRIA	FAHRNE	ΞY				TTI		ITNY	/RE	
TO B	196. INFORMANT'S NAME (Type/Print) GEORGE W. SHRA	DER	19b. 11	MAILING 2 E	AST V	S (Street ar	Number	or Rural A	REET, HAGE	, State, Zip ERST(OWN M	D. 21740
	20a. METHOD OF DISPOSITION 1 X Buriet 2 Cremation 3 Removal 4 Donetion 5 Other (Specify)	from State	20b, PLACE AI	ND DATE	OF DISPOS	ITION (Net	ne of			ATION —	City or Toy	on State
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE 0	- nusc	пт	22.	NAME AN	D ADDRES	S OF FAC	+13-35 HAG	CHOI	OWN,	MARYLAND
	· R. hoel.	Bra	dy		AN 40	IDREV	VK. ANTI	COFF ETAM	MAN FUNERA STREET, H	AL HO IAGEF	OME, RSTOW	INC. N,MD. 21740
	23. PART I. Entar the diseases, or com- ahock, or heart failure. List	plications that	t vaused the dea	th. Do r	not anter	tha mod	ie of dyle	ng, such	as cardiac or respir	atory an	reat,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Ac	ute M	400	cond	lial	7	ins	ovetco	1/2		Onest and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEQU	JENCE OF	F):							
MEDICAL	PART II. Other eignificant conditions c	- V	death put not re	5	In the un	derlying	cause g	iven in P	PERFORI	MED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
¥	DID TOBACCO USE CONTRIB	UTE TO CA	USE OF DEAT	H YE	S D I	<u>чо</u> П	UNC	ERTAIN	_			1 TYES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL		26. PLACE		TH (Check	only one)	0110					
PHYSICIAN:	1 YES 2 NO 1	OSPITAL:	ER/Outpatient 3	DOA	OTHER 4 - Nun		5 🗆 Ras	sidence 8	Other (Specify)			
	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF (Month, Da		28b. TIM INJ	E OF URY	28c. INJU WOF	RK?	- 1	28d. DEŞCRIBE HOW IN	JURY OC	CURED	
BY	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE O	F INJURY — At hom	e, farm, s	treet, fect		ES 2 _		281, LOCATION (Street or	nd Number	or Rural Ro	ute Number
Ë	4 Homicide determined	building,	etc. (Specify)						City or Town, State)			
COMPLETED	29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAL MEDICAL EXAMINER: C											20.00001252222
	29b. SIGNATURE AND TITUE OF CERTIFIER	1 1/1/	0	· d	11, III IIIy O	pinoit, de		NSE NUME				Month, Day, Year)
3 BE	(Kol X) mill	[10]	Cornerst	Ma	win	~	DO	43	59	▶	118	195
으	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUS	SE OF DEATH (ITEM	27) (Type	Print)	+- 1	10.00	A.,	Harris	4	1 117	21742
	31. DATE FILED (Month, 1995)	A REGISTRA	R'S SIGNATURE	10	1 70	101	nac	TIVE	e Hagers	DUIL.	/ /110	A117X

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BALTIMORE, MARYLAND 212	0	10		
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	E.	₩ P	2	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	NIO	Aff	=	
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permit. Pages 1, 2, 3 should

	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPAR CERTIF	TMENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH DAY	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5	OSCAV	SMITH	JANUARY 15119	995 2325 M
	220-09-1288 1	XM2 F 82 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS, MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 02 - 18 - 12	6. BIRTHPLACE (State or Foreign Country) MARY/GAL
Œ	98. FACILITY NAME (If not institution, give stree PENINSULA REGIONA	L MEDICAL CENTER	96. CITY, TOWN OR LOCATION OF DE SALISBURY	EATH 9c. COUN	WICOMICO
20	RESIDENCE OF DECEDENT				
IRE	10a. STATE 10b. COUNTY		Y, TOWN OR LOCATION		10d. INSIDE CITY LIMITS?
- D	III 10a STREET AND NUMBER	ester po	Comoke C/+	¥ 40. CITI	1 YES 2 NO
FUNERAL DIRECTOR	1313 Buck H	erboe Rd	21851	Un	ted States
E S		P. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYPES 2 NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexica	IIC ORIGIN? (Specify Yes or No-	14. RACE — American Indian, Black, White, etc.
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATES	1 TYES 2 NO Specify		Specify: Dock
ED	15. DECEDENT'S EDUCAT (Specify only highest grade cor		USUAL OCCUPATION work done during most of working	16b. KIND OF BUSINESS/IND	USTRY
COMPLETED		college (1-4 or 5 +)	se retired.)		
OMF	17. FATHER'S NAME (First, Middle, Last)	- I-HKM	WORK	Fol(min	9
	AIFRED Des	nic	Laur	ME (First, Middle, Maiden Surname)	
TO BE	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street and Number or Rural F		Code) , 2063
ĭ	Robert Doug	nty 2417	STreamview	DR. Waldo	
	20a, METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remova	1 Irom State 20b. PLACE AND DATE cometery, crematory or o	OF DISPOSITION (Name of ther place)	DATE 20c. LOCATION - C	City or Town, State
	4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN:			1/22/9 MARUM	Sco, Md.
	* Keith E. U	harlon	22. NAME AND ADDRESS OF FAM		
	23. PART i. Enter the disesses, or com	apilications that caused the death. Do r	22/7/ White not enter the mode of dying, such	h as cerdiac or respiratory arre	Comac, Va.
	IMMEDIATE CAUSE (Finel	t only one cause on each line.			Interval Between Onset and Death
	disesse or condition resulting in death) s	DUE TO (OR AS A CONSEQUENCE OF	TILV RE		
z		PULMONALY E	•		10 DATE
OIT)	if sny, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF	7):		
를 2	the contract of many	DUE TO (OR AS A CONSEQUENCE OF	EURAL EFFUS CO.	~	10 0195
CERTIFICATION	that initiated events resulting in death) LAST		,		
-	PART II. Other significant conditions of	ontributing to death but not resulting	n the underlying cause given in	Part I. 24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICA	METASTAT	TIC PROSTATE	CANCEN	PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
ME					OF OEATH?
N.		UTE TO CAUSE OF DEATH YE		1 🗆	
SiC!		28. PLACE OF DEAT	OTHER:		
H.	27. MANNER OF DEATH	28s. DATE OF INJURY 28b. TIM		8 U Other (Specify) 28d. DESCRIBE HOW INJURY OCCI	URED
ВУР	1 Natural 5 Pending 2 Accident Investigation	(MORITI, Day, Year) INJ	M 1 YES 2 NO		
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY — At home, lerm, a building, etc. (Specify)	treet, factory, office	281. LOCATION (Street and Number of City or Town, State)	or Rural Route Number,
COMPLETED	29a. CERTIFIER 1 K CERTIFYING PHYSICIAL	Y: To the best of my knowledge, death occurre	ut at the time, data and place, and due		
OMF		In the basis of examination end/or investigation			
ш	29b. SIGNATURE AND TITLE OF CERTIFIER		29c, LICENSE NUM		SIGNEO (Month, Day, Year)
TO B	Hopfall		0211	68 1	116/95
	30. NAME AND ADDRESS OF PERSON WHO CO	014PLETED CAUSE OF DEATH (ITEM 27) (Type,	Print) DK SALKBURY	1 mo 21801	,
1	31. DATE FILED (Mogit, Day, Year) JAN 18 1995	32. REGISTRAR'S SIGNATURE	1		
/ 1	V 7 10 1335	Juli Dinden-Ronders	V		i



	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIE REG. N		
	1. DECEOENT'S NAME (First, Middle, Last)	antilal 5	S	h14.	2. DATE OF OEATN MONTH	DAY Y	EAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	SEX 6. AGE (In yrs. ia:	st birthday) IF UNE YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS. S DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTNPLACE (Stee or Foreign Country)
TOR	99. FACILITY NAME (If not institution, give street WASHINGTON CO. RESIDENCE OF DECEDENT	HOSPITAL	9b. Cl	ACERSTOUR	MD	9c. COUNTY	
BIRECTOR	10e. STATE 10b. COUNTY	ANKLIN	14/	NORLOCATION YNESBORO	<u> </u>		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL		TR AVE		10f. ZIP CODE 172	268	10g. CITIZER	N OF WHAT COUNTRY?
В	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	P. WAS DECEDENT EVER IN U.S. AF FORCES? 1 ☐ YES 2 IF YES, GIVE WAR OR DATES	RMED 1	3. WAS DECENDENT OF HISPA If yee, specify Cuban, Mexic 1 YES 2 NO Speci	en, Puerto Rican, etc.)	ee or No— 14	RACE — American Indian, Black, White, etc. Specify: IVDIAN
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	(Glace (1-4 or 5-)	Do NOT use retired	ne during most of working		USINESS/INOUS	TRY
BE COM	17. FATHER'S NAME (First, Middle, Last) SHIVLAL H.	SHUKLA		18. MOTNER'S NA	AME (First, Middle, Maide		,
TO	ROHIT SHUKLA			ESS (Street end Number or Rural LER AVE	Poute Number, City or To NAYNES BZ	0	17268
	20e. METNOD OF DISPOSITION 1	from State cemetery, cre		May Cromabinim	18 KG	enesbo	10 Pa. 17268
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Boverson	2	2. NAME AND ADDRESS OF FA			BORO PAITZLE
	23. PART I. Entar tha diseases, or con	plications that caused the de	eath. Do not ent	tou the made of dules and			
	immediate Cause (Final disease or condition	Only one cause on sach ling	h.		ch aa cardiac or raa	piratory arrest	Interval Batween Onset and Death
7	immediate Cause (Final	OUE TO (OR AS A CONSE	OUENCE OF):	yanut	ch as cardiac of raa	piratory arrest	Interval Batween
ICATION	Sequentially list conditions, if any, isading to Immediata cause. Enter UNDERLYING CAUSE (Disease or injury	OUE TO (OR AS A CONSE	quence of: auence of: auence of:	filer	n as cardiac of raa	piratory arrest	Interval Batween Onset and Death
CERTIFICATION	anock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A CONSE	QUENCE OF): QUENCE OF): QUENCE OF):	filer	n as cardiac of raa	piratory arrest	Interval Batween Onset and Death
EDICAL CERTIFICATION	anock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of	OUE TO (OR AS A CONSE	QUENCE OF: OUENCE OF: OUENCE OF: PROPRIED TO THE PROPRIED T	filuse when	Part i. 24s. WAS A	N AUTOPSY PRMED?	Interval Batween Onset and Death June Usels White 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
MEDICAL	anock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of	OUE TO (OR AS A CONSE	QUENCE OF: AUTH YES	files	Part i. 24s. WAS A PERFC	N AUTOPSY PRMED?	Interval Batween Onset and Death June 2 (Lung) 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	anock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	OUE TO (OR AS A CONSE	QUENCE OF: QUENCE OF: QUENCE OF: ATH YES CE OF DEATH (Check COMMANDE OF COMMAND OF COMMANDE OF COMMANDE OF COMMANDE OF COMMANDE OF COMMANDE OF COMMANDE OF COMMANDE OF COMMANDE OF COMMANDE OF COMMANDE OF COMMANDE OF COMMANDE OF COMMANDE OF COMMAND OF COMMANDE OF COMMAND OF COMMAND OF COMMAND OF COMMAND OF COMMAND OF COMMAND OF COMMAND	falun underlying cause givan in NO UNCERTAL ck only one) ER: lursing Home 5 Reeldence	Part i. 24s. WAS A PERFC 1 YES	N AUTOPSY PRMED? 2 NO	Interval Batween Onset and Daath July Usels 24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
AL	Anock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident	OUE TO (OR AS A CONSECUTION OF TO (OR AS A CONSE	QUENCE OF: QUENCE OF: QUENCE OF: QUENCE OF: ATH YES CE OF DEATN (Check CHOCK OF INJURY M	Thilly the state of the state o	Part I. 24a. WAS A PERFC 1 YES N	N AUTOPSY PRMEO? 2 ANO 1NJURY OCCUR	Interval Batween Onset and Death June Uscles Walls 24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Anock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condi	OUE TO (OR AS A CONSE	QUENCE OF: QUENCE OF: QUENCE OF: QUENCE OF: ATH YES CE OF DEATN (Check CHOCK OF INJURY M	Thilly the state of the state o	Part i. 24s. WAS A PERFC 1 YES	N AUTOPSY PRMED? 2 NO INJURY OCCUR	Interval Batween Onset and Death June Uscles Walls 24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Anock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condi	OUE TO (OR AS A CONSECUTION OF TO (OR AS A CONSE	QUENCE OF): QUENCE OF): QUENCE OF): ATH YES CE OF DEATN (Check ATH OCCUPANT OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OCCUPANT OF THE OCCUPANT OF THE OF THE OCCUPANT	Underlying cause givan in NO UNCERTAL Ok only one) ER: Lursing Home 5 Reeldence 28c. INJURY AT WORK? 1 YES 2 NO actory, offica	Part I. 24a. WAS A PERFC 1 YES N	N AUTOPSY PAMED? 2 NO INJURY OCCUR and Number or is	Interval Batween Onset and Daath July Usula 24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL	Anock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condi	OUE TO (OR AS A CONSECUTIVE TO	QUENCE OF): QUENCE OF): QUENCE OF): ATH YES CE OF DEATN (Check ATH OCCUPANT OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OF THE OCCUPANT OF THE OCCUPANT OF THE OF THE OCCUPANT	Tribut UNCERTAL WO UNCERTAL Ok only one) En: En: VES 2 NO Rectory, offica In the date end place, and due y opinion, death occured at the	8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Streetly or Town, State) to the cause(a) and me of time, date end place, d	N AUTOPSY RAMED? 2 NO INJURY OCCUR end Number or i	Interval Batween Onset and Daath July Usula 24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO

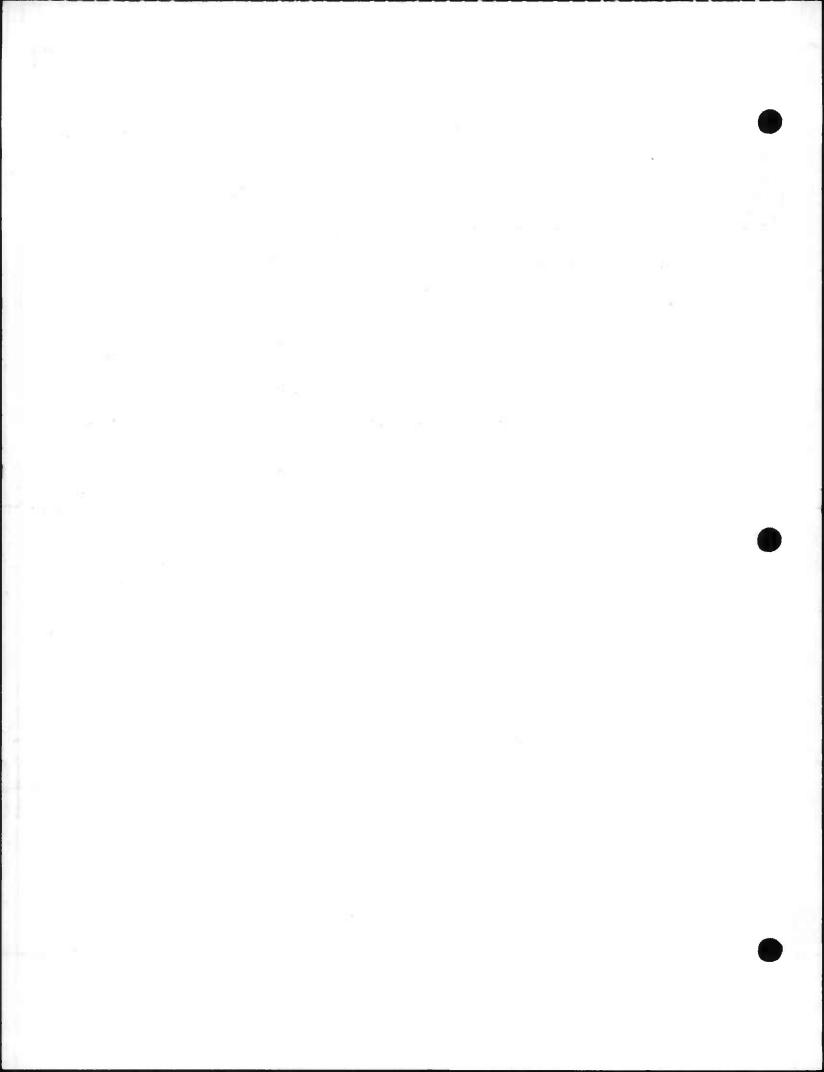
BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.

IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1995

DHMH-16 Rev 1/89



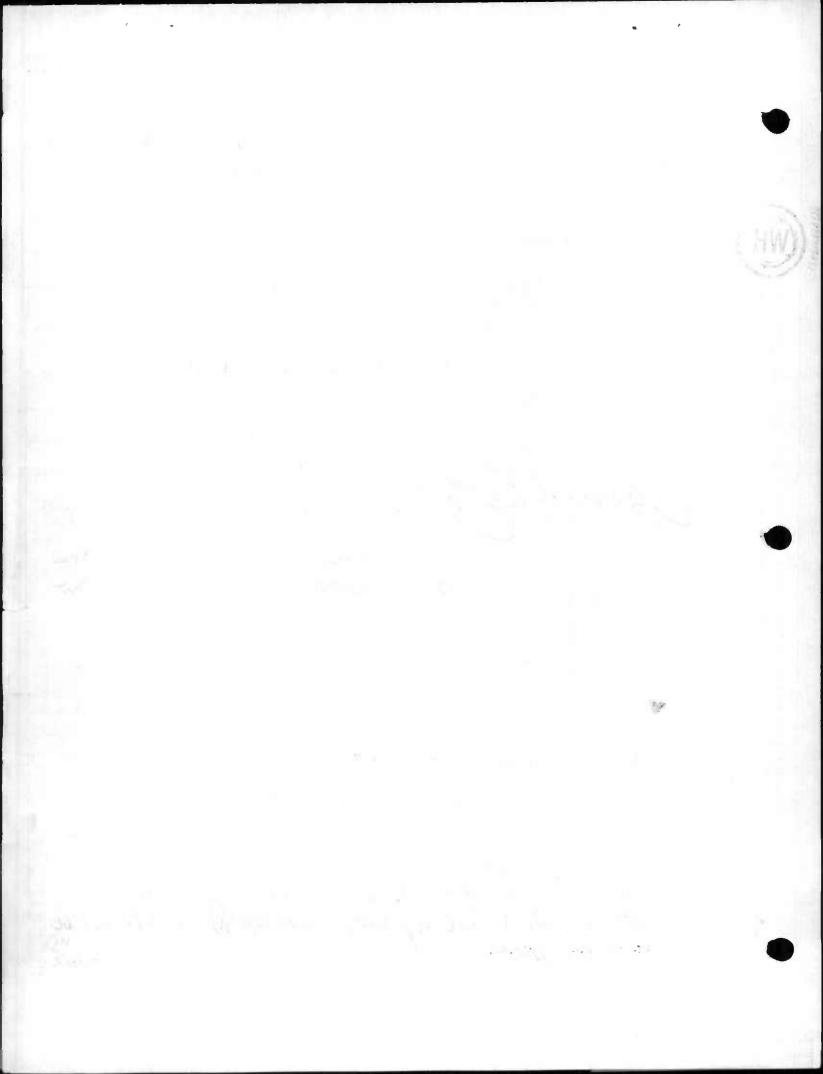
BALTIMORE, MARYLAND 21215-0020	44 Yours after death. Page 6 may be retained by the hospital or attending physici filled how the funeral director, page 5 should be detached for use as the buriation, or removal.	he medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cernation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR		TATE OF MARYLA	AND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	D MENTAL HYGIEN	E
DECEDENT'S NAME (First	t, Middle, Last)			2. DATE OF DEATH	-
	MILDRED	ELIZABETH	STOKES	MONTH DA	Y

1 - STATE REGISTRAR		STATE OF I			TMENT (D ME	NTAL HYGIEN			
1. DECEDENT'S NAME (Firs	t, Middle, Last)				ICAIL	OF DE	АІП	2.	REG. NO).		3. TIME OF DEATH
	MILDR	ED ELIZA	BETH ST	OKES					MONTH E	2 -	YEAR.	2 UCOM
4. SOCIAL SECURITY NUM		5. SEX	8. AGE (In yrs. le	ast birthday)	IF UNDER 1 Y		NDER 24 HR	s. 7,	DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign
213-14-7627		1 [] M 2 K F	79	YRS.	MONTHS D	AYS HOU	IRS MIN		(Month, Day, Year) EC. 8, 1	915	Country	AWARE
9e. FACILITY NAME (If not it					9b. CITY, TO	OWN OR LO	CATION OF	_		V	ITY OF DI	
GLASGOW NUR		OME			CAMBE	RIDGE				DORCI	HEST	ER
RESIDENCE OF DE	10b. COUNTY			10c, CITY	, TOWN OR L	OCATION						
MD	DORCH	ESTER			DESDAI							10d, INSIDE CITY LIMITS?
10e, STREET AND NUMBER						10f. ZIP (CODE			10g, CITIZ	ZEN OF W	1 TYES 2 NO
4872 CENTE	NNIAL I	RO.A.D				216	59				SA	
11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 X	RMED NO	If ye	DECENDED BY SERVICE STATE OF THE SERVICE SERVI	Cuben, Me:	ricen, Pı	ORIGIN? (Specify Yeuerto Rican, atc.)	s or No—	14. RACE Black Specifi	- American Indian, White, etc.
15. DEC (Specify oni	EDENT'S EDUC	ATION completed)	16e. D.	ECEDENT'S	USUAL OCCU	PATION	ndina		16b, KIND OF BU	SINESS/IND	USTRY	
Elementary/Secondary (I		College (1-4 or 5		. Do NOT us	e retired.)	ng most or w	rorking					
8	41.0		ASS	SISTAN	T				NURSING			
17. FATHER'S NAME (First, M GEORGE EDWA		TCENT							First, Middle, Maiden	Surname)		
19a. INFORMANT'S NAME (עמצוטו					THEL					
GENE SHANNAI					ADDRESS (SI				Number, City or Tow		Code)	
20e. METHOD OF DISPOSIT 1 [X] Burial 2 ☐ Cremetic		val from State	20b. PLACE	AND DATE O	FDISPOSITIO	N (Name of				CATION — C	ity or Tow	rn, State
4 Donation 5 Dother	(Specify)		UNITY	WASH	INGTO	N CEN	M		1/17 HUR	LOCK,	MD	
21. SIGNATURE OF FUNERA	L SERVICE LICE	INSEE	3/	1/2	ZEL	LER I	FUNEF	RAL	HOME, P.	0. E	BOX 2	207,
23. PART i Enter the d	iseases, pr co	omplications that	caused the d	eath Do n	106	MAII	V STF	KEET	, EAST N	IEW MA	RKET	,MD 21631
ahock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	aust sandie. L	ist city plia cau	12	ectio) Co	()	dying, s	ocn aa	cardiac or resp	ratory sme	eat,	Approximata Interval Between Oneat and Death
		DOE 10	OR AS A CONSE	OUENCE OF	0 0	Q 4						6
Sequentially list condition in sny, leading to immecsuse. Enter UNDERLY! CAUSE (Disease or injuited initiated events resulting in death) LAS	diata ING c.		(OR AS A CONSE			W8(5 hv
PART II. Other algolfica	nt conditions	contributing to	death but not	regulting is	the under	hdaa saw	a alice					
4.5					The older	lying caus	se givan	in Part	1 YES 2	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO	O MEDICAL				2/	5 DI ACE O	E DEATH (Chack	-t			
EXAMINER?		HOSIPITAL:	ER/Outpatient 3		OTHER:	6. PLACE O						
27, MANNER OF DEATH		28e, DATE OF	INJURY	28b. TIME	OF 28c.	INJURY AT		1	Other (Specify)	JURY OCCI	JRED	
	Pending Investigation	(Month, De	y, Year)	INJU		WORK?	2 NO				MED	
3 Suicide 8	Could not be	28e. PLACE Of building,	INJURY — At ho	rme, term, st	rest, factory,	office		281.	LOCATION (Street e City or Town, State)	nd Number o	r Rural Ro	ute Number,
29e. CERTIFIER	EVING PHYSICI	AN: To the best of										
(Check only one) 2 MEDI	CAL EXAMINER	On the basis of ex	my knowledge, de	investigation	at the time,	date end pl	ace, end di	ue to th he time,	e cause(s) end man date end place, en	ner as stated due to the	d, ceuse(s)	and menner as stated,
296. SIGNATURE AND TIFLE	OF CERTIFIER	Cp <		1		29c. I	LICENSE N	UMBER	7>	29d. DATE	SIGNED (Month, Day 1007
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATH (ITE	Men rype.	egint)		Udi	7-1			(1)	171
31, DATE FILED (Month, Day, 1	(hear)	21. REGISTRAF	S SIGNATURE	49	mo	5	03	13	121V S	16	M	BRIDE
JAN 1 9	1995	Jaka dan	dear Rendo	ell								24.5



	1 - STATE REGISTRAR	STATE OF MA			TMENT OF		MENT	AL HYGIEN	E	
	1. OECEDENT'S NAME (First, Middle, Last)				IOAIL OI	DEATH	2. DA	TE OF DEATH		3. TIME OF DEATH
		EVELYN	P.		SILVIOUS	5		anuary		EAR
1	4. SOCIAL SECURITY NUMBER	fi. SEX 6	AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DAT	E OF BIRTH		BIRTHPLACE (State or Foreign
	217-10-5673	¹ ☐ M 2X F	76	YRS.	MONTHS DAYS	HOURS MIN.	Apr	6, 191	8	Country) WV
_	9a. FACILITY NAME (If not institution, give	street end number)			9b. CITY, TOWN	OR LOCATION OF	OEATH			OF DEATH
5	Memorial Hospit	al			Cumb	erland			A11	Legany
EC	10e. STATE tob. COUNT	ny .		10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY
DIRECTOR	MD Alle	gany		Cun	berland					LIMITS?
AL.	10e. STREET AND NUMBER				10	f. ZIP CODE			10g. CITIZEI	N OF WHAT COUNTRY?
FÜNERAL	1015 Virginia Av	enue			2	21502			USA	
5	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT E FORCES? 1			13. WAS DE	CENDENT OF HISP Decify Cuben, Maxi	ANIC ORIG	SIN? (Specify Yes	or No- 14	. RACE — American Indian, Black, White, atc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR				NO Spe		o mount, enc.)		Specify:
	15. DECEDENT'S EDI		18e, DE0	CEDENT'S	USUAL OCCUPATI	ON		6b. KIND OF BUS	INESS/INDUS	white
COMPLETED	(Specify only highest grad Elementary/Secondary (0-12)	(College (1-4 or 5 +)	(Gh	ve kind of Do NOT u	work done during m se retired.)	ost of working	- 1	out time of boo		
AP.	12		Ret	tire	f			Textil	e	
Ö	t7. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S I	NAME (Firs	t, Middle, Maiden	Surname)	
BE	Henry Silvious	5				Lula				
2	190. INFORMANT'S NAME (Type/Print) Naomi E. Rankin				ADDRESS (Street					
					irginia					21502
	20a. METHOD OF DISPOSITION 1 Burtet 2 Crematton 3 Ren 4 Donation 5 Other (Specify)	noval from State	cemetery, cremate Abe Co		OF DISPOSITION (N (her place)	eme of		12 Sho		y or Town, State
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	1.200 00			NO ADDRESS OF C				
	· Openes 7	Carx	elli	*	Cumbe	rland, M	4D 2	21502		
	23. PART / Enter the diseases, or shock, or heart failure.	Complications that c	aused the dea	th. Do	not enter the me	ode of dying, at	ich ss ce	rdiac or respi	ratory arrest	t, Approximate interval Between
	iMMEDIATE CAUSE (Final disesse or condition	00	C.		-	< 10	-	$\theta - T$		Onset and Death
Н	resulting in death)	a. OUE TO (O	R AS A CONSEO)//	un-	- C A	ve	100	وده	- The
_	_	002 10 (0	AS A CONSEC	DENCE O	r):					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (O	R AS A CONSEQ	UENCE O	F):					
<u>S</u>	cause. Enter UNDERLYING CAUSE (Disease or injury	c								
造	that initiated events resulting in death) LAST	OUE TO (O	R AS A CONSEO	UENCE O	F):					
빙		d								
SAL	PART ii. Other significant condition	na contributing to de	ath but not re	sulting	in the underlyin	g csuse given i	n Psrt i.	24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
음								1 - YES	A.	COMPLETION OF CAUSE OF DEATH?
MEDI						,		"		1 TYES 2 NO
	DID TOBACCO USE CONT	RIBUTE TO CAU				UNCERTA	IN 🗆			
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:					
PHYS	1 YES 2 NO 27. MANNER OF DEATH	26a. DATE OF IN		DOA 28b. TIM		JURY AT		her (Specify) ESCRIBE HOW IN	I II IRV OCCUR	DED.
	Natural 5 Pending	(Month, Day,		INJ	URY W	ORK? YES 2 NO	2440, 5	EGOMBE NOW W	JOHT OCCOR	NEO .
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF II	NJURY — At hor	ne, farm, :	street, factory, offic	ia .			nd Number or	Rural Route Number,
E	4 Homicide determined	201101119,	- (Gpoony)					ty or Town, State)		
COMPLET		ICIAN: To the best of my	knowledge, das	th occurr	ed at the time, date	end place, end de	un to the c	ause(e) end man	ner ee stated.	
8	MEDICAL EXAMIN	ER: On the basis of axen	ination end/or in	rvestigatio	n, in my opinion, o	feath occured at the	ne time, de	ite and place, end	due to the c	euse(e) end manner ee stated.
BE C	296. SIGNATURE AND JITLE OF CERTIFIE	R				29c. LICENSE N	UMBER		29d. DATE S	IGNED (Moprin, Day, Year)
0	12mt	<u></u>	- KL)		D 1277	79		MILL	4120
	30. NAME AND ADDRESS OF PERSON WI Dr. Guy Fiscus					uilding-	-Cumb	erland	MD 2	1502
		I I I I I I I I I I I I I I I I I I I	A .			0				

A STATE OF

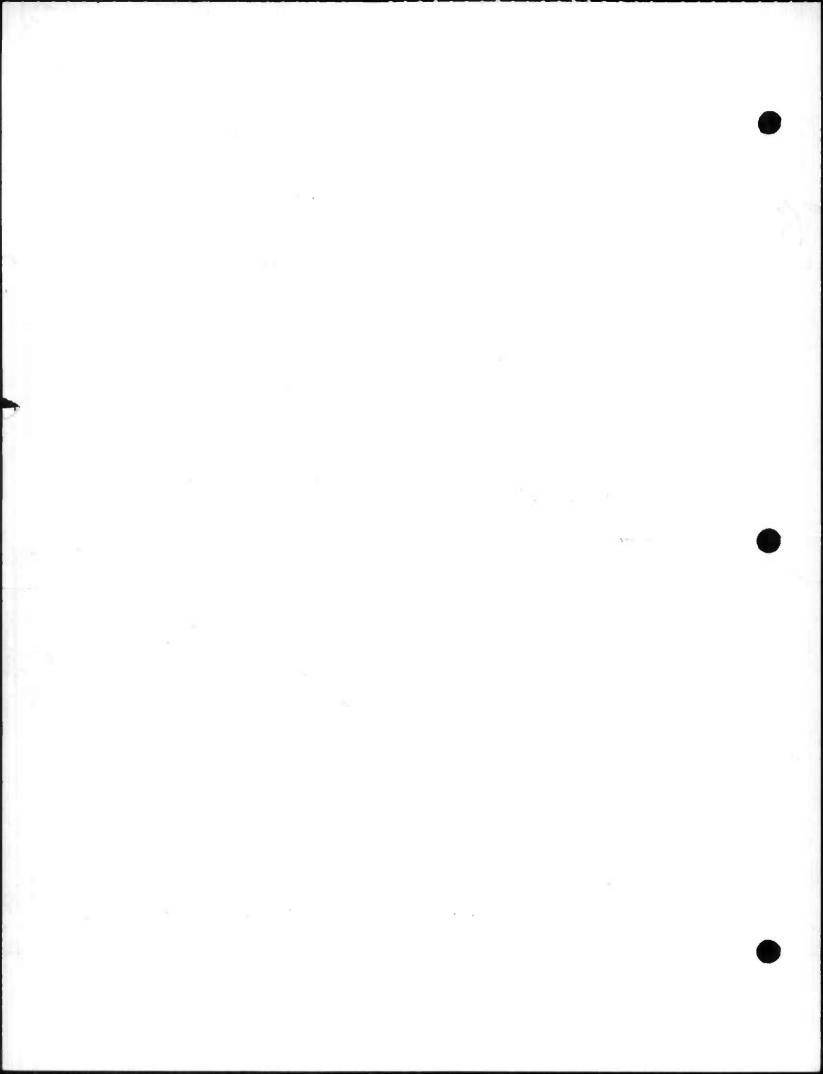
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

1 - STATE REGISTRAR		SIAIE UF I		DEPAR ERTIF					MENTA	REG. NO.			
1. DECEDENT'S NAME (Firs	t, Middle, Last)							2. DATE	OF DEATN		YEAR	3. TIME OF DEATH	
KYLE	STA		SOWE						01	09	199	5	06:15 Am
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. le		IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	(Mon	OF BIRTN th, Day, Ybar)		8. BIRTH Countr	IPLACE (State or Foreign
232-26-07		1 XM 2 F	7	6 YRS.				. 627		3/1918		WV	
9a. FACILITY NAME (If not in						Y, TOWN O						NTY OF D	
SACRED HEA		SPITAL			CU	JMBER	LAND	, MD)		ALL	EGAN	TY
10a. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN	DR LOCATI	ION						10d. INSIDE CITY LIMITS?
WV	Ridgeley									1 YES 2 ND			
10e. STREET AND NUMBER	10f. ZIP CODE							10g. CITI	ZEN OF V	WHAT COUNTRY?			
	ox 14						267					USA	
11. MARITAL STATUS 1 Never Married 2	Married		XXES 2			If yes, spe	cify Cuba	n, Maxican	IC ORIGI	N? (Specify Yes Rican, etc.)	or No-	14. RACE Black	— American Indian, c, White, atc.
3 Widowed 4 Div	orced	IF YES, GIVE W	AR OR DATES			1 TYES	2.XIXIO	Specify	:			Speci	White
	EDENT'S EDU			ECEDENT'S					161	. KIND OF BUSI	INESS/IND	USTRY	
Elementary/Secondary (College (1-4 or 5		Bive kind of to Do NOT us	work done se retired.)	during mos	t of workin	rg					
N/A		N/A		Ca	rpe	nter	:			Rail	Lroa	ıd	
17. FATNER'S NAME (First, A										Middle, Malden S	Surname)		
Ansel		rs						na					
Alene		owers	19			S (Street an				ber, City or Town,			
20g JMETNDD OF DISPOSIT		OWCID	20b. PLACE					KI			VV .		
1 Burial 2 Crematic	on 3 🗆 Rem	cval from State	cemetery, cre Ma 1	emetory or o	ther place	ot or	~ * *		12	11			WV
21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE		1011		NAME AN	_	SS OF FAC		J A	iqus	ta	VV V
1	1	0	10							1 Home	ē		
23. PART i, Enter the d	NOA /	complications the	caused the de	anth Do r	ot enter	Auc	just	a,	WV_	26704	-1		Approximata
shock, or h IMMEDIATE CAUSE (Fi disease or condition resulting in death)	eart failure.	a. Odv	OM CL	». D	0						lu	2	intervel Between Onset and Death
Sequentially list condit if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or inju- thet initieted events resulting in death) LAS	diate ING Iry	e	(DR AS A CONSE										
PART ii. Other significe	ent condition	s contributing to	deeth but not	resulting	in the u	nderlying	cause g	jiven in F	Part i.	24a. WAS AN A PERFORM	MED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
DID TOBACCO U	ISE CONT	PIRLITE TO CA	LISE OF DEA	TH VE	s 🖭	NO \square	LINIC	ERTAIN					1 YES 2 NO
25. WAS CASE REFERRED T		LIBOTE TO CA		E DF DEAT			OIAC	LKIAII					
EXAMINER?		HOSPITAL:	ER/Outpatient 3	DOA	OTHE	R: rsing Nome	5 Be	eldence (E □ Oth	er (Specify)			
27. MANNER OF DEATH		28a. DATE OF (Month, Di	INJURY	28b, TIM		28c. INJU	RY AT	- I	_	SCRIBE NOW IN	JURY OCC	URED	
1 Natural 5	Pending Investigation	(MONIN, DI	iy, reary	l l l l l	M	1 Y		NO					
3 Suicide 8	Could not be	28a. PLACE Of building,	INJURY - At ho	ome, farm, s	street, fac	tory, offica			281. LOC	ATIDN (Street an	d Number	or Rural R	oute Number,
4 Nomicide	datarmined								O.Ly	or journ, otato)			
		CIAN: To the best of											
2 MED			amination and/or	Investigatio	n, Iri my i	opinion, de	ath occur	ed at the t	ilme, data	and placa, and	dua to th	e cause(a) and manner as stated.
29th SHONATURE AND TAPLE	M.D 013233 >19/19/1999												
A - CIVIV	AME AND ADDRESS OF PERSON (WID COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) - SIVATO VILLED MD. 915 School Dv. P. W. D. W. 215												
31. DATE FILED AND DE	3 199	ST. PEGISTRA	R'S SIGNATURE	dalk	-		1-0	- 11	-/ 4		3 70		101.5118



FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH David St. Clair 18,1995 5:19 Рм Wayne January 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH . 8. BIRTHPLACE (State or Foreign Sept 22, 19 215-64-6340 39 1 🔯 M 2 📋 YRS. Washington DO 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Physicians Memorial Hospital La Plata Charles RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10b. COUNT 10d. INSIDE CITY LIMITS? Maryland Charles Charlotte Hall t TYES 2 NO FUNERAL toe. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 11925 Budds Creek Road 20622 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-002 If yes, specify Cuben, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried BY hours after death. Page 6 may be retained by the hospital or attending ad in by the funeral director, page 5 should be detached for use as the or removal. 3 Widowed 4 Divorced White t5. DECEDENT'S EDUC/ITION ecify only highest grade completed) COMPLETED 18e. DECEDENT'S USUAL OCCUPATION 16b. KINO OF BUSINESS/INDUSTRY (Specify only highest g Financial Lending Elementery/Secondary (0-12) College (1-4 or 5+) Vice President/Mngr Institution t7. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William notified at Arthur St. Clair Mary Doris Hayden St. Clair 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stets, Zip Code) 20622 2 Nancy P. St. 11925 Budds Creek Rd Charlotte Hall, MD Clair pe 200. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must 206. METHOD OF DISPOSITION

13 Buriel 2 Cremation 3 Removal from State

4 Donation 5 Other (Specify) St. Mary S Cemetery 1/21 Newport, Maryland medical examiner 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Moo817 Arehart-Echols Funeral Home, P.O. Box 567 La Plata, MD 20646 Ham 23. PART I. Enter the diseases, or complications that caused tha death. Do not enter tha mode of dying, such as cardiac or respiratory arrest, filled in by t Approximate shock, or haert feilure. List only ona ceuse on each line. interval Betwe IMMEDIATE CAUSE (Finel **Onset and Death** the disesse or condition Junshot Wound to the Head and completely fi burial, cremation immed reaulting in death) executed within event, DUE TO (OR AS A CONSEQUENCE OF) other traumatic and CERTIFICATION Sequantisly list conditions, OUE TO (OR AS A CONSEQUENCE OF): 0 if any, leading to immediate cause. Enter UNDERLYING physician requires that the death certificate be prior CAUSE (Disease or Injury / the attending phy. DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in daeth) LAST 0 DIVISION OF VITAL RECORDS, PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL signed by the shows any COMPLETION OF CAUSE 1 TYES 2 NO 1 TYES 2 NO e Dept. of H DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: OR ATTENDING PHYSICIAN: The law item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h EXAMINER? OTHER: YES 2 NO ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA ne 5 Residence 6 🗆 Other (Specify) the 0 27. MANNER OF DEATH 28a. DATE OF INJURY this c. 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 28c. INJURY AT WORK? is marked, 118195 1 Natural GSW Self inflicted 1 YES BY death Investigation 2 Accident 28e. PLACE OF INJURY --- At home, ferm, street, factory, office 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be COMPLETED hours after item 28 is DIRECTOR: 4 Homicide BackYard TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner se attend. HOSPITAL of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner se stated. 29c. LICENSE NUMBER BE 29d. OATE SIGNED (Month, (Day, Year) 里 ME Assistant 95 2 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Charlene 700 Old Line Ctr Suite 100 32 MERISTRATIS SIGNATURED

-

1 - STATE REGISTRAR		0	CE		ICATE C			REG. NO			
1. DECEDENT'S NAME (FILE MADELINE		CE SWEENEY			-			2. DATE OF DEATH JANUARY		5 YEAR	3. TIME OF DEATN 5:00
4. SOCIAL SECURITY NUI 21314549		5. SEX 1 M 2 X F	8. AGE (In yrs. last 72	t birthday) YRS.	IF UNDER 1 YE MONTHS DA		24 HRS. MIN.	7. DATE OF BIRTH Sep 7, 192	22	8, BIRTN Country	PLACE (State or Foreign
SACRED HI RESIDENCE OF DE 100. STATE	EART HO				96. CITY, TOY CUMBE	N OR LOCATI	ON OF D		9c. COL	UNTY OF DE	
RESIDENCE OF DE	10b. COUNT	TY		ine CIT	Y, TOWN OR LO	CATION				1	10d, INSIDE CITY
MD	Alle	egany		4	nberlar						LIMITS?
4A Jane F		Village				101. ZIP COD 21502			10g. CIT		HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 DI	_	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2X N	MED	If yes		m, Mexico	NIC ORIGIN? (Specify Yes on, Puerlo Rican, etc.) fy:	or No-	Black	— American Indian, , White, etc. /y: Vhite
15. Di (Specify of Elementary/Secondary 12	CEDENT'S EDU nly highest grade (0-12)	College (1-4 or 5+)	(Gi	CEDENT'S ve kind of Do NOT un		ATION most of working	ng	166. KIND OF BUI		DUSTRY	
17. FATHER'S NAME (First,	Miridia I net)		1/10	LILE	:u			AME (First, Middle, Maiden		rccer	
Garner		ld				1317 (3-2)		.le (Dawson			
19a. INFORMANT'S NAME			196	. MAILING	ADDRESS (Str			Route Number, City or Tow	<u> </u>	ip Code)	
Bonnie She			Ro	ute	1 Box	49A; C	ldto	own, MD 21	1555		
20e. METNOD OF DISPOS 1 M Burial 2 Cremet		noval from State	20b. PLACE A cemetery, crer	no DATE	OF DISPOSITION	(Name of	_	DATE 20c. LO	CATION -	- City or To	wn, State
4 Donetion 5 Oth		CENTEE	Restl	awn		al Gar		01/11 La	vare	, MD	
Jane	7 0	Ican	sell.		Sca	rpelli	Fur	neral Home ID 21502			
23. FAHT L Enter the	diseeses, or	complications that	ceused the de	ath. Do i					ratory e	rrest,	Approximata
IMMEDIATE CAUSE (F disease or condition resulting in death)		a. Rau	al S	\ a	ılus	Q					Onset and De
Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in thet initiated events resulting in death) LA	ediate /ING ury	b. DUE TO (C	OR AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECU	UENCE O	n. O e q	sliro	00	Derocio			4711
PART II. Other signific	ant condition		ecoor					Part I. 24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
DID TOBACCO		RIBUTE TO CAU					ERTAII	N 🗆			
EXAMINER?	TO MEDICAL	HOSPITAL:		T	OTHER:						
27. MANNER OF DEATN		1 Inpatient 2 1		28b. TIM		INJURY AT	sidence	8 Other (Specify) 28d. DESCRIBE HOW II	M HIRV OC	VIIDED	
1 Natural 5	Pending Investigation	(Month, Day,	(Year)		URY	WORK?	NO.	280. DESCRIBE NOW I	NJOHT OC	CORED	
2 Deviates -	Could not be determined	28e. PLACE OF building, at	INJURY — At horac. (Specify)	ne, term, i	straet, fectory, o	ffice		281. LOCATION (Street a City or Town, State)	ind Numbe	or Rural R	oute Number,
								to the cause(a) and mar time, date and place, en			end manner ee stated
296. SIGNATURE AND TITL				-	7	29c. LICE					(Month, Day, Year)
war	me	CS.	0 >	\mathcal{A}	0	D	1144	3	•		0.95
30. NAME AND ADDRESS (4								
DK. WAYNE	SPIGG	LE, M.D.,	912 SE	TON	DRIVE.	CUMBE	RLAN	D. MD 2150	2		
	995	32. REGISTRAR	Rardall								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within = hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

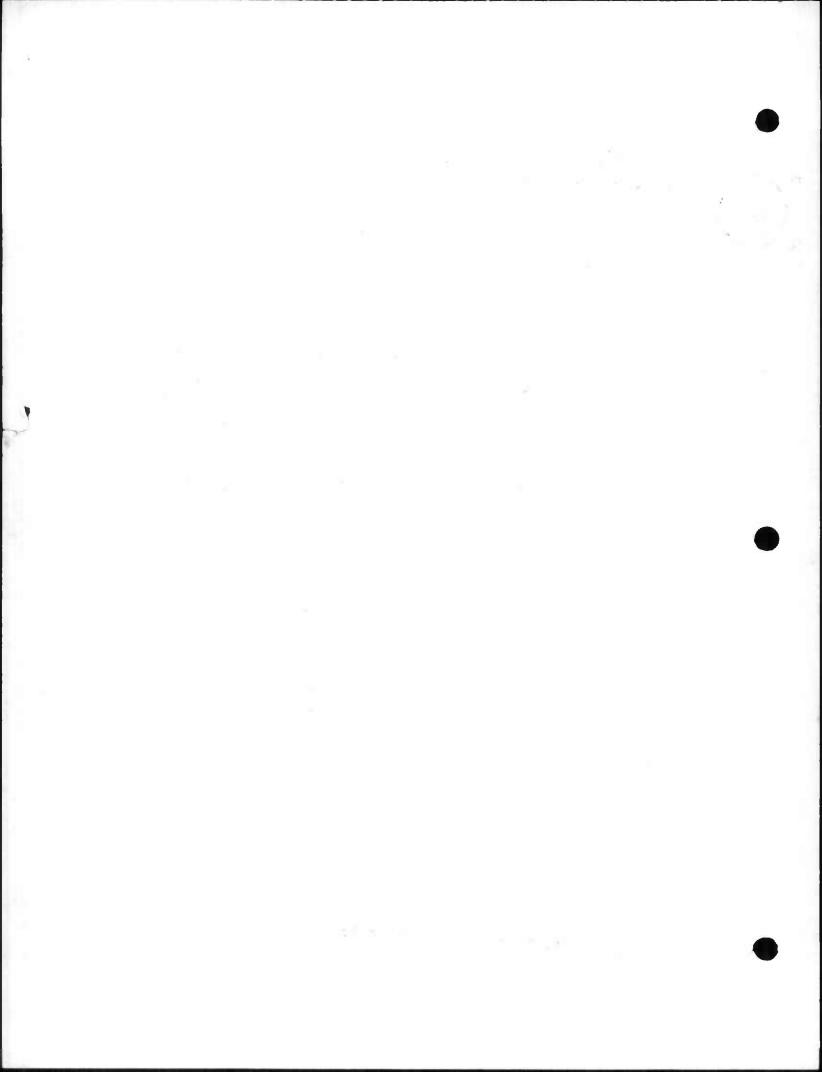
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

amended #18, 1/19/95. Hayad Caunty. 33

95 02727

	1 - STATE REGISTRAR				CERTIF	ICAL	E OF	DEAL	ГН		REG. NO.			
	1. DECEDENT'S NAME (First,	Middle, Last)						<u> </u>			ATE OF DEATH			3. TIME OF DEATH
	Diana	Nr	VI S	HOK	es						D (17		YEAR	7:30 AM
	4. SOCIAL SECURITY NUMBER	ER 8	i. SEX	6. AGE (In)	yrs. lasl birthday)		R 1 YEAR	IF UNDER			ATE OF BIRTH forth, Day, Year)		8. BIRTI- Countr	IPLACE (State or Foreign
	219-42-179	-	I □ M 2 💢 F	49	YRS.	MONTHS	DAYS	HOURS	MIN.	Ja	an 9 , 1	946	COUNT	" Md
R	90. FACILITY NAME (If not ins Univ. MD H	ospital	at and number)					imo:					NTY OF D	EATH
5	RESIDENCE OF DEC											<u> </u>	TCA	
DIRECTOR	10a. STATE MD	Harfo	. ~ d				OR LOCAT	ION						10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER	nallo	<u> </u>		AD	erde		. ZIP CODE						1 🔀 YES 2 🗌 NO
FUNERAL	732 Walker	St.					101	210				10g. CIT	US US	VHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 3 Divor	Merried	FORCES? 1	YES	2 XO		If yes, spe	ENDENT O	n, Mexice	n, Pue	IGIN? (Specify Year rto Ricen, atc.)	or No—	14. RACE Black Speci	- American Indian, k, White, etc.
9		DENT'S EDUCAL		14	8e. DECEDENT'S	USUAL C	CCUPATIO	ON .		T	16b. KIND OF BUS	SINESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (0-		College (1-4 or 5	r)	(Give kind of life. Do NOT u				rg					
MP	12				Nusin	g As	sst.				hospi	tal		
	17. FATHER'S NAME (First, Mic							0.7			st, Middle, Melden			
H	Charles S		ıry		I						ith Car			
2	Walter Sto										lumber, City or Tow erdeen,			001
	20e. METHOD OF DISPOSITION 1 Burial 2 Cremetion	a 3 🗆 Remove	el from Stata		LACE AND DATE	OF DISPO	SITION (Na			0	ATE 20c. LO	CATION —	City or To	wn, State
	4 Donation 87 Other	Alice Alice Annual A	t A	St	ary, cremelory or o					_		re	de G	Frace, MD
	·hall		Me	1		I	Bear		unei	ral	Home			
	23. PART I. Enter the die	The second second					iavi	e a	3 G1	rac	ce, MD			
- 1	shriek or he	seasea, or cert	mplicationa tha	t caused th	ha daath. Do	not ante	r tha mo	de of dyl	ng, auci	rac h as c	e, MD	ratory ari	reat,	Approximate
	shock, or he IMMEDIATE CAUSE (Fini disease or condition resulting in death)	art fallure. Lis	st only one cau	ise on eacl	h lina. husaped	not anter	r tha mo	de of dyl	ng, aucl	h as c	cardiac or reapi	ratory arr	reat,	Approximate Interval Between Onset and Death
1	IMMEDIATE CAUSE (Fine disease or condition	art fallure. Lis	st only one cau	ise on eacl	h lina. husaped	not anter	r tha mo	de of dyl	ng, aucl	h as c	cardiac or reapi	ratory arr	reat,	Intarval Between
NO	immediate Cause (Find disease or condition resulting in death) Sequentially list condition	ant fallure. Lis	st only one cau	ise on eacl	h lina. husaped	not anter	r tha mo	de of dyl	ng, aucl	h as c	cardiac or reapi	ratory arr	reat,	Intarval Between
ATION	IMMEDIATE CAUSE (Find disease or condition resulting in death)	art fallure. Lis	st only one cau	ise on eacl	h lina. husaped	not anter	r tha mo	de of dyl	ng, aucl	h as c	cardiac or reapi	ratory ari	reat,	Intarval Between
FICATION	Sequentially list condition for any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or injure	art fallure. Lis	st only one cau	ise on eacl	h lina. husaped	not anter	r tha mo	de of dyl	ng, aucl	h as c	cardiac or reapi	ratory arr	reat,	Intarval Between
ERTIFICATION	IMMEDIATE CAUSE (Find disease or condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYING.	ant fallure. Lis	st only one cau	ise on eacl	h lina. harassed	not anter	r tha mo	de of dyl	ng, aucl	h as c	cardiac or reapi	ratory ari	reat,	Intarval Between
. CERTIFICATION	Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition in any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injurithat initiated events resulting in death) LAST	ant failure. Lis	DUE TO	(OR AS A CO	ONSEQUENCE ON SEQUENCE OF CONTROL	not anter	t lie	havi	ng, auci	fo	ardiac or reapi			Interval Between Onset and Death
CAL	Sequentially list condition resulting in death) Sequentially list condition in the sequential sequ	ant failure. Lis	DUE TO	(OR AS A CO	ONSEQUENCE ON SEQUENCE OF CONTROL	not anter	t lie	havi	ng, auci	fo	ardiac or reapi	ALTOPSY MEO?		Intarval Between
MEDICAL	Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition in the sequence of the sequence	ant failure. Lis	DUE TO DUE TO DUE TO Contributing to	(OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC) (OR AS A CC)	ONSEQUENCE ON SEQUENCE OF CONTROL	not anter	tha moo	Rosei	given in	Part i	. 24a. WAS AN PERFOR	ALTOPSY MEO?		Interval Between Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition in any, leading to immed cause. Enter UNDERLYIF CAUSE (Disease or injurt that initiated events resulting in death) LAST PART II. Other aignificant of the condition in death of the condition in the conditi	ant failure. Lis	DUE TO DUE TO DUE TO Contributing to	(OR AS A CC) (OR A	ONSEQUENCE OF CONTROL ON SEQUENCE OF CONTROL ON SEQUENCE OF CONTROL OF CONTRO	P: F: F: In the unit	r tha moo	Reading cause g	ng, auci	Part i	. 24a. WAS AN PERFOR	ALTOPSY MEO?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting to immed cause. Enter UNDERLY!P CAUSE (Disease or injurt that initiated eventare aulting in death) LAST PART II. Other aignificant resulting in death) LAST DID TOBACCO US 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 PR 2 Accident 3 Suicida a CACCO CONTROLL CONTRO	DE CONTRIE Conditions of the conditions of the	DUE TO DUE TO DUE TO DUE TO DUE TO Contributing to Contributing to DUE TO Contributing to Contributing to	(OR AS A CO (OR AS	ONSEQUENCE OF CONSEQU	F): In the unit of the following the follow	NO Danily one) R: rsing Hom 28c. INJI 1 y ttory, office	Cause g UNC 5 Re UNT TES 2 end piece, eeth occur 29c. LICE	piven in ERTAIN sidence NO and due ed at the	Part I Sed. Lother to the time, c	. 24a. WAS AN PERFOR 1 YES 2 Wher (Specify) OESCRIBE HOW II COCATION (Street e City or Town, State) cause(e) end mar	AUTOPSY MEO? PNO NJURY Oct and Number	24b. CURED or Rural F	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 M NO
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-ton be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

	REGISTRAR		C	ERTIFIC	CATE	OF DEA	TH	R	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)				_			2. DATE OF C	DEATH		EAR	3. TIME OF DEA	ГН
		Joanne 1			<u>id</u>			Jan.	17,			10:45	A M
		1	S. AGE (In yrs. I		IF UNDER 1 YE	-	R 24 HRS.	7. DATE OF B (Month, Day	HRTH v. Year)	8.	Country	PLACE (State or Fi	preign
	203 34 3213		51	YRS.				Aug. 2	, 194	13	Per	nnsylva	nia
~	9a. FACILITY NAME (If not institution, give street			1	9b. CITY, TO	WN OR LOCAT			1	9c. COUNTY			
2	127 Waldon Road, A	pt. E				Abii	ngdon				Ha	rford	
DIRECTOR	10s. STATE 10b. COUNTY			10c. CITY,	TOWN OR L	OCATION				-		10d. INSIDE CITY	,
盲	Maryland H	arford					Abi	ngdon				LIMITS?	NO
¥	10e. STREET AND NUMBER					10f. ZIP COI			3	10g. CITIZEI	N OF W	HAT COUNTRY?	
T	127 Waldon Road						210	09		1	USA		
FUNERAL		2. WAS DECEDENT FORCES? 1			13. WAS	DECENDENT	OF HISPAN	IC ORIGIN? (S	secify Yes or	r No 14	. RACE	— American Indi , White, atc.	en,
2	1 Naver Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAI		SNO	1 🗆	YES 2 NO	Specify	n, Puerto Rican	, atc.)		Specif		
	15. DECEDENT'S EDUCAT	TON	140. 6	DECEDENT'S U						1		white	
	(Specify only highest grade co.	npleted)		Give kind of wo	ork done durin	most of work	ing	16b. KIN	D OF BUSIN	iess/indus	TRY		
2	Elementary/Secondary (0-12)	College (1-4 or 5+)		Homema	ker			_	F	Iome			- 1
S	17. FATHER'S NAME (First, Middle, Last)					18. MO	THER'S NAI	ME (First, Middle	, Maiden Su	rname)			
BE COMPLETED	John Kirk Lacey					1	Mildr	ed (nm	n) Ho	oyt			
9 0	19a. INFORMANT'S NAME (Type/Print)			96. MAILING	ADDRESS (St	eet and Numbe	or Rural F	loute Number, C	ity or Town,	State, Zip Co	ode)		
-	Richard C. Sayland		2	127 Wa	ıldon	Road,	Apt.	E, Ab	ingdo	on, M	d.	21009	
	20g, METHOD OF DISPOSITION 1 ☑ Burlel 2 ☐ Cremation 3 ☒ Remove	I from State	cemetery c	E AND DATE OF	er niece)			1	20c. LOCA				
	4 Donation 5 Other (Specify)		Whit	e Mars	h Men	orial	Park	1/21/	95 An	bler	Pe	ennsylv	ania
1	21. SIGNATURE OF FUNERAL SERVICE LICEN	2 1	1			E AND ADDR			T Div	owal.	How	me, P.A	
	Atsile a	Mercy	263		1317	Cokes	Plucu	nas II	T rui	ierar	HOL	10, P.A	00
	23. PART I Enter the diseases, or cor shock, or heart failure. Lis	nplications that o	ceused the	deeth. Do no	of enter the	mode of d	ylng, sučl	as cerdiec	or respire	tory erres	t,		
1	IMMEDIATE CALISE (Final				,	1.						Onset en	
	disease or condition resulting in death)	Con DUE TO (C	narc	1 art	ery	dise	ase					104	ears
												20	
5	Sequentially liet conditions, b.	11400	er lip	1der	$n_i a$							204	ears
CERTIFICATION	if any, leeding to immediate ceuse. Enter UNDERLYING	552.10 (0	11 AS A GONS	EDUCATE OF	•							Í	
=	CAUSE (Disease or Injury that initiated events	DUE TO (O	R AS A CONS	EOUENCE OF)	:							+	
Ę	resulting in death) LAST												
3	PART II. Other significent conditions,	contributing to d	eath hut not	requising in	the under	halma anara	Alexander In	Post I a		matica.			
200	Musical	is lin	for 1	ant in	(A	lying ceuse	given in		PERFORM	ED?	246.	WERE AUTOPSY F	TO
בַּ	- Myocwa	<u>a, 111</u>	100	1/01)			10	YES 2	NO		COMPLETION OF OF DEATH?	
Σ								-				1 TYES 2	No
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL				,	8. PLACE OF	DEATH (Ch.	ock only one)					
2	EXAMINER?	IOSPITAL:	FR/Outnetle <i>nt</i>		OTHER:	- \/		8 Other (Sp					
Ē	27. MANNER OF DEATH	28a. DATE OF IN	JURY	28b. TIME	OF 280	INJURY AT	asidenca	28d. DESCRIE		URY OCCU	RED		-
7	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	19ar)	INJU		WORK?	□ NO						
	3 Suicide 8 Could not be	28a. PLACE OF building, et	INJURY — At I	nome, ferm, st	reet, lactory,	office		281. LOCATIO	N (Street and	d Number or	Rural A	oute Number,	
<u>"</u>	4 Homicide determined		,					City of 10	wit, Stote)				
7	29e. CERTIFIER 1 CERTIFYING PHYSICI	N: To the best of m	y knowledge,	death occurred	at the time,	date and plac	a, and due	to the cause(s	and manne	er as stated.			
COMPLEIED	one) 2 MEDICAL EXAMINER:											end menner as s	tated.
	296. SIGNATURE AND TITLE OF CERTIFIER				-	29c. LK	CENSE NUN	IBER	2	29d. DATE S	IGNED	(Month, Day, Year)	\neg
D D	muhal n. E.	cossus	n M	1.0.			032	288		> /	-1	8-95	-
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (IT	EM 27) (Type, I	Print)		_			1.0			
	Michael N. Dr	OSS NEV	, 104	Plui	ntre	e Roa	d, So	Hell	OBE	2/A1	v, 1	MD. ZIO	15
	31. DATE FILED (Month, Day, Year) JAN 2 0 1995	The Was	dell			/		,		1			

Same of the SMAL

* *.

3. TIME OF DEATH

3:38P

10d. INSIDE CITY

YES 2 NO

8. BIRTHPLACE (State or Foreign

Pennsylvania

14. RACE — American Indian, Black, White, etc.

Specify: White

Prince George's

10g. CITIZEN OF WHAT COUNTRY?

20715

Bowie Md.

Approximata

24b. WERE AUTOPSY FINDINGS

1 | YES 2 | NO

29d. DATE SIGNED (Month, Day, Year)

25 a

20704

AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

Interval Betwe

Onset and Death

reelo

United States

YEAR

9c. COUNTY OF DEATH

1995

Maryland

11. MARITAL STATUS

10e. STREET AND NUMBER

1 Never Married 2 XXMarried

Elementary/Secondary (0-12)

29b. SIGNATURE AND TITLE OF CERTIFIER

31. QATE FILED (Month, Day, Year) 0 1995

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Yablanoviu, mo

con la.

Don H.

3 Widowed 4 Divorced

DIRECTOR

FUNERAL

BY

4. SOCIAL SECURITY NUMBER

199 22 7804

RESIDENCE OF DECEDENT

12106 Wilmont Turn

Francis Xavier SCHUTT

Doctors' Community Hospital

10b. COUNTY

15. DECEDENT'S EDUCATION (Specify only highest grade complete

9a. FACILITY NAME (If not institution, give street and number)

松文 M 2 🗆 F

Prince George's

College (1-4 or 5+)

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES

IF UNDER I YEAR

10c. CITY, TOWN OR LOCATION

Bowie

18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)

Lanham

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

101, ZIP CODE

20715

If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: NO

29c. LICENSE NUMBER

325077

BIVA

Nechook

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-

6. AGE (In yrs. last birthday)

64

2. DATE OF DEATH MONTH

Januaru

13

16b. KIND OF BUSINESS/INDUSTRY

7. DATE OF BIRTH

Mar.

funeral director, page 5 should be detached for use as the burial-transit retained by the hospital or attending physician. Page 6 may be ours after death. and completely filled in by the I bunial, cremation, or removal. prior to the attending physician I Mental Hygiene prior to been signed by that, of Health and M has be Dept. this certificate h with the State (ATTENDING PHYSICIAN: DIRECTOR: After the hours after death v B HOSPITAL

BE

2

DIVISION OF VITAL RECORDS, P.O. BOX 68760

COMPLETED Translator Federal Government 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Joseph B. Schutz Helen Quinn notified at BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Liane Schutz 12106 Wilmont Turn Bowie Maryland þ 20a. METHOD OF DISPOSITION
1 23 Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must Sacred Heart Church Cemetery 1/7/95 4 Donation 5 Other (Specify) examiner 21 SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Beall-Evans Funeral Home, P.A. Koller res 16000 Annapolis Rd. Bowie Md. 20715 medical 23. PART I. Enter the diseases, or complicatione that coursed the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failura. List only one cause on each line IMMEDIATE CAUSE (Finel the disease or condition Encepholopedt noylu reaulting in death) event, DUE TO (OR AS A CONSEQUENCE OF) erewe Dwarder other traumatic CERTIFICATION Sequentielly list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING 4 Cell (chrown CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 0 in luny, PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. MEDICAL 24s. WAS AN AUTOPSY TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Impatient 2 | ER/Outpatient 3 | DOA OTHER: 1 | YES 2 | 10 4 Nursing Home 5 Realdence 8 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF marked, 28d. DESCRIBE HOW INJURY OCCURED t Natural 5 Pending Investigation M. 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 99 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 28 29e. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) and manner ea stated. FUNERAL within 72 h 2 MEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERA
TO THE WITHIN 7
THE WITHIN 7

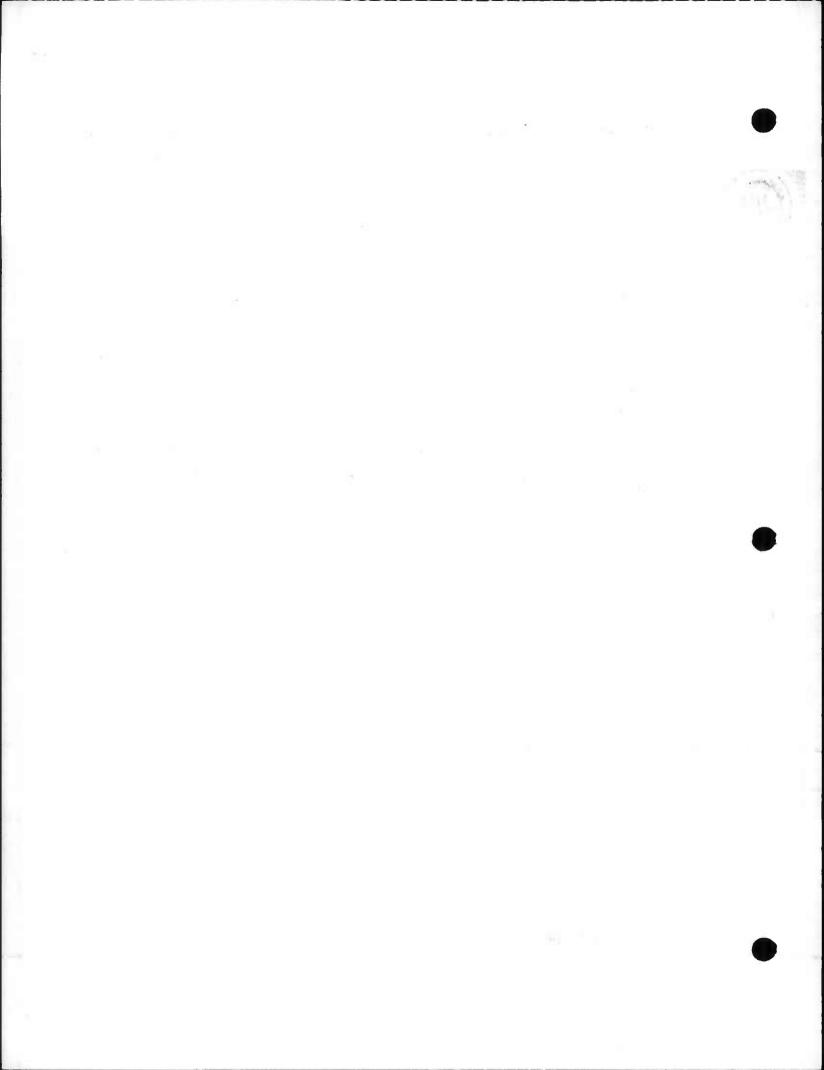
Attending Phyrician

7425

32. REGISTRAN'S SIGNATURE
Jahra Davilson Randall

ナコトロチョ

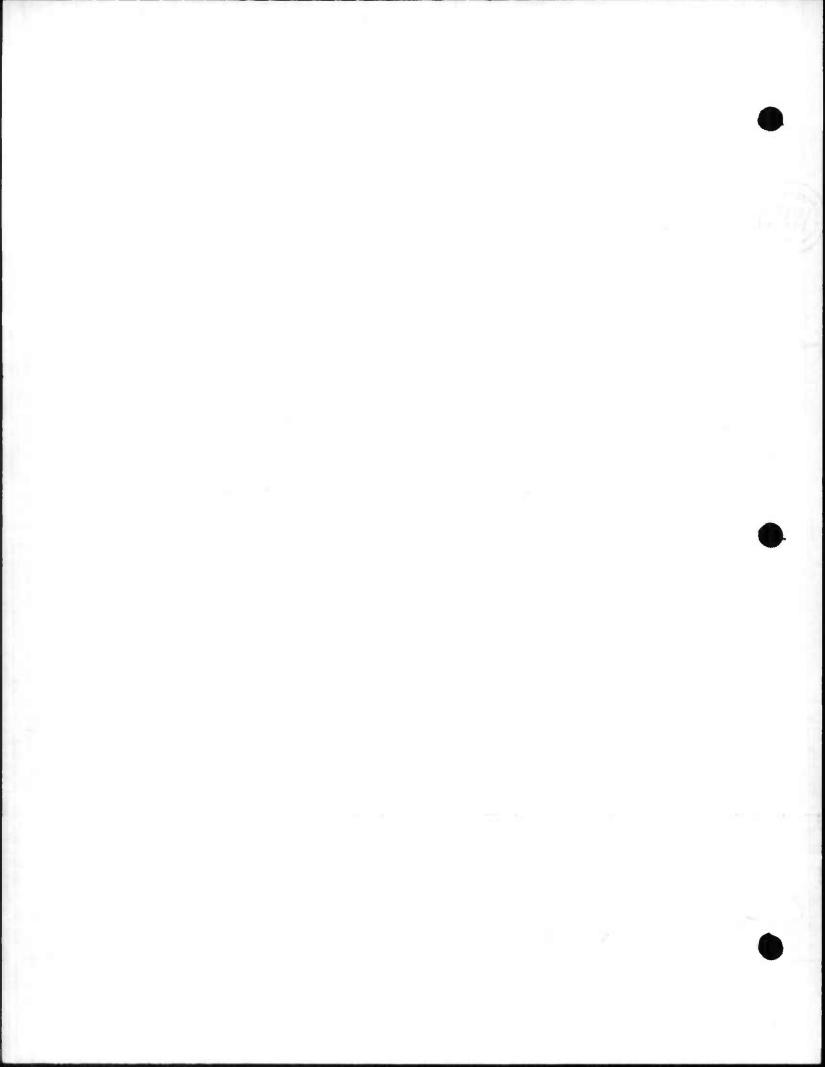
DHMH-18 Rev 1/89



	WH	1
IMPURIANT: It liem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.		
Manight 1 1 for 21 is marked or lear 22 shows say in interpretationally the modified as a side of a second	4	

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CI	ERTIF	ICATE	OF	DEA	ГН		REG. NO.			
	1. OECEDENT'S NAME (First, Middle, Lest) MARY VIRGINI		TON						2. DATE OF MONTH	D/		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		ATON				,		Janua		, 19		6:32 PM
		5. SEX	6. AGE (In yrs. les	1,00	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF (Month, D			8. BIRTH Counti	HPLACE (State or Foreign ry)
	220-54-0959	1 □ M 2 🔯 F	97	YRS.		419.4			Dec.	26, 1	1897	Mar	yland
~	9e. FACILITY NAME (If not institution, give				9b. CITY,	TOWN	OR LOCATIO	ON OF DE	ATH		9c. COU	NTY OF D	DEATH
DIRECTOR	Magnolia Gardens	3			Lanh	nam					Pri	nce	George's
E C	10e. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN O	R LOCAT	TON						10d. INSIDE CITY
R	Maryland Princ	ce George	1 _S		ham								LIMITS?
_	10e. STREET AND NUMBER	cc. deorge	-	Баг	паш	100	. ZIP CODI				40.00		1 X YES 2 NO
FUNERAL	8200 Goodluck Ro	Lac				101					-		WHAT COUNTRY?
2	11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN I.C. AR	1450	1 40 11		2070					.A.	
	1 Never Married 2 Married	FORCES? 1	YES 2 X		- 1	yes, sp	ecify Cuba	n, Mexicar	NC ORIGIN? (S n, Puerto Rica		or No—	14. RACE Black	E — American Indian, k, White, stc.
BY	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE W	AR OR DATES		1	☐ YES	2 NO	Specify	T.			Speci	"" White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	JCATION	18a, OE	CEDENT'S	USUAL OC	CUPATIO	ON		16b. KI	ND OF BUS	INESS/INC	DUSTRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5 +) life.	Do NOT us	vork done di se retired.)	uring mo	st of workin	g					
4	11			nemak	er				Own	n Hon	ne .		
ő	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	HER'S NAM	ME (First, Midd	lle, Maiden	Sumame)		
ш	John Wormwood						Ali	ce M	Arlow				
0	19a. INFORMANT'S NAME (Type/Print)		190	b. MAILING	ADDRESS	(Street a	nd Number	or Rural R	loute Number,	City or Town	n, State, Zip	Code)	
2	Shirley S. Brumb	oaugh	94	405 D	uBarı	ry A	venu	e, S	eabro	ok, M	[ary]	and	20706
	20a, METHOD OF DISPOSITION 1 N Burlet 2 Cremetion 3 Rem	14 / 20 .	20b. PLACE	AND DATE	F DISPOSI	TION /Na	me of		DATE	20c. LO	CATION —	City or To	own, State
	4 Donation 5 Other (Specify)	TOTAL FORM STATE	remetery, cra	matory or o Linco	lher place)	eme	tery	01/1	11/95	Brei	ntwo	od. N	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22. N	AME AN	ID ADDRES	SS OF FAC	CILITY				
	NuB 6	7	4										me, P.A.
	23. PART I. Enter the diseases, or	complications the		eth. Do r	ot enter 1	the mo	Balt.	ng. such	e Ave.	or reapi	atts	VIII	e, MD 20781
	shock, or heart failure.	List only one caus	se on asch lina	1.			,				and y	1	Interval Between
	IMMEDIATE CAUSE (Finei disease or condition	Colin	. h	124		10111	(Ath	Congel	h	11	2 W	Onset and Death
i	resulting in death)	DUE TO	OR AS A CONSEC	DUENCE O	D: (TUGE		11/10	Corde	2 116	WI)	Cil	2 your Man
2		. Al	i alaul	1. 1	ort-	1/4	1600						Mary Ph
<u> </u>	Sequentially list conditiona, if sny, leading to immediate	DUE TO	OR AS A CONSEC	DUENCE O	7:	611	1101						
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	c.											
프	that initiated events	DUE TO	OR AS A CONSEC	DUENCE O	7):								
CERTIFICATION	resulting in death) LAST	d											
	PART II. Other significant condition	ns contributing to	death but not r	nauiting	n the unc	lectvine	COLUMN C	shee in f	Part I 24	a. WAS AN	ALTTOREY	0.41	WEDT ALTERDAY CHIRA
EDICAL			douth but not t	ouditing !	ii the unc	rettynig	g cause g	liveii iii i	Part I. 24	PERFOR		240.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
				-					- 1	YES 2	□ -₩0		OF DEATH?
Σ	DID TON LOCO HOT CONT	DIDLING TO ALL							[1 TES 2 NO
PHYSICIAN:	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CAL					UNC	ERTAIN	1 🖂 🚶				
2	EXAMINER?	HOSPITAL:		- 1	H (Check or	-		-					
1×S	1 YES 2 NO 27. MANNER OF CEATH	1 Inpatient 2 I					_		8 Other (S)				
	1 Netural 5 Pending	(Month, Da		28b. TIM INJ	URY		RK?		28d. DEŞCRI	BE HOW IN	JURY OC	CURED	
B	2 Accident Investigation	28a BI ACE OF	E IN II IDV At ho		desert de etc.		'ES 2 _			201 001	146		
8	3 Suicide 8 Could not be determined	building,	FINJURY — At ho etc. (Specify)	me, rarm, s	treet, lecto	ry, office			281. LOCATIO	own, State)	nd Number	or Rural R	Route Number,
ET.	29a. CERTIFIER										_		
鱼	(Check only	ICIAN: To the best of											
COMPLETED	2 MEDICAL EXAMINE	EFI: On the basis of ax	amination and/or i	investigatio	n, in my op	Inlon, de	eath occur	ed at the t	time, dete and	f place, and	due to th	e cause(s) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	R					29c. LICE	NSE NUM	BER	1	29d. DAT	E SIGNED	(Month, Day, Year)
	(Yeden) V	WIMPIM	MA				0	102	70			19	195
2	30. NAME AND ADDRESS OF PERSON WH	() COMPLETED CAUS	E OF DEATH (ITE	W 27) (Type,	Print)						/	/	
/	Frederick H. Wil	helm 580	7 Annap	olis	Road	, Н	yatt	svil	le, Ma	ryla	nd 2	0784	-1201
	31. OATE FILED (Month, Day, Year)	32. RESISTRAL	SIGNATURE D'AUGUST	0 1 11									
III	JAN 11 199	13 James	W Kalender	wroall									



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the		and the first of the second se
	funeral		
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	npletely	ith with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	4
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George H.

Bone,

M.D.

9602-F

32. REGISTRAR'S SIGNATURE D'AUXLLON-RONALL

												-	10	02/31		
	1 - FOR REGISTRAR	STATE OF MAI		DEPAR ERTIF					MENTA		GIEN G. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	E OF DE	ATN			3. TIME OF DEATH	Andre	
	Leroy (un	known) Si	<u>r</u> owden						Jan	war	y 4	, 19	95 EAR	10:34A	M	
	The second secon		AGE (In yrs. les	t birthday)		R 1 YEAR	IF UNDER		7. DATE	th, Day,	TH Mage)	_	8. BIRTH	IPLACE (State or Foreign	_	
	H8-03-2574 1	M2□F	83	YRS.	MONTHS	DAYS	HOURS	MIN.	10	T	Lin	G		n Dale,Md		
	9a. FACILITY NAME (If not institution, give stree	end number)			9b. CIT	y, TOWN O	R LOCATIO	ON OF DE	ATN		1			OF DEATH		
<u></u>	Doctor's Comm. H	losp.			L	anah	nam					Pri	nce	George's		
響	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			100 CIT		OR LOCAT									_	
18	Md.	D	0											10d. INSIDE CITY LIMITS?		
五	10e. STREET AND NUMBER	P.	G.		GLe	n D	zip cone					40 017	1781 05 1	1 YES 2 NO	_	
ERAL DIRE	11021 Brookl	5 m 3 D 3				,,,,,										
FUN		MAS DECEDENT EV	ER IN U.S. AR	IMED	13	WAS DEC	ENDENT O	769	ic one	N2 /800	olfu Voo		.S.F		_	
	1 Never Merried 2 Merried	YES 2 1	2 NO It yes, specify Cut t YES 2 X NO				n, Mexicen	, Puerto	Rican, a	rtc.)	or No—		E — American Indien, k, White, etc.			
В	3 🔀 Widowed 4 🗌 Divorced	Post W				1 1 123	ZIXINO	Specify					Speci	"y: Black		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con-	ION npleted)	16a, DE	CEDENT'S	USUAL C	CCUPATIO	N et of workin		16	b. KIND	OF BUS	INESS/IN	DUSTRY		_	
9	Elementary/Secondary (0-12)	college (1-4 or 5+)	life.	Do NOT us	se retired.)	during mos	st or worning	v	E	Bel:	tsv	ill	e Re	esearch		
MP	5th		Ca	reta	aker						С	ent	er			
8	17. FATNER'S NAME (First, Middle, Last)		18. MOTNER'S N				IER'S NAM	AE (First,	Middle,	Maiden	Sumeme)					
B	Nobel Sno	<u>waen</u>		Ida 19b. MAILING ADDRESS (Street and Number or Rural Ros												
2	190. INFORMANT'S NAME (Type/Print) Blanche Warner		196				# 1 C				or Town	7, State, Zi	p Code)			
	20s. METHOD OF DISPOSITION t	trom State	20b.PLACE AND DATE OF DISPOSITION (Name of 1/7/9 cemetery, crematory or other place) Glenn Dale Meth. Ch.Cem						/9 PATE 20c. LOCATION — City or Town, State em. Glenn Dale, Md.							
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE			22.	NAME AN	O ADDRES	S OF FAC	ACILITY						_	
	Dany to	Cin	H.S. Washing						ington & Sons, Inc.					C.		
	23. PART I. Enter the disesses, or con-			eth Do	ot ente	4925 Burrough					lve	., N		_		
	shock, or heart feilure. Lis	only ons cause	on sach lins		iot ents	the mod	us of dyn	ng, aucn	sa Car	diec oi	respii	ratory er	rest,	Approximats interval Between Onset and Deati		
	disease or condition resulting in death)	EAG	2010	. RU	LM	ONA	+ 24		ARREST.					NINUTE.	1	
															-	
NO	Sequentially list conditions, b.	COR	ANO	a Y	A	RT	ENY	0	115	S VE C	5 5 V	2		YEARS		
ATK	If any, isading to immediata cause. Enter UNDERLYING	DUE TO (OR	AS A CONSEC	DUENCE OI	F):									i i		
CERTIFICATION	CAUSE (Disesse or Injury C	DUE TO (OR	AS A CONSEC	DUENCE OF	n.											
E	that initiated events resulting in death) LAST	552 10 (511	AO A GONGE	JOENICE OF	1.											
E	d													1		
AL	PART II. Other significant conditions of			_			causs g	iven in P	ert I.		WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS	1	
200	ESSEN!	-1 A-L	4	KEV	1510	W					YES 2			COMPLETION OF CAUSE OF GEATH?		
ME									_					t YES 2 NO		
PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRIB	UTE TO CAUS	E OF DEA	TH YE	S 🗆	NO 🗆	UNC	ERTAIN								
CEA	25. WAS CASE REFERRED TO MEDICAL. EXAMINER?	OSPITAL: \	26. PLAC	E OF DEAT	11.47.000	Section Control										
YSI	1 YES 2 No. 1	Inputient 2 R		□ DOA	OTHE 4 □ Nu		5 🗆 Ras	eldence 6	0th	er (Speci	lfy)					
F	27. MANNER OF DEATH	26s, DATE OF SHUL (Month, Day, Y		20b. TIM INJ	E OF URY	28c, INJU WOR	JRY AT		28d. DE	SCRIBE	NOW IN	JURY OC	CUREO			
B⊀	2 Accident Investigation		Olicity Consul		М		ES 2	NO								
8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN. building, etc.	(Specify)	ma, farm, s	drawl, fac	lary, office			28f. LOI City	CATION ((Street e	nd Numbe	r or Rural F	loute Number,		
COMPLETED	200 CENTIFIED															
YP.	(Check only															
00	2 DICAL EXAMINES: C	in the basis of axami	nation and/or i	investigatio	n, in my	opinion, de	ath occure	ed at the ti	lme, det	e end pl	eca, and	due to ti	ne ceuse(s) and menner ee stated.		
BE	296 SIGNATURE AND TITLE OF CERTIFIER	12.		_			29c. LICE	NSE NUME	BER	. /	0	29d. DAT	E SIGNEO	(Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO C	1-10					1	2	10	6	7	PJI	14115	(Month, Day, Year)		

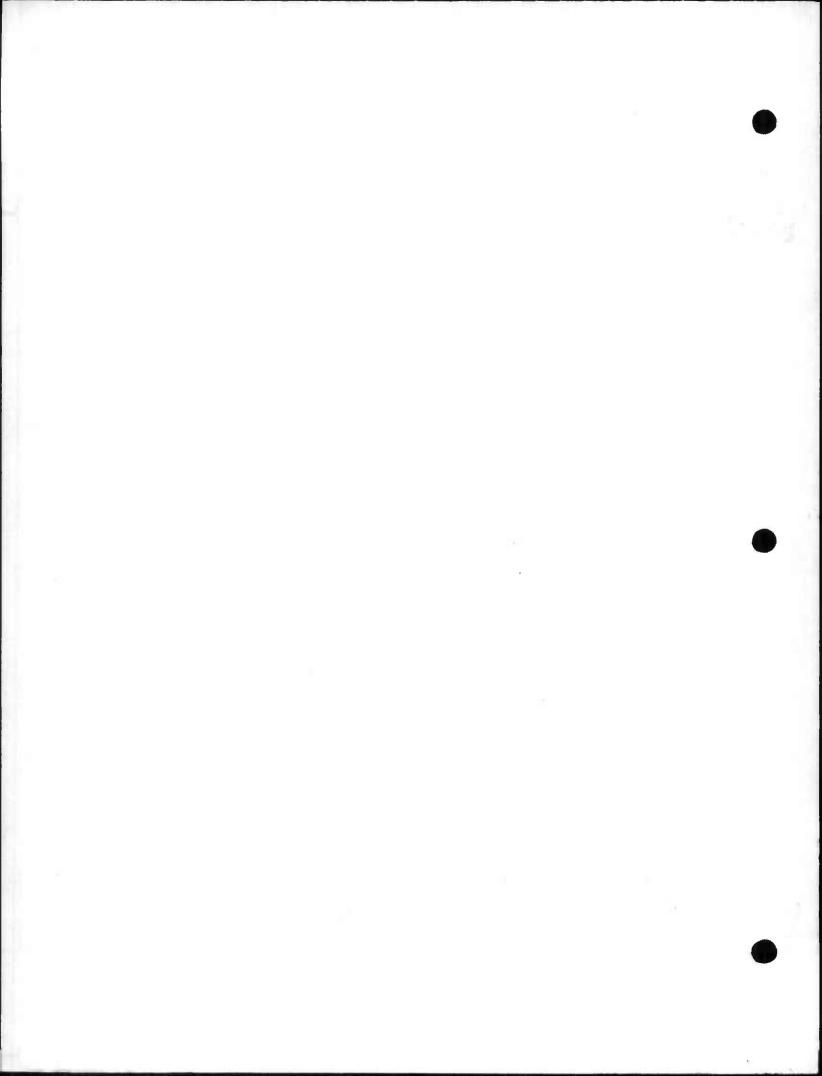
M.L. King, Jr. Hwy., Lanham, Md.

DNMN-16 Rev 1/89

	V	Pour EH	1
DIVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permetion, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIEN	E	4
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Joseph Spriggs,	Jr.				January 9		10:52 A M
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8, 8	SIRTHPLACE (State or Foreign
7.1%	579-12-1063 9a. FACILITY NAME (If not institution, give st	1 ☑ M 2 ☐ F	72 YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 8/19/22	Wa	ashington, DC
DIRECTOR	HOLY CROSS HOSPIT				SPRING	EATH	MONTG(
딦	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	,	10c CITY	TOWN OR LOCAT	ION			10d. INSIDE CITY
5				hington				LIMITS?
וֹבַי	10e, STREET AND NUMBER		was		ZIP CODE		100 CITIZEN	Y YES 2 □ NO OF WHAT COUNTRY?
FUNERAL	433 Delafield Pla	ice. N W		1 "	20011			d States
<u> </u>	11. MARITAL STATUS		U.S. ARMED			NIC ORIGIN? (Specify Yes		RACE - American Indian,
B	1 Never Married 2 Married 3 Never Married 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 (X) YES IF YES, GIVE WAR OR DAY 1942-1945	2 NO ATES	If yes, sp		in, Puarto Rican, etc.)		Black, White, etc. Specify: Black
COMPLETED	15. OECEOENT'S EDUC (Specify only highest grade	ATION	16a. DECEDENT'S U			16b. KIND OF BUS	· · · · · · · · · · · · · · · · · · ·	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	rk done during mo retired.)	st or working			
를	12		Printe	er		U.S. Go	vernmer	nt
S l	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)	
BE	Joseph Spriggs				Charlot	te Duvall		
2	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	nd Number or Rural	Route Number, City or Tow	n, State, Zip Code	0)
F	Francine White		5010 30	6 Avenu	e, Hyatt	sville, Ma	ryland	20782
	20a METHOD OF DISPOSITION	20b.	PLACE AND DATE OF	DISPOSITION (Na	me of	DATE 20c. LO	CATION — City	or Town, Stata
	4 Donation 6 Other (Specify)	N.	It. Olive	E Cemet	ery	1/14 Was	hingtor	1, D.C.
	21. SIGNATURE OF PURERAL SERVICE LIC	1. 11 1		22. NAME AN	D ADDRESS OF FA	ral Servic	o T	20012
	1/100/10	4/4 un	2-					ington, D.C.
	23 PART I. Enter the diseases, or c	omplications that caused	the death. Do no	1 enter tha mo	de of dying, auc	h as cardiac or reapi	ratory arrest.	Approximate
	shock, or heart failura. L IMMEDIATE CAUSE (Final	List only one cause on a	nch lina.			,	,,	Intarval Between Onset and Death
	disease or condition	ACUTE	RENAL .	FAILU	6			I WBAIC
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF):	NITT				- ALC
z		DUE TO (OR AS A DUE TO (OR AS A	ONG FR	truck	1			1 weeks
일								
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	PNRumon						WELKS
H	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	resulting in death) CAST	l						
AL C	PART II. Other significant conditions	s contributing to death be	ut not resulting in	the undariying	cause given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
			RINK CAND					AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	CHRONIC PANCHL	A-0	1000 11	(C) 110 - L	12 010 210	1 TYES 2	KNO	OF DEATH?
				DEATH V	TC [] \\(\)			1 YES 2 NO
PHYSICIAN	DID TOBACCO USE C	WINIBUIE 10	CAUSE OF		ACE OF DEATH (Ch			
SIC	EXAMINER?	HOSPITAL:		OTHER:		6 ☐ Other (Specify)		
À.	27. MANNER OF DEATH	28a. DATE OF INJURY	26b. TIME	OF 28c, INJ	URY AT	28d. DESCRIBE HOW II	NJURY OCCURE	.D
BY P	Natural 5 Pending Investigation	(Month, Day, Year)	INJUI	M 1 U	RK? 'ES 2 NO			
	3 Suicide 6 Could not be	28a. PLACE OF INJURY building, atc. (Spec	— At home, term, str	eet, factory, office		281. LOCATION (Street I	and Number or Ru	ural Route Number,
	4 Homicide determined	bunding, atc. (Spec	ny)			City or Town, State)		
ן ב	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manif						nor so stated	
COMPLETED		R: On the basis of examination						use(a) and manner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIER			-	29c, LICENSE NUI			
#	her.	12 .			THE LICENSE NUI	Dayly	ANG. DATE SIG	NED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type P	rint) 2-	000	177	10	10113
	MAKTINC. SHAK		· · · · · · · · · · · · · · · · · · ·	Kel	DAIR OF AL	MAGOTA	289.5	_
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE	. 40		7.1	-010	
	JAN 13 199	5 Julia d'avec	Lor-Rardall					

OHMH-16 Ray 1/89



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICUS

- STATE REGISTRAR		JINIE OI I	INITIES	CERTIF					MICH	REG. NO			
1. DECEDENT'S NAME (First,	Middle, Last)					_			2. DA	TE OF DEATH			3. TIME OF DEATH
		Nancy S	. Sch	moyer					Ja		995	YEAR	1:50 PM M
4. SOCIAL SECURITY NUMB	IER	5. SEX		yrs. last birthday)	IF UNDE	1 YEA	R IF L	INDER 24 HRS.	7. DA	TE OF BIRTH	.,,,,	a. BIRTI	HPLACE (State or Foreign
224 16 3402	2	1 - M 2 XX	7	77 YRS.	MONTHS	DAY	B HOL	JRS MIN.	ADI	onth, Day, Year)	1917	Vii	ginia
9e. FACILITY NAME (If not in	stitution, give s	reet and number)			9b. CIT	r, TOW	N OR LO	CATION OF E				INTY OF D	0
14511 Town		Road				Up	per	Mar1b	oro		Pri	nce (George's
10e. STATE	10b. COUNTY	,		10c. CIT	TY, TOWN	OR LO	CATION						10d. INSIDE CITY
Maryland	Princ	e George	S	l t	Jpper	M	ar1b	oro					LIMITS?
10e. STREET AND NUMBER					1 1	T	10f. ZIP		-		10g. CIT	IZEN OF	WHAT COUNTRY?
14511 Town	Farm	-						20772				nited	l States
11. MARITAL STATUS 1 Never Married 2	Merried	12. WAS DECEDEN FORCES? 1	YES	2 50 NO		If yes,	, specify	Cuben, Mexic		GIN? (Specify Ye to Rican, etc.)	s or No—	14. RACI Blac	E - Americen Indien, k, White, etc.
3x Widowed 4 ☐ Divo		IF YES, GIVE Y	WAR OR DAT	No		1 🗆 1	YES 2 🔀	NO Spec	ity:	No		Spec	White
15. DEC	EDENT'S EDUC	CATION		16a. DECEDENT'S	USUAL O	CCUP	ATION			16b. KIND OF BU	SINESS/IN	DUSTRY	WHILE
(Specify only Elementary/Secondary (0	highest grade	College (1-4 or 5		(Give kind of life. Do NOT u	work done	during	most of v	working		100. 10110 01 00	OII LOOM	5001111	
1		College (1-4 of 5	''	Commis	ssion	ner			- 1	Distri	ct (Court	+
17, FATHER'S NAME (First, M.	iddle, Last)			COMMIT	30101	ICI		MOTHER'S N	AME (Firs	st, Middle, Maiden		Jour	
Louis Youn	g						152	Minn			, , , , , , , , , , , , , , , , , , , ,		
19e. INFORMANT'S NAME (7)				19b. MAILING	G ADDRES	S (Stre	et end Nu		_	umber, City or Tox	vn. State 7	p Code1	
Norma Faye	Kunow	skv								oer Mar			20772
20e. METHOD OF DISPOSITI	ION		20b. F	PLACE AND DATE					_		CATION -		
1 Burlet 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other		oval from State	Cemer F.C	tery, cremetory or cort Linc	other plece	Cat	mata	rv 1/	6/95	Br	entwo		
21. SIGNATURE OF FUNERA		ENSEE	110	I C DIIIC				DRESS OF F		, DI	CIICWC	70 d 1.	14.
Roduc	16	6		D.		Bea	a11-	Evans	Fur	neral H	ome,	P.A.	
novou	LC.	Con	2	Nes	1.					Rd. B			20715
23. PART I. Enter the di shock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in death)	aart failure.	List Dniy Dna cat	ise on asc	ch ilna.									Approximate interval Between Onset and Death
Sequentisliy list conditi if any, leading to immedicause. Enter UNDERLYI CAUSE (Disesse or injuithat initiated events resulting in death) LAS	diata NG Iry	£	(0.1.10.7.1	CONSEQUENCE O	. ,.	el	ive	- Pac	lmo	mary	Dis	eau	
PART II. Other algnifica	nt condition	s contributing to	death bu	t not resulting	in the u	nderly	ying cau	uaa given ii	Part i.	24s. WAS AN PERFO	RMED?	241	D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
DID TOBACCO	O USE C	ONTRIBUTE	TO C	AUSE OF	DEA	ГH	YES	ПИ) हिर्				
25. WAS CASE REFERRED TO						_		OF DEATH (C		one)			
EXAMINER?		HOSPITAL:	ER/Output	Nent 3 DOA	OTHE 4 Nu	R:		Residence					
27. MANNER OF DEATH 1 Netural 5	Pending	28s. DATE OF (Month, E		28b. Tilk		28c.	INJURY /	1	_	DESCRIBE HOW	INJURY OC	CURED	
3 Suicide 8	Could not be	28e. PLACE C	F INJURY -	– At home, farm,	street, fac			2 🗆 🗝		OCATION (Street lity or Town, State		r or Rural	Route Number,
	and the tracket			<u> </u>									
onel		CIAN: To the best of R: On the bests of e											e) end menner ee stated.
296. SIGNATURE AND TITLE	OF CERTIFIER						29c.	LICENSE NU	MBER		29d. DA	TE SIGNED	(Month, Day, Year)
Jany 20.	Jones	in a	atte	nding			D	0311	1		10	1-0	5-95
11305 Pit	Sea.	Dir Bel	AS WILL	TH (ITEM 20 Hypo		70-	709	5					1215
31. DATE FILED (Month, Day,	13 199	32, REGISTRA	R'S SIGNA	TURE Randa									
יוחטי	-0 1J	4			- p								

TO BE COMPLETED BY FUNERAL DIRECTOR .*

THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nouns after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

OHMH-16 Rev 1/89

 FOR

1 - STATE REGISTRAR	SIAIE UF MARYL	CERTIF				MENTAL HYGIEN REG. NO.	_		
1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH ST. THE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH MONTH DAY YEAR									
EARL MARSHAL						JAN 2	0 9	5	7:50 A M
	SEX 6. AGE (II	n yrs. last birthday) YRS.	MONTHS (YEAR IF UND	ER 24 HRS.	SEPT. 8,19	08 (YLAND
9e. FACILITY NAME (If not institution, give street	and number)		9b. CITY, T	OWN OR LOCA	TION OF DE	EATH	9c. COUNT	Y OF DEATH	
WASHINGTON COUNTESIDENCE OF DECEDENT	NTY HOSPIT	AL	HA	GERST	OWN		WAS	HING	TON
	IINGTON		IAGER	STOWN				110	. INSIDE CITY LIMITS? YES 2 NO
100. STREET AND NUMBER 633 NORTH MULBE	RRY STREE	Т		101. ZIP CC	740			S.A.	COUNTRY?
11. MARITAL STATUS 12 1 Never Merried 2 Merried	. WAS DECEDENT EVER IN FORCES? 1 VES	2 NO	13. WA	S DECENDENT	OF HISPAN	IIC ORIGIN? (Specify Yes	or No- 1	4. RACE — A Black, Wh	American Indian, itte, etc.
3 Widowed 4 Divorced	WW II	TES	1[YES 2X N	Specify	r:		Specify:	HITE
15. DECEDENT'S EDUCATI (Specify only highest grade continued to the contin	pleted)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done dur	UPATION ing most of wo	king	16b. KIND OF BUS	SINESS/INDU	STRY	
5	otlege (1-4 or 5+)	SAN	DER			FURNIT	URE	MFG.	
17. FATHER'S NAME (First, Middle, Lest) EDWARD FRANK!	TN TDO	/INGER				ME (First, Middle, Meiden		СТ	011555
EDWARD FRANK!	TIN INOV		ADDRESS (S		DAIS	Y ELIZI Route Number, City or Town			OUFFER
HARRY C. HOUSE		17826	SHER	MAN AV		HAGERSTON	NN, MD	. 217	
20e. METHOD OF DISPOSITION 1)(Buriel 2 Cremetion 3 Removal 4 Donation 5 Other (Specify)		SE HILL			01-		CATION — CI		ARYLAND
21. SIGNATURE OF FUNERAL SERVICE LICENS R. Roel	1	_		ME AND ADDI		FMAN FUNER M ST., HAG	AL HO	ME, I	NC.
23. PART I. Enter the diseases, or com									
shock, or heart failura. Liai IMMEDIATE CAUSE (Finai disease or condition	Dnly Dne cadse Dn ea	ch Ilna.	1		ying, auc	n as cardiec or reapi	rationy errei	et,	Approximeta interval Between Onsat and Death
resulting in death) s	DUE TO (OR AS A	VOSC CONSEQUENCE OF							week
	C. th	20030	but	= H=	to X	lever dis	201		year
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE O	F):	6	0				
CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE O	F):						
resulting in death) LAST									
PART II. Other algnificant conditions co	ontributing to death bu	rt not reaulting	In the unde	rlying cause	given in	Part I. 24s. WAS AN PERFOR			E AUTOPSY FINDINGS
						1 YES 2		COM	PLETION OF CAUSE DEATH?
DID TOBACCO USE CONTRIB	LITE TO CALISE OF	DEATH VI	EC [] N/	2 KZ 111k	CEDTAIN		1	1 🗆	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	2	8. PLACE DF DEA			CERTAIN	<u>ч </u>			
	OSPITAL: Vinpatient 2 - ER/Outpa	itient 3 🗆 DOA	OTHER:	Home 5 🗆	Residence	8 Other (Specify)			
27. MANNER OF DEATH 1 Notural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIN	JURY	c. INJURY AT WORK?		28d. DEŞCRIBE HOW II	NJURY OCCU	RED	
2 Accident Investigation	28e. PLACE OF INJURY	- At home ferm		1 YES 2	∐ NO	281. LOCATION (Street e	and Mumber or	Dumi Dusta	Atumbas
4 Homicide 8 Could not be	building, etc. (Special	(y)	across, suctory	, once		City or Town, State)	ing Number of	nurai noute	Number,
29e. CERTIFIER 1 CERTIFYING PHYSICIAN	: To the best of my knowle	idge, death occurr	ed at the time	, date end pla	e, and due	to the cause(e) end man	iner as stated		
	n the beele of examination								manner ee atated.
29b. SIGNATURE AND TITLE OF CERTIFIER	· 0 /	\cap		29c. Li	CENSE NUN	IBER	29d. DATE S	SIGNED (Mon	th, Day, Year)
30 NAME AND ADDRESS OF PERSON WHO CO	Cabe lo	X			2112	164	1	Au 2	0 95

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

HOWARD

JAN 2, 3 1995

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M.D.

32. REGISTRAR'S SIGNATURE

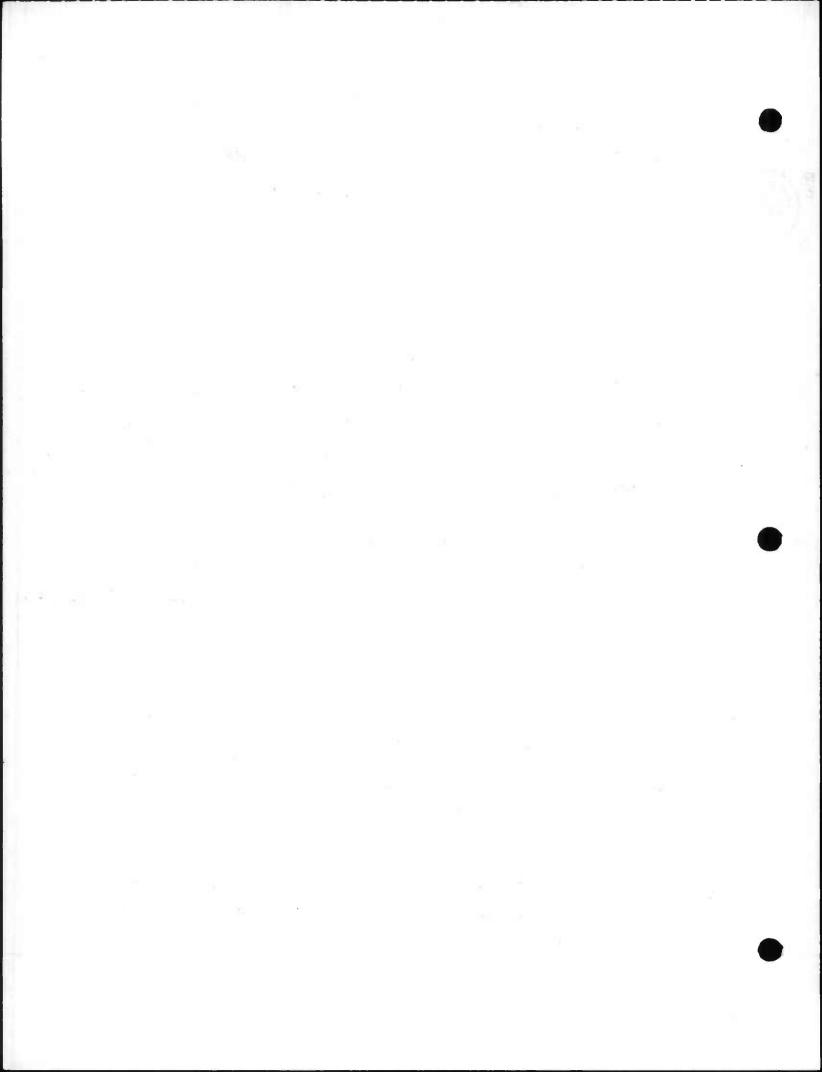
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NORTHERN AVENUE, HAGERSTOWN,

DHMH-16 Rev 1/89

21742

MD.

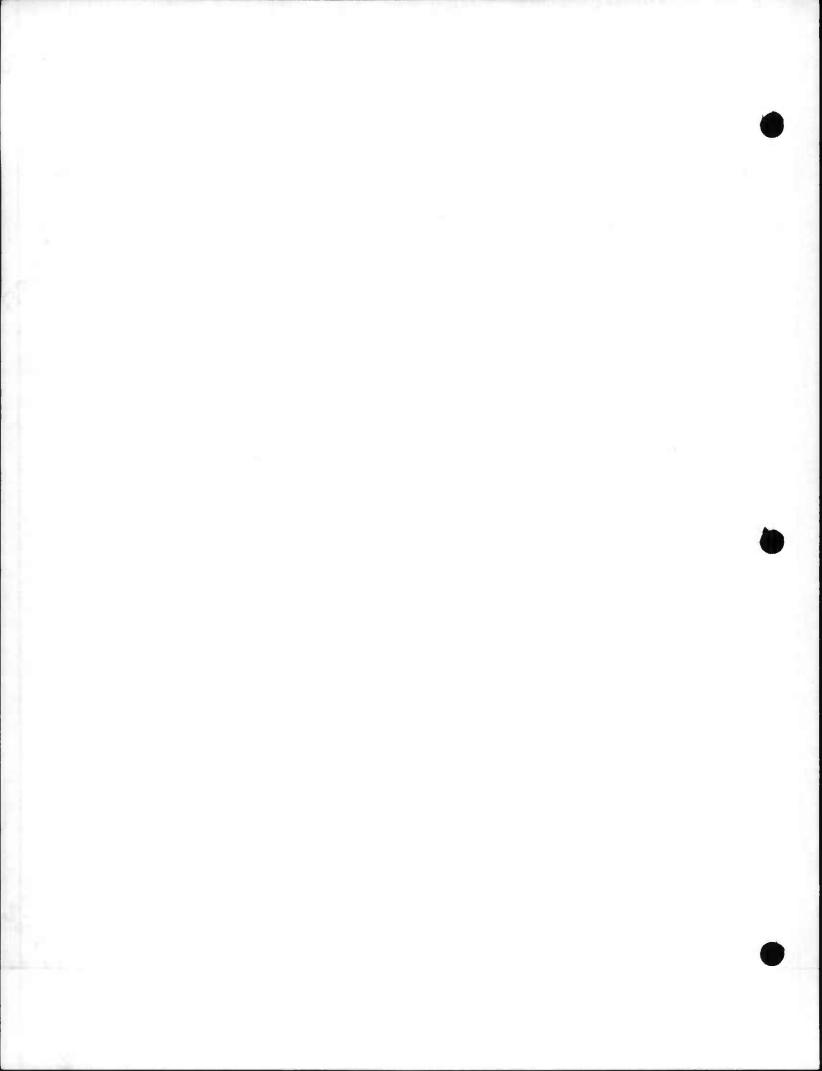


BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	if filled in by the funeral director, page 5 should be detached for use as the burial-trans tion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit p be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

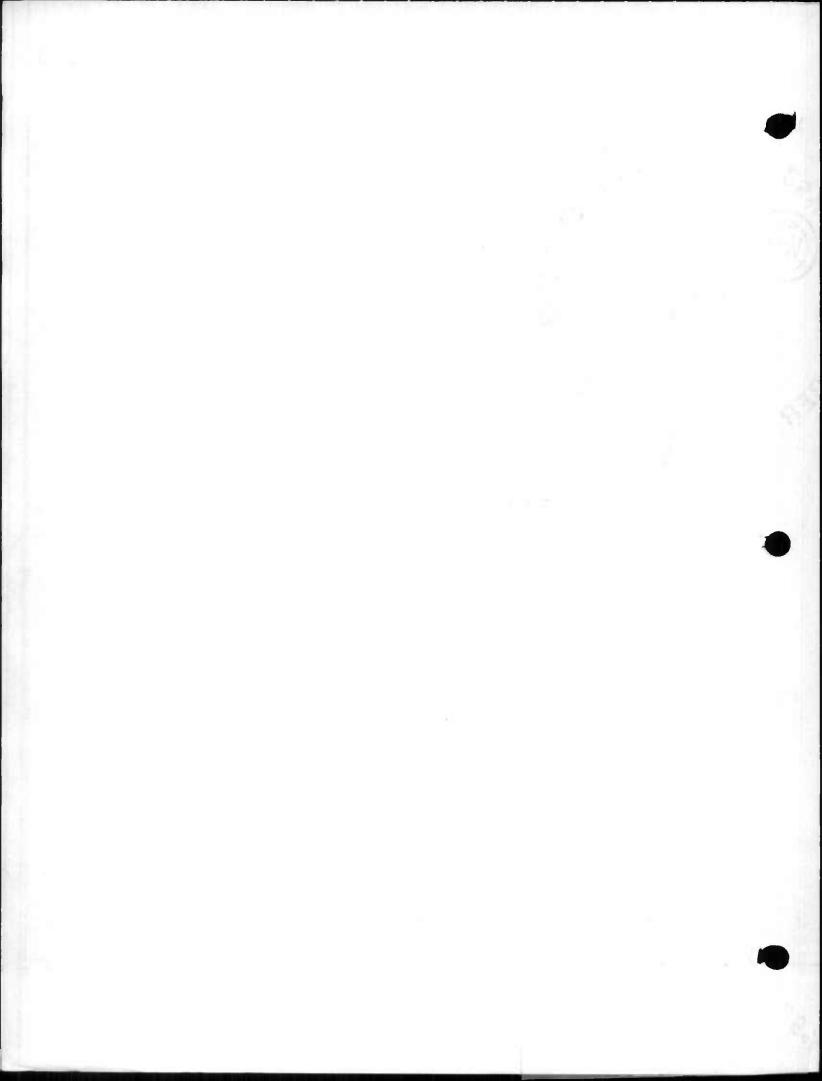
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.												
1. DECEDENT'S NAME (First, Roy	Middle, Last) Francis	S		TUR	NER			2. DATE MONI Jan	e of DEATH TH P luary 2	Ž, 19	XEAR	TIME OF DEATH
4. SOCIAL SECURITY NUMBER 214-09-5301		. SEX 6. A	GE (In yrs. les 78		IF UNDER 1	DAYS	IF UNDER 24 HMS. HOURS MIN.	(Mar	e OF BIRTH		Country)	ACE (State or Foreign
9a. FACILITY NAME (If not ins Avalon Manor					9ь спу Над		R LOCATION OF D			9c. COUN	ingto	тн
RESIDENCE OF DEC												
Maryland Washington Hagerstown										Od. INSIDE CITY LIMITS? YES 2 NO		
100. STREET AND NUMBER 47 Fairground Avenue 101. ZIP CODE 102. CITIZEN OF WHAT U.S.A.												
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yes or No— 14. RAC 1 Never Married 2 Married FORCES? 1 VES 2 NO If yes, specify Cuben, Maxican, Puerto Rican, etc.)								14. RACE - Black,	- American Indian, White, etc. White			
15. DECE (Specify only Elementary/Secondary (0- 9 Years	DENT'S EDUCATI highest grade com	ION	(Gi	CEDENT'S U	ork done di retired.)	uring mos	n it of working borer	1000	Air P			
17. FATHER'S NAME (First, Mic	ddle, Last)					1	18. MOTHER'S NA			_	-9.	
Resin Berlin		r•				- 1	Grace V			,		
19a. INFORMANT'S NAME (7)			100	MAN ING 4	nnesec	(Street c			-0.		Code	
Edna M. Turr	Edna M. Turner 47 Fairground Avenue, Hagerstown, Maryland 21740											
20a, METHOD OF DISPOSITION 1X Buriel 2 Cremation 4 Donation 5 Other (3 Removal	from State	206. PLACE A Cemetery, creat REST	nd date of matory or other Haver	i Cen	nete	ry 1-25	-95		ersto	wn, M	aryland
21. SIGNATURE OF FUNERAL	SERVICE LICENS	SEE /			22. N	AME AN	S A. Fie	CILITY	Junora.	Home	2	1742
Douglas		The state of		Lie	/ 133	31 E	astern 1	3lvd.	. North	n, Had	gerst	
23. PART I. Enter the dis shock, or he	sesses, or com art fallure. Liat	plications that ceu t only one cause o	se∦'the de n each line.	ath. Do <i>t</i> io	t enter t	the mod	de of dying, suc	ch as car	rdiac or resp	iratory arm	est,	Approximata Interval Between
IMMEDIATE CAUSE (Find disease or condition resulting in death)	it → a	DUE TO (OR A	Pier	man	12							Onset and Death
									-			
Sequentielly list condition if any, leading to immed cause, Enter UNDERLYIN	late	DUE TO (OR A			Ric	ltu	and	z m	elant	سن		
CAUSE (Disease or Injur that initiated events resulting in death) LAST	y \$ °-	DUE TO (OR A	AS A CONSED	DUENCE OF):								
DAGE II ON THE INTERNATION												
PART II. Other significant		ontributing to deat			the und	lerlying	cause given in	Part I.	24s. WAS AN PERFOI 1 YES 2	RMED?	A	ERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE
Myhein	ner Di	near										F DEATH?
25. WAS CASE REFERRED TO	MEDICAL					26 01	ACE OF DEATH (C/	neck onto	l l			
EXAMINER? 1 □ YES 2 □-NO	H	OSPITAL:	Destructions of		OTHER	:						
27. MANNER OF DEATN	111	28a. DATE OF INJU	RY	28b. TIME		ng Home 28c, INJL	5 🗆 Residence		er (Specify) SCRIBE HOW I	NUMBER ASS	LIBED	
1 Natural 5 P	ending restigation	(Month, Day, Yea	nr)	INJUI	RY M	1 🗌 Y	RK? ES 2 NO	200. UE	-yumac nuw	WORT OCC	UNEU .	
	could not be etermined	28e, PLACE OF INJ building, etc. (URY — At hor Specify)	me, farm, str	wet, facto	ry, office		261, LO	CATION (Street or Town, State)	end Number (or Aural Rou	te Number,
		N: To the best of my k										nd manner es stated.
29b. SIGNATURE AND TITLE		ett mo		-		\neg	29c. LICENSE NU					fonth, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)							D18010				. 23.	.72
VASANT DA		mo 334	, m		,	77.4	CERS-10	~~	~0	217	لره	
JAN 2 4 1995	Julia d	32. REGISTRAR'S S	GALL									



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SICIA	certil	the	. 00
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within ATTENDING PHYSICIAN; The law requires that the death certificate be executed within ATTENDING	m THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
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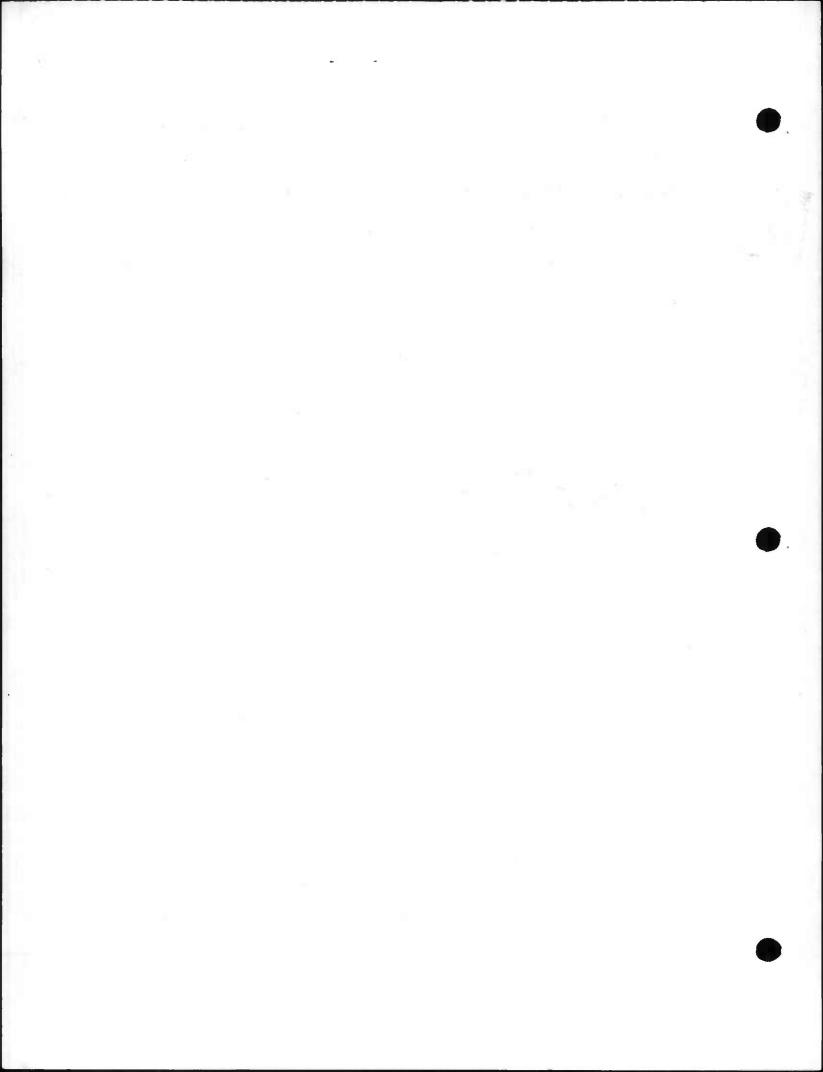
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT (CERTIFICATE		MENTAL HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	Y YE	3. TIME OF DEATN			
1 1	Ma	rion Lynett	e Turner		January 18.	1995	5:48 A M			
1	4. SOCIAL SECURITY NUMBER 5. 215-20-8848	7. DATE OF BIRTH (Month, Day, Year) 3/26/18	0	HRTNPLACE (State or Foreign country)						
1	9a. FACILITY NAME (If not institution, give street	and number)	9b. CITY, T	OWN OR LOCATION OF DE	ATN	9c. COUNTY				
DIRECTOR	Conococheague St. Hagerstown Washin									
DIRE	Maryland Washi	ngton	stown	10d, INSIDE CITY LIMITS? 1√NES 2 □						
FUNERAL	10e. STREET AND NUMBER		1100	OF WHAT COUNTRY?						
Ä	314 N. Prospect		Towns I was		740	U.S				
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 V IF YES, GIVE WAR OR DATES	NO If	13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexicen, Puerto Rican, atc.) 1 YES 2 NO Specify: 1. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— Black, White, atc. Specify:						
ED E	15. DECEDENT'S EDUCATI	TON 16a.	DECEDENT'S USUAL OCC	CUPATION	16b. KIND OF BU	SINESS/INDUST	Black			
	(Specify only highest grade con	nuleted)	(Give kind of work done du life. Do NOT use retired.)	ring most of working						
됩	10th		ood Serv	ice	Mil	itarv				
COMPL	17. FATHER'S NAME (First, Middle, Lest)			18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)				
BE	James Earl Tyle				ne Pulpus					
2	19e. INFORMANT'S NAME (Type/Print)			Street and Number or Rural F						
8	Maxine A. Lawso	30815 or Town, State								
	1 K Buriel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	I Irom State other	Greenl:	awn Mem. J	Park Wi	lliams	sport MD			
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISIEE O		AME AND ADDRESS OF FA	CILITY		(21740)			
1	Shomas E	libitis	24	W. Bethel						
	23. PART I. Enter the diseases, or con ahock, or heart fellure. Lis IMMEDIATE CAUSE (Final	nplications that coused the at only one couse on each is		he mode of dying, suc	h aa cardiac or resp	iretory erreat	Approximate Interval Between Onset and Death			
	disease or condition resulting in death) a	Sepsis follow	ving a rupt	ured Cecum			8 days			
		Right Pneumot								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CON								
S	cause. Enter UNDERLYING CAUSE (Disease or Injury									
TIFI	that initiated events	OUE TO (OR AS A CON	SEQUENCE OF):							
E E	d.									
AL AL	PART II. Other aignificant conditions of	contributing to death but no	ot resulting in the und	lerlying ceuse given in	Part I. 24a. WAS AF		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
					1 🗆 YES	2 XXNO	COMPLETION OF CAUSE OF DEATH?			
					_		1 TYES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			DE DI ACE OF DEATH (OL	not only one)					
i i	EXAMINER?	HOSPITAL:	OTHER							
HYS	YES 2 NO	26s. DATE OF INJURY	28b. TIME OF	ng Home 5 - Residence 28c, INJURY AT	28d. DESCRIBE NOW	INJURY OCCUR	ED			
	1 Netural 5 Pending	(Month, Dey, Year) 1/10/95	5:00 a ^M	WORK? 1 YES 2XX NO	fell down s	tairs at	home			
8 8	2XAccident 2XAccident 3 Suicide 8 Could not be 1/10/95 5:00 a 1 Tell down stairs at home 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or fown, State)									
e E	4 Homicide determined	building, etc. (Specify) Home					pect St.			
BE COMPLETED	(Unack only	AN To the best of my knowledge On the basis of examination and					euse(s) end manner as stated.			
	Coward W	Hor	res	DO1062		▶ 1/18	3/95			
<u>۹</u>	30. NAME AND ADDRESS OF PERSON WHD				217/0					
13	Edward W. Ditto, III,			Hagerstown,	Md. 21740					
	July 1995 July	The gedistrice of the state of	IE.							



BALTIMORE, MARYLAND	urs after death. Page 6 may be retained by the hospit.	the the fire of pleasable many f about the description
	24 hou	fillad i
DIVISION OF VITAL RECORDS, P.O. BOX 68760	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit	DIRECTOR. After this partitions has been circust by the attending physician and completely filled in by the Green's discours, should be described
IVISION OF VITAL	R ATTENDING PHYSICIAN: The law	DECTINO. After this cartificate has
	7	C

PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. This certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-training from a with the State Dept. of Health and Memai Hygiene prior to burial, cremation, or removal. The state Dept. or the state of the	TO BE COMPLETED BY FUNERAL DIRECTOR	PRESIDEN 10a. STATE Mary 10a. STREET 1060 11. MARITAL 1 Never 17. FATHER'S Edwar 19a. INFORM We Sle 20a. METHO 1 Burlan 1
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequential if any, leed cause. Ent CAUSE (Di that Initiet resulting in PART II. O DID TC 25. WAS CAS EXAMINE 1 YES 27. MANNER 4 Nature 2 Acct 3 Suice 4 Horm 29a. CERTIFII (Check one) 29b. SIGNATU

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN			
1. DECEDENT'S NAME (First, Middle, Lest)	14 0	TPOTTS	0		2. DATE OF DEATH DOWNTH DOWNTH	AY / /	YEAR 3.	TIME OF DEATH
4. SOCIAL SECURITY NUMBER		TROTTE (In yrs. last birthday) F	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTY			ACE (State or Foreign
223-56-8054 9a. FACILITY NAME (If not institution, give st	1 M 2 X XF	/8 YRS.	NTHS DAYS	HOURS MIN.	September	25,	1916	Wash., DC
SOUTHER W MA	, ,	PITAL	CITY, TOWN C	NOTON	АТН	9-	NCE	
10a. STATE 10b. COUNTY	,	10c. CITY, TO	OWN OR LOCAT	ION			10	d. INSIDE CITY LIMITS?
Maryland Cha	rles	Wa	ldorf	ZIP CODE		10g, CITIZE		X YES 2 □ NO
1060 Dorset Drive				20602			USA	
11. MARITAL STATUS 1 Never Merried 2 Married XX Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 XXVO		cify Cuban, Maxical	IIC ORIGIN? (Specify Year, Puerto Rican, etc.)	or No- 1	Black, W	American Indian, Thita, etc. White
15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S USL (Give kind of work	JAL OCCUPATIO	N et of weeking	16b. KIND OF BU	SINESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Homemake	tired.)	st or working	Own Hom	ne		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle, Malden	Sumame)		
Edward Duehring				Martha	Dean Dueh	ring		
19a. INFORMANT'S NAME (Type/Print)		1200			noute Number, City or Tow	.,	/	0.1
Wesley Glen Trott					andria, Vi			
20b. PLACE AND DATE of DISPOSITION 20b. PLACE AND DATE of DISPOSITION (Name of cometery, organizary or other place) 1-18-95 Clinton, Maryland								
21. SIGNATURE OF PUNITIAL SERVICE LIC	ENGEE	M00173		O ADDRESS OF FAC				
* XOWN H	ban				Mortuary s. La. Whi	te Pl	s. N	1D 20695
23. PAST . Enter the diseases, or cahock, or heert feilure. If IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	List only one ceuse on e	ech line.	enter the mo	de of dying, suct	n as cardlec or reap	ratory erred	et,	Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	DUE TO JOH AS	CONSEQUENCE OF):						
PART II. Other significent conditions	contributing to death b	out not reculting in the	ne underlying	ceuse given in i	Pert I. 24a. WAS AN PERFOR			RE AUTOPSY FINDINGS AILABLE PRIOR TO
					1 🗆 YES 2	NO		MPLETION OF CAUSE DEATH?
DID TOPACCO LISE CONTR	DIDLITE TO CALLEE C	E DEATH VEC		LINICEDTAIN			1[☐ YES 2 ☐ NO
DID TOBACCO USE CONTR	IBUTE TO CAUSE C	26. PLACE OF DEATH (C		UNCERIAIN				-/
EXAMINER?	HOSPITAL:	01	THER:	5 🗆 Rasidenca	6 Cher (Specify)		<u> </u>	
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJ	JRY AT	28d. DESCRIBE HOW I	NJURY OCCU	RED	
4 Natural 5 Pending 2 Accident Investigation	(MONIII, Day, INEI)	INJURY		ES 2 NO				
3 Suicide 6 Could not be determined	26a. PLACE OF INJURY building, atc. (Spec	— At home, lerm, stree cify)	t, factory, office		281. LOCATION (Street a City or Town, State)	and Number or	r Rural Route	Number,
29a. CERTIFIER 1 CERTIFYING PHYSIC	DAN: To the beal of my know	ladra daeth accurred et	the time date	and alone, and due	In the country and area			
	3: On the basis of examination							d manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM			,	onth, Day, Year)
IV A	the			D225	-74	> /	11-	795
30. NAME AND ADDRESS OF PERSON WHITE PA	COMPLETED CAUSE OF DE			10)	1/20.5	Mu	1 -	2 Possil
31. DATE FILED (Month, Day, Year)	22 DECISTRADE SICH	ATURE Randall	547		LDONF 1	11142	11A2	W ZOCOC



Amended # 206, 1/13/95, M.S. J., allegany Co.

STATE STATE STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CATE OF DEATH	REG. NO)					
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH				
	GEORGE JUNIOR THOM	AS SR.			PASY YEAR	1:30 PM				
	1110/1	B. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 H	RS. 7. DATE OF BIRTH	1995	THPLACE (State or Foreign				
	215-26-6503 ¹\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	YRS		N. (Month, Day, Year)	Cou	intry)				
	9s. FACILITY NAME (If not institution, give street and number)	64	At 0/74 T000 07 (00 100)		930	MD				
oc	20. Trouble I True mandaton, give anost and number)		9b. CITY, TOWN OR LOCATION (OF DEATH	9c. COUNTY OF	OEATH				
ᅙ	RESIDENCE OF DECEDENT	NW	LaVale		Alle	aanv.				
<u>ස</u>	10s. STATE 10b. COUNTY		, TOWN OR LOCATION		MILLE	10d. INSIDE CITY				
DIRECTOR	1000	7				LIMITS?				
	MD Allegany 100. STREET AND NUMBER	Lav	7ale			1 TES 2 NO				
FUNERAL	See See See See See See See See See	2.	10f. ZIP COOE		109. CITIZEN OI	F WHAT COUNTRY?				
9	11101 Locust Grove Road N	W	21502	,	USA					
5	11. MARITAL STATUS 12. WAS DECEDENT I			SPANIC ORIGIN? (Specify Ye	s or No.— 14. RA	CE — American Indian, ack, Whits, stc.				
8	1 Never Married 2 Married IF YES, GIVE WAF	YES 2 NO	1 TES 2 NO S	sxican, Puerto Rican, etc.) pecify:						
	Korear	1	**			white				
ш	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16s. DECEDENT'S I	USUAL OCCUPATION ork done during most of working	16b. KIND OF BU	ISINESS/INDUSTRY					
<u> </u>	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use	e retired.)			1.0				
린	12	self-e	mployed	Uphol	stery					
COMPLETED	t7. FATHER'S NAME (First, Middle, Last)		18. MOTHER	S NAME (First, Middle, Maiden						
	Charles W. Thomas		Car	rie W. Manue	ചി	5.23				
BE	19s, INFORMANT'S NAME (Type/Print)	196, MAILING	ADORESS (Street and Number or F							
임	A. Louise Thomas			· · · · · · · · · · · · · · · · · · ·						
	20a. METHOD OF DISPOSITION		Locust Grove I		CATION - City or					
	1 💢 Burisi 2 🗆 Cremation 3 🗆 Removal from State 4 🗎 Donation 6 🗎 Other (Specify)	cemetery, crematory or oth	her place)							
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSI:E	L Sunset Mer	morial Hospita	y 01/09 Cu	mberland	d, MD				
	1. SIGNATURE OF PUNEMAL SERVICE EIGENSTEE	,//								
	Clones + Vicari	Ulla		uneral Home						
	23. PART I. Enter the diseases, or complications that of	saused the deeth. Do n	Cumberland, of enter the mode of dving.	auch as cardled or reso	iratory erreat	Approximata				
	anock, or haert failure. List only Dne cause	on each lina.			matery erroat,	Interval Between				
	IMMEDIATE CAUSE (Final disease or condition)									
ļ	resulting in death)	in the	2405+0511			14 may.				
	DUE TO (O	R AS A CONSEQUENCE OF	7	10 Mal		,				
z I	Sequentially list conditions,	WY (DY		the Med	er res					
ĔI	if any, leading to immediate	R AS A CONSEQUENCE OF): /							
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury) (Gb	2/2).							
	thet initiated events resulting in death) LAST	R AS A CONSEQUENCE OF):							
	d									
	PART II. Other algnificant conditions contributing to de	anth but not resulting to	the underlying seven size	- In Book I as well as						
CAL	Train in Otto alguniant solicitors contributing to de	section for not resulting in	i the underlying cause give	n in Part I. 24a. WAS AN PERFOI		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
5				1 _ YES 2	2A NO	COMPLETION OF CAUSE OF DEATH?				
M						1 - YES 2 - NO				
z I	DID TOBACCO USE CONTRIBUTE	TO CAUSE OF	DEATH YES 1	10 1						
¥	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEAT							
<u> </u>	EXAMINER? 1 YES 2 NO 1 Inpatient 2 E		OTHER: 4 Nursing Home 5 Reside	nee B C Other (Specific)						
BY PHYSICIAN:	27. MANNER OF DEATH 26s. DATE OF IN			28d, DESCRIBE HOW	INJURY OCCURED					
2	1 Natural 5 Pending (Month, Day,	Year) INJU	JRY WORK? M 1 YES 2 NO	The second secon	Maoni occoned					
6	2 Accident Investigation	INJURY — At home, ferm, at								
	3 Suicide 8 Could not ba building, std	a. (Specify)	reer, ractory, ornica	281. LOCATION (Street City or Town, State)		il Route Number,				
COMPLETED										
로Ⅱ	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of m	y knowledge, death occurre	d at the time, data and place, and	dus to the cause(s) and ma	nner as stated.					
5	one) 2 MEDICAL EXAMINER: On the basis of exam	ninstion and/or investigation	n, in my opinion, death occured a	t the time, dets and place, ar	nd dus to the cause	e(s) and manner as stated.				
	29b. SIGNATURE AND TITLE OF CERTIFIER		29c, LICENSE	NUMBER	294 DATE SIGNI	ED (Month, Day, Year)				
H H	Only Mille	7 1111 %	7 1	7576	D /	7-95				
2 ∥	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 22	Orint)	() -0	1 /	/ J				
				a MD 21502						
}	Dr. John Mehanna, M.D. 909		ve, cumperian	u, MID 21502		V				
- 1	31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S	S SIGNATURE								
1	110.01 110	C. I. China C. I.								

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the mount after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

6

OHMH-16 Rev 1/89

BALTIMORE, MARYLAND 212 after death. Page 6 may be retained by the hospital or

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		esi
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that	d b	h and	July 1
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NO	R: A	er de	<u></u>
ATTE	8	s aft	1 28
DR	DIR	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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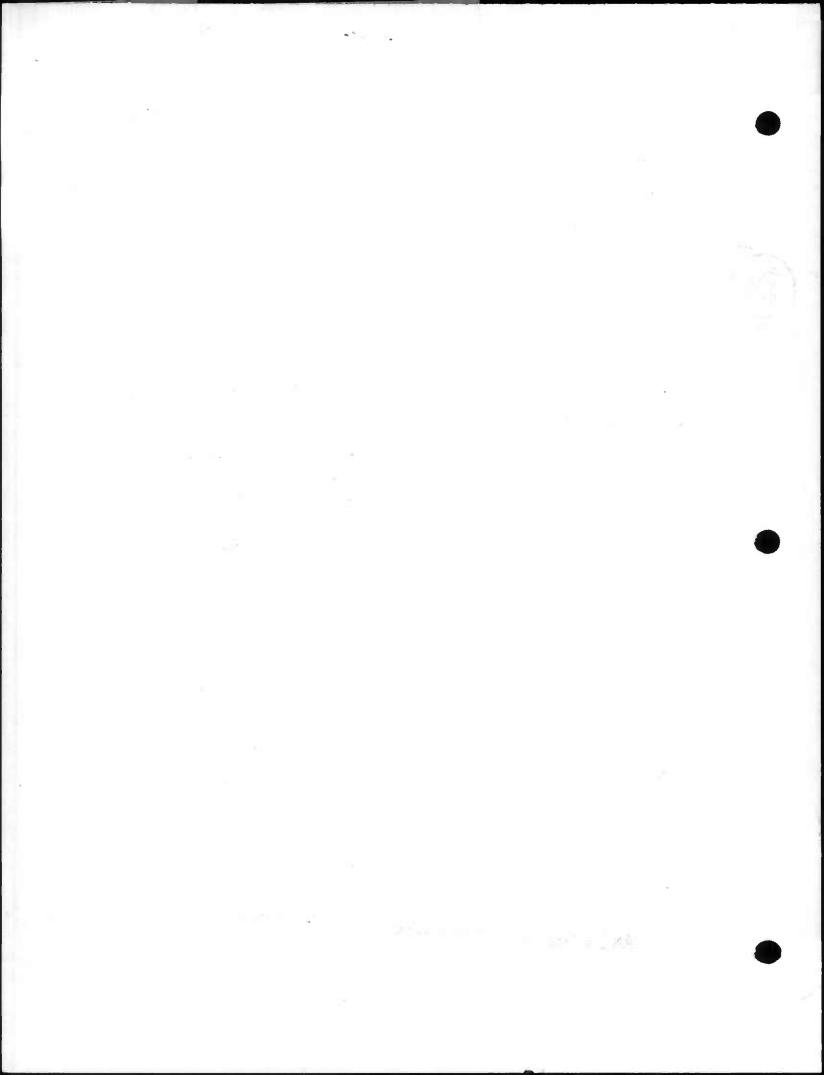
MARIO P. 601 31. DATE FILED (Monito, Day, Year) JAN 1 9 1995

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	1 - FOR REGISTRAR	STATE OF N	MARYLAND /	DEPAR ERTIF					MENTAL	HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)				TT.	זומריי	7.5		2. DATE O	F DEATH	AY	YEAR	3. TIME OF DEATH
	HENRY 4. SOCIAL SECURITY NUMBER	5. SEX				URNE			JAN	1		95	3:34 PM
	215-34-0598	S. SEX 1 X M 2 □ F	8. AGE (In yrs. las	st birthday) YRS.	MONTHS	DAYS	HOURS	24 HRS. MIN.	7. DATE O (Month,	Day Year)	1026	Country	
	9a. FACILITY NAME (If not institution, give st				9b. CIT	Y. TOWN (OR LOCATIO	ON OF DE	Jul	23,	1939	TY OF DE	MD
NG.	KIMBROUGHT ARM	,	TAL				eade						RUNDEL
CTC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			T co. cor									
DIRECTOR		ice Geor	ge		essu		ION						10d. INSIDE CITY LIMITS? 1 YES 2 NO
AL C	10e. STREET AND NUMBER				2000	-	. ZIP CODE			···	10g. CITI		HAT COUNTRY?
FUNERAL	MD House Of Co	rrectio	n									US	
FUN	11, MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AR	IMED NO					IIC ORIGIN?	(Specify Yes	or No-		- American Indian, White, stc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W		•			2 🔀 NO			out, accep		Specify	
	15. DECEDENT'S EDUC (Specify only highest grade	CATION	18a. DE	ECEDENT'S	USUAL C	CCUPATIO	ON .		16b. I	KIND OF BU	SINESS/IND	USTRY	
LET	Elementery/Secondary (0-12)	College (1-4 or 5 +	Hilm.	Do NOT us	se retired.)	during mo	si or working	g					
COMPLETED	12 EATHERIS NAME (Cort Middle Local)									_			
	17. FATHER'S NAME (First, Middle, Last) James Turner								ME (First, Mil.) Wate	ddle, Maiden	Surname)		
BE (19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street a				r, City or Tow	n State, Zip	Code)	
5	Elsie Lingham		1	.719	Juc	ly W	ay F	Edge	ewood	, MD)	,	
	20s. METHOD OF DISPOSITION 1 X Burisl 2 Commetten 3 C Remo	ovel from State	20b. PLACE A						DATE		CATION —		
	4 Donation I Other (Specify) 21. SIGHAPURE OF FUNERAL BERVICE SIG	- Channel	Be13	ir			raen			1 Bel	.air,	MD	
	11 11/1/1	(1)	//						calHo	ome			
-	23-PART I. Enter the diseases, or	/ ha		n ne	F	lavr	e de	Gr	acen	nD.			
	anock, or haert failure.	List only one ceu	sa on each line	atn. Dor	iot enter	the mo	de ot ayır	ng, aucr	h aa carou	ac or reap	retory arm	set,	Approximate interval Between
	IMMEDIATE CAUSE (Final diseese or condition	11- DERT	axuk	ARTI	7210	QCL.	EROT	10,	Chas	ANIA	COIL.	レヤン	Onaet and Death
	reaulting in death)	. HYPERTE	TOP AS A SONSEY	BUENCE O	Pr.		010)	10	CART	DICON	105		
N	Sequentially list conditions.	b								1000	~>~		
ERTIFICATION	if sny, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEC	DUENCE OF	F):								
FIC	CAUSE (Disesse or injury that initiated evente	DUE TO	(OR AS A CONSEC	OUENCE O	F):								-
FRT	resulting in deeth) LAST	d,											
ū	PART II. Other significant condition	a contributing to	deeth but not r	resulting	In the u	nderlying	ceuse q	iven in (Part I.	24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
MEDICAL										PERFOR	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MED										7	. □ MO		OF DEATH? 1 YES 2 NO
N	DID TOBACCO USE CONTR	RIBUTE TO CA					UNC	ERTAIN	۱ 🗆 📗				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		E OF DEAT	TH (Check								
4YS	XYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2X		DOA 28b. TIM	4 🗆 Nur			Bidenca 1	8 Other (* **			
	1 Natural 5 Pending	(Month, De			JURY M	WOI	RK?	NO	28d. DESC	RIBE HOW II	NJURY OCC	URED	
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE Of	F INJURY — At hor atc. (Specify)	me, ferm, r	atreat, fac				28f. LOCAT	ION (Street I	and Number	or Rural Rc	oute Number,
ETED	4 Homicide determined	building,	не (эрвену)						City or	Town, State)			
PLE		CIAN: To the best of											
COMPL	one) 2 X MEDICAL EXAMINE	R: On the trusts of an	amination and/or i	nveatigatio	n, in my c	opinion, de	ath occure	ed at the t	tima, date e	nd place, an	d dua to the	cause(a)	and manner es stated.
BE (296. SIGNATURE AND TITLE OF CENTIFIER	al 2	D				29c. LICEN	NSE NUM	IBER		29d. DATE	SIGNED ((Month, Day, Year)
O.C.M.E. JAN 16,1995									16,1995				

JAN 16,1995

111 Penn Street, Baltimore, Maryland 21201

DHMH-18 Rev 1/89



97" 84" 8"

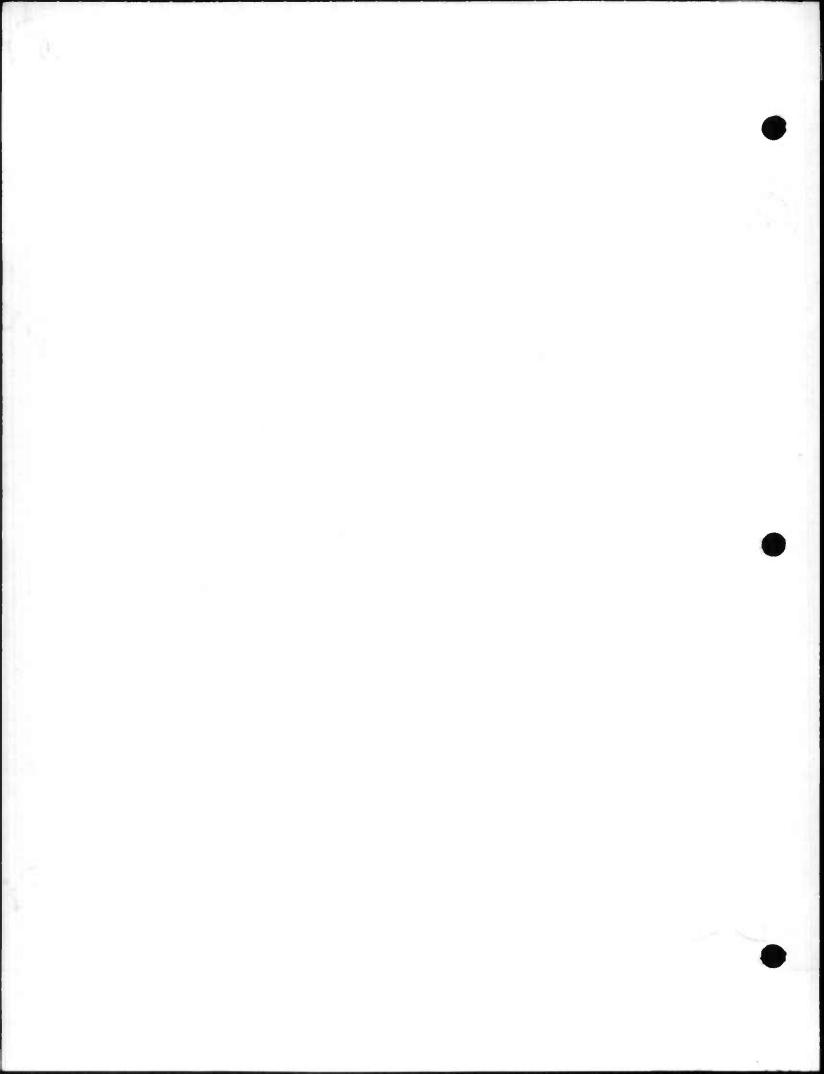
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

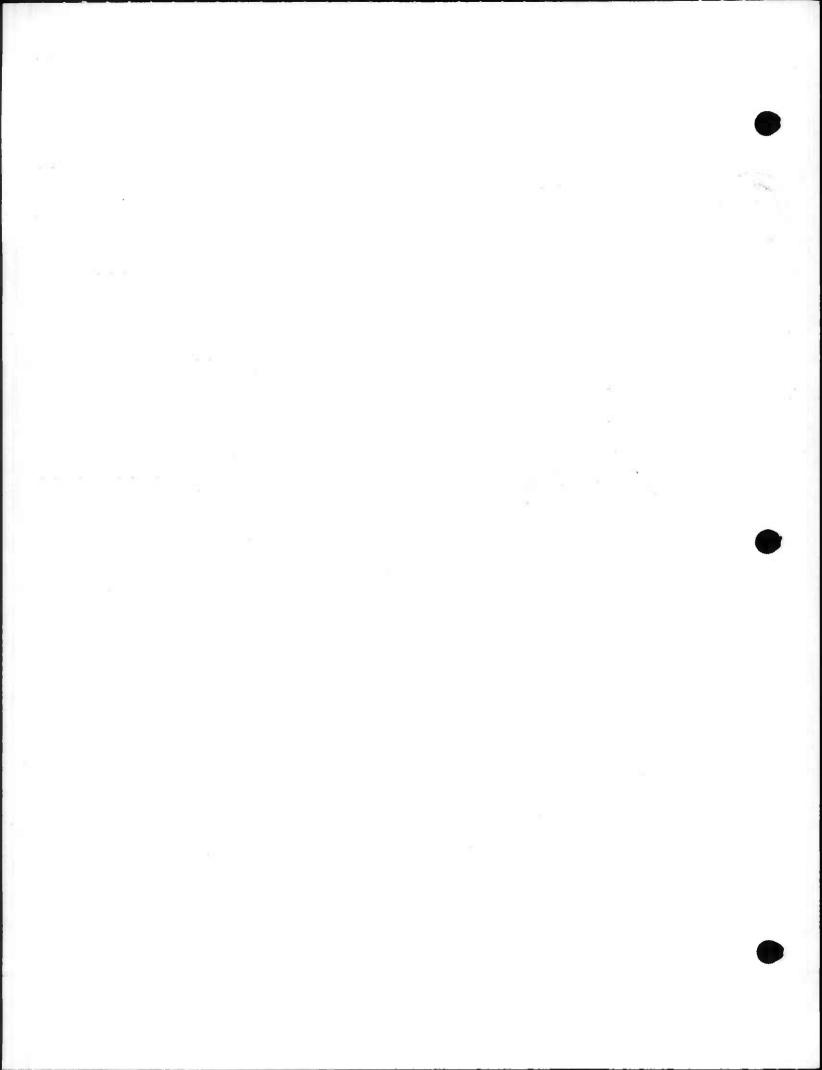
	1 - STATE REGISTRAR	0	CE		ICATE OF			MENTAL II	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH			3. TIME OF DEATH
	Michael	Richard	Tupaj					Jan.		1995	YEAR	4:37 A.M.
	4. SOCIAL SECURITY NUMBER	S. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF I		1773	A BIRTI	IPLACE (State or Foreign
	217 60 7410	L M 2 □ F	42	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, De	ly; Year)	F 0	Count	(y)
	9a. FACILITY NAME (If not institution, give		42		9b. CITY, TOWN	OR LOCATIO	W OF DE	Jan.	4,19		Mass	sachusetts
DIRECTOR	Anne Arundel Med	olis	N OF DE					indel				
8	10a. STATE 10b. COUNT	Υ		10c. CfT	Y, TOWN OR LOCA	TION						10d, INSIDE CITY
5	Maryland Anne	Arunde1		Cro	fton							LIMITS?
	10e. STREET AND NUMBER	THE GIRGET		CIO		f. ZIP CODE			-	10a. CI	TIZEN OF V	WHAT COUNTRY?
FUNERAL	1611 Park Ridge		-				2111			Uı		States
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	YES 2 N	MED O				IIC ORIGIN? (S n, Puerlo Rica		14. RACI Blac	E — American Indian, k, White, etc.	
B	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1 🗆 YES	2 🙀 NO	Specify				Spec	My:
	15. DECEDENT'S EDI	ICATION	16a DEC	'EDENT'S	USUAL OCCUPATI	041		No		SINESS/IN	1	
E I	(Specify only highest grad	e cumpleted)	(GA		work done during m		9	TOO, KJIN	TO OF BU	SHICSS/IN	DUSTRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5+		riona	al Sales	Mana	cor	Res	vera	σο Τ	ndusi	t may
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1108	TOTIC	al bales	_		ME (First, Midd				LIY
ŏ	Mieczyslaw J.	Tunai						le Cow		Sumama)		
8	19a. INFORMANT'S NAME (Type/Print)	zupaj	401	AAA 11 (b) C	4000000							
2	Mieczyslaw J.	Tunai	190		ADDRESS (Street							
246 Fershing Ave. Glen Bu									v			1061
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of campleg, grematory or other place) 1 / 5 / 0.5										- City or To	
- 113	14 Burial 2 Cremation 3 Removal from State Campleon, gremalory or other place) 4 Donation 5 Other (Specify) HillCrest Cemetery 1/5/95 Annapolis Md.											Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Beall-Evans Funeral Home, P.A.											
	hower c.	CUTOM	a. M	la				lis Rd				20715
	23. PART I. Enter the diseases, or	complications that	caused the dea	th. Do r	not enter the me	de of dyle	ng, suci	h as cardiac	or resp	iratory a	rrest,	Approximata
	shock, or heart failure. IMMEDIATE CAUSE (Final	List only one cau	se on each line.	1	٨	-	1					Interval Between Onset and Death
	disease or condition resulting in death)											
	DUE TO (OR AS A GONSEQUENCE OF):											
z	Metastanc Schall cell Vivo Couros Kings											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEQ	UENCE O	F):	4	- Julius		7	2/0	1001	0 44(0-7)
3	cause. Enter UNDERLYING CAUSE (Disease or injury	c										
三	that initiated events	DUE TO	OR AS A CONSEQ	UENCE O	F):							
	resulting in death) LAST	d										
ᅙ	PART IL Other significant conditio	ne contribution to	dooth hut not a	a idela a	In the condition		eria eri				. 1	
DICAL	1 A A A A A A A A A A A A A A A A A A A	CCO/		suiting	in the underlyin	g cause g	Iven in	Part I. 24	PERFO	AUTOPSY	246	MAILABLE PRIOR TO
ă	- COUNTY OF	- M-7 (TV-	77					1 (YES 2	NO		COMPLETION OF CAUSE OF DEATH?
₩.	COOPD									/		1 TYES 2 NO
ž												
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. P	LACE OF DE	ATH (Ch	eck only one)				
YSI	1 TES 2 NO		ER/Outpatient 3	□ DOA	4 Nursing Hor	ne 8 🗆 Red	sidence	8 Other (Sp	secify)			
H	27. MANNER OF BEATH	28a. DATE OF (Month, Da		26b. TIM		JURY AT		28d. DESCRI	BE HOW	INJURY O	CCURED	
BY	1 Accident 5 Pending Investigation				M 1	YES 2	NO					
8	3 Suicide 6 Could not be	28e. PLACE Of building,	INJURY — At hor Hc. (Specify)	ne, farm,	street, factory, offic	ie.		28f. LOCATIO	ON (Street	and Numbe	er or Rural i	Route Number,
4 Homicide determined												
7	29a. CERTIFIER CERTIFYING PHYS	ICIAN: To the best of	my knowledge, dea	ith occum	ed at the time, det	and place,	and due	to the cause(s	and ma	nner as st	ated.	
COMPLET												s) and manner as stated.
- 11	29b. SIGNATURE AND TITLE OF CERTIFIE		0.4.4			29e, LICE						(Month, Day, Year)
BE	VONET(12000	M)		101	63	60		290. UA	1/3	The same of
2	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CANS	E OF DEATH (ITEM	27) /Kma	Drint)	IN	N 7	V 1			117	UI
	The state of the s	- Jomi Elico Offic	- or pentil files	- zij (nype	· · · · · · · · · · · · · · · · · · ·							
- 11												
1	31. DATE FILED (Month Day Year)	37 DEGREEN	O'C SIGNATURE									
	31. DATE FILED (Month, Day, Year) JAN 10 195	32. REGENTRA	Sauction A	Oscha F	<i>t</i> .							



0000	ng physician.	he burial-transit per It. Programs A served)
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attendi	lifed in by the funeral director, page 5 should be detached for use as to, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the second of the retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	PURTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	STATE OF	/ DEPARTMENT				MENTAL	HYGIENE
		 CERTIFICATE	OI	F DEAT	'H		REG. NO.
-41							

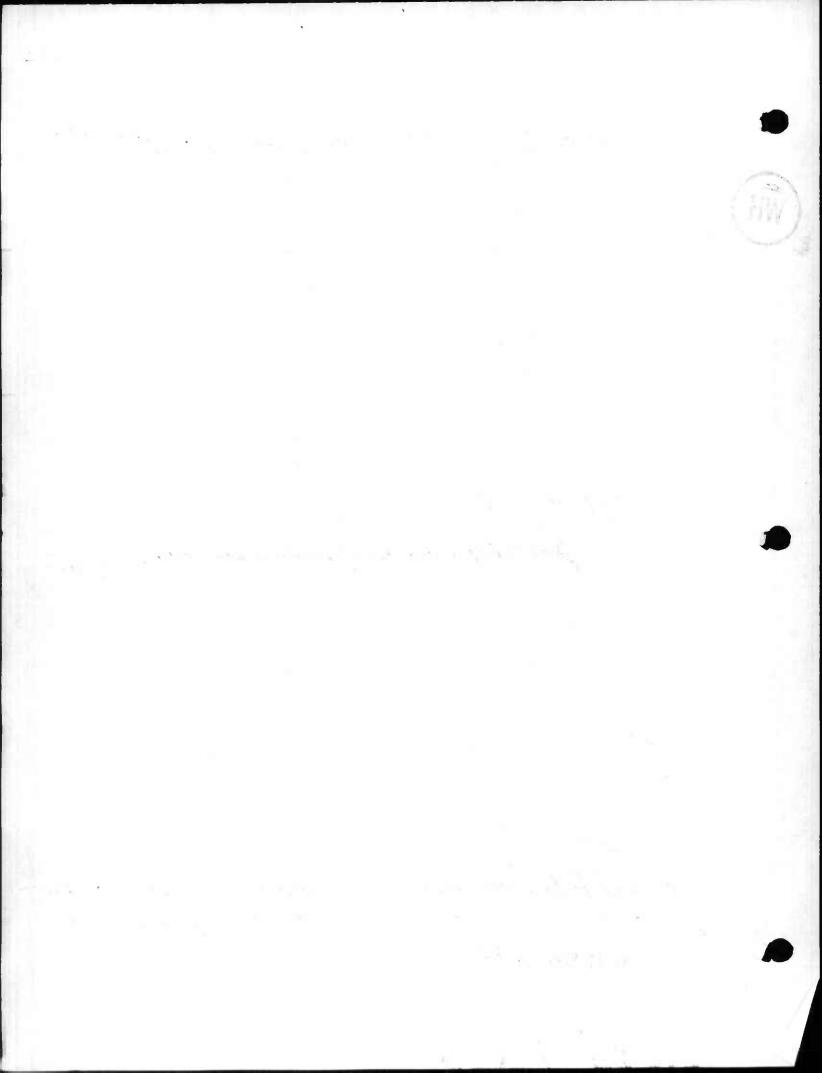
	1 - FOR REGISTRAR	STATE OF MARYLAN		MENT OF HEA		ENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) CHARLES	TADD				2. DATE OF DEATH MONTH DA		3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	TABB 5. SEX 6. AGE (In w	rs. (ast birthday)	IF UNDER I YEAR IF		lanuary 4	, 1995		М
	721-16-9933	1 X M 2 D F 89			URS MIN.	(Month, Day, Year) lecember 28.	Co	ATHPLACE (State or Foreignatry)	n
u.	9a. FACILITY NAME (If not institution, give str	reet and number)	-	b. CITY, TOWN OR L			9c. COUNTY O	hington D.C.	
FUNERAL DIRECTOR	Southern Maryland Hosp	oital		Clinton			Prince G	eorae"s	
REC	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATION			10d. INSIDE CITY		
Q.		Prince George's	F	orestville				LIMITS?	
RA	9148 d'arcy Road			10f. ZIF			10g. CITIZEN O	F WHAT COUNTRY?	
CNE	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S	S. ARMED		20772 Ent of hispanic	ORIGIN? (Specify Yes	or No.— 14. R	S.A. ACE — American Indian,	-
BYF	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 [V] YES 2 IF YES, GIVE WAR OR DATES		If yes, specify	Cuban, Maxican, NO Specify:	Puarto Rican, atc.)	В	eck, White, atc.	
	15. DECEDENT'S EDUC	ATION 16	a. OECEDENT'S US	BUAL OCCUPATION	`	16b. KIND OF BUS			_
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	completed) Coflege (1-4 or 5+)	(Give kind of wor life. Do NOT use	rk done during most of	working	IOU, KIND OF BOX	SINE 35/INDUSTR	5 8	
MPI	12th Grade		Guard				overnment		
	17. FATHER'S NAME (First, Middle, Last) Charles Ja Tabb			18.		E (First, Middle, Maiden	Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ODRESS (Street and N	Daisy (LUCCTS ute Number, City or Town	n. State. Zin Code)	-	-
٩	Claudia B. Tabb (Wi					le, Maryland			
	20a. METHOD OF DISPOSITION		ACE AND DATE OF y, cremetory or othe	DISPOSITION (Neme o	f	OATE 20c. LO	CATION — City or		
	4 Donation 6 Other (Specify)	Mary]	land Veter	ans' Cemete	DONESS OF FACIL	17-9-99 Che1	tenham, N	Mary land	-
	25	21/2		Rollins F	uneral Ho	me. Inc.	PI., N.E	Wash., D.C.	
	23. PART I. Enter the diseases, or or	polications that caused the	e death. Do not				_	Approximate	
	IMMEDIATE CAUSE (Final	ofst only one cause on each	line.	MIA.	2001	dral	000 10	Interval Betw Onset and De	
	resulting in death) a	A OUE TO IGH AS A CO	IVUL	CIIVVX	VCon	evia	myte	varian	
_	-	XIMMY/	MISEGUENCE OF):	or Plus		,	/		
TIO	Sequentisity list conditions, if any, leading to immediate	DUE TO ION AS A CO	DEGUENAE OF).	· powo		1			-
FICA	CAUSE (Disesse or Injury	GUE TO OFF AS A DO	0810	Havis	1 1	Leat	Tow	/	
CERTIFICATION	that initisted events resulting in death) LAST	1)	ou.	, , , , , ,	1	1	-0		
	PART II. Other significant conditions	contributing to death but r	not resulting in	the underlying ce	use given in Pr	irt I. 24a, WAS AN	AUTORSY	4b. WERE AUTOPSY FINDIN	100
ICAL						PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUS	
MEDIC							20.110	OF GEATH?	1
AN:	DID TOBACCO USE CONTR				JNCERTAIN				
SICI	EXAMINER?	HOSPITAL:		THER:					\dashv
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (8d. DESCRIBE HOW IF	NJURY OCCURED		\dashv
ВУ	1 Natural 5 Pending 2 Accident Investigation		- CC.TI	M 1 TES	2 NO				
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — A building, atc. (Specify)	At home, ferm, stre	et, factory, office	2	61. LOCATION (Street a City or Town, State)	nd Number or Run	Il Route Number,	
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my knowledge	a death assumed						\dashv
OMP		On the basis of examination and						e(a) and menner as stated	.
BE O	296. SIGNATURE AND TITLE OF CERTIFIER				LICENSE NUMBE			ED (Month, Day, Year)	\dashv
2	11 /10	1887			MD		1-9	7-95	
	DR M. MOASSER.	M D - 1605	Crain H	0	0.	111	-1 -		\neg
	31. DATE FILED (Month, Day, Year)	22 DEGISTRADIS SIGNATUR	DE	my pran	ayuun	c, Md 2	613		\dashv
	IAN 10199	5 Julia Davida	or Kardall						



DHMH-16 Rev 1/89

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P.0.	-
RECORDS,	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	A PATERIOR OF CONTROL
IVISION	O ATTENDED O
0	0

	REGISTRAR		С	DEPAR	ICATE	OF D	EATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) Hev be	1		rne	r	10		/ MO	TE OF DEATH DA	199	YEAR	3. TIME OF OFATH
	4. SOCIAL SECURITY NUMBER 577-68-0674	5. SEX 6.	AGE (In yrs. Ia	st birthday) YRS.	MONTHS 1		F UNDER 24 HRS	7. DA	TE OF BIRTH /	1	. BIRTHP	LACE (State or Foreign
	9a. FACILITY NAME (If not institution, give s		40	THS.	AL CITY T	20121.02			/16/48			sh.,D.C.
K K	Prince George'		Conto				LOCATION OF	DEATH		9c. COUNT		ATH
5	RESIDENCE OF DECEDENT		cente	r		nev	erly			P.(3.	
DIRECTOR	D.C.	N/A		10c. CIT	V, TOWN OR Was		gton					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER					101. ZI	P COOE			10g. CITIZE		IAT COUNTRY?
E I	1007 46th St						2001				.S. Z	A .
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	VER IN U.S. AF YES 2 OR DATES	RMED NO	1 113	rea, specif	DENT OF HISE y Cuban, Max NO Spe	ican, Puarl	GIN? (Specify Yee o Rican, atc.)	or No 1	Black, Specify	- American Indian, White, atc. Black	
	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a, DI	CEDENT'S	USUAL OCC	UPATION		Ti	6b, KIND OF BUS	INESS/INDUS	TRY	
COMPLETE	Elamentary/Secondery (0-12)		vork done dur e retired.)		f working							
MP	12th Warehouseman								Giant	Food	l	
္ပ	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NA								, Middle, Maiden S	Surname)		
BE	Herbert H. Turner, Sr. Eura I											
2	19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Rou									State, Zip Co	ode)	
	Valina Turner Same as # 10 abov											
	20s. METHOD OF DISPOSITION 1XC Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cempting, crematory or other place) 20c. LOCATION — City or Town, State											
	A Donation 5 Cornection 3 Removal from State 4 Donation 5 Other (Specify) Harmony Mem. Park 1/12/95 Landover, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	Jany 4	. Grate	7		I H	.S.I	Washi	ngot	in & Sons Ave	ons,I	nc.	
CERTIFICATION	disease or condition resulting in death) Due to lor as a consequence of: Due to lor as a consequence of: Due to lor as a consequence of: Due to lor as a consequence of: Due to lor as a consequence of: Due to lor as a consequence of: Due to lor as a consequence of: Due to lor as a consequence of: Due to lor as a consequence of: Due to lor as a consequence of:											
	d											
- 1	1 YES 2 10 COMPLETION OF OF DEATH OF THE STATE OF T										Γ	
MED		contributing to dea	th but not r	esuiting in	n the Unde	rlying ce	ouse given i	n Part i.	PERFORM	IEO?	C	MILABLE PRIOR TO OMPLETION OF CAUS
MEDI	25. WAS CASE REPENTIED TO MEDICAL		th but not r	esuiting i			OF DEATH (C		PERFORM 1 YES 2	IEO?	C	MILABLE PRIOR TO OMPLETION OF CAUS F DEATH?
	25. WAS CASE REPERRED TO MEDICAL EXAMINER? 1 7 Yes 2 0 NO	HOSPITAL:			OTHER:	28. PLACE		Check only (PERFORM 1 YES 2	IEO?	C	MILABLE PRIOR TO OMPLETION OF CAUS F DEATH?
THISICIAN. MEDI	25. WAS CASE REPERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:	Outpatient 3		OTHER:	28. PLACE	OF DEATH (C	Check only (PERFORM 1 YES 2	EO?	1	MILABLE PRIOR TO OMPLETION OF CAUS F DEATH?
BY PRINCIAN: MEDI	25. WAS CASE REPENSED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	I-IOSPITAL: 1 Inpetient 2 SERA 28a. DATE OF INJU (Month, Day, Ye	Outpetient 3	DOA 28b. TIME	OTHER: 4 Nursing OF 28	26. PLACE Home 5 c. INJURY WORK?	OF DEATH (C	Check only (PERFORM 1 YES 2: One)	EO?	1	MILABLE PRIOR TO OMPLETION OF CAUS F DEATH?
ELED BY PHYSICIAN: MEDICAL	25. WAS CASE REPERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	I+OSPITAL: 1 Inpetient 2 ER/	Outpetient 3	DOA 28b. TIME	OTHER: 4 Nursing OF 28	26. PLACE Home 5 c. INJURY WORK?	OF DEATH (C	8 Ott 26d. Di	PERFORM 1 YES 2: One)	JURY OCCUR	C O O I	MILABLE PRIOR TO OMPLETION OF CAUS F DEATH? YES 2 NO
BY PHYSICIAN: MEDI	25. WAS CASE REPERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1. Netural 5 Pending Investigation Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFINANC PHYSIC	I I OSPITAL: 1 Inpetient 2 ERA 28s. DATE OF INJU (Month, Dey, 16 26s. PLACE OF INJ building, etc. (Outpetient 3 IRY ar) IURY — At horizontal specify and a second specify and a second specific	DOA 28b. TIME INJU	OTHER: 4 Nursing OF 28 PRY M 1 reet, factory,	26. PLACE J Home 5 c. INJURY WORK? I YES office	OF DEATH (C	28d. Do	PERFORM 1 YES 2 Per (Specily) SCRIBE HOW IN. CATION (Street and y or Town, State)	IURY OCCUR	C C O O I I	III.ABLE PRIOR TO OMPLETION OF CAUS F DEATH? YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDI	25. WAS CASE REPERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1. Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFINANC PHYSIC	I I OSPITAL: 1 Inpetient 2 ERA 28s. DATE OF INJU (Month, Dey, 16 26s. PLACE OF INJ building, etc. (Outpetient 3 IRY ar) IURY — At horizontal specify and a second specify and a second specific	DOA 28b. TIME INJU	OTHER: 4 Nursing OF 28 PRY M 1 reet, factory,	26. PLACE J Home 5 c. INJURY WORK? I YES office	OF DEATH (C	28d. Di 28d. Di 28d. LO City	PERFORM 1 YES 2 Per (Specity) SCRIBE HOW IN. CATION (Street and y or Town, State) NUSC(a) and menn a and piece, and	THO THO OCCUR	C C O 1 1	III.ABLE PRIOR TO OMPLETION OF CAUS F DEATH? YES 2 NO
COMPLETED BY PRESIDENT MEDI	25. WAS CASE REPERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNED OF DEATH 1. Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	I I OSPITAL: 1 Inpetient 2 ERA 28s. DATE OF INJU (Month, Dey, 16 26s. PLACE OF INJ building, etc. (Outpetient 3 IRY ar) IURY — At horizontal specify and a second specify and a second specific	DOA 28b. TiME INJL me, farm, st with occurred The state of the sta	OTHER: 4 Nursing OF 28 PRY M 1 reet, factory,	26. PLACE J Home 5 c. INJURY WORK? I YES office	OF DEATH (C	28d. Di 28d. Di 28d. LO City	PERFORM 1 YES 2 Per (Specity) SCRIBE HOW IN. CATION (Street and y or Town, State) NUSC(a) and menn a and piece, and	THO THO OCCUR	C C O 1 1	INLABLE PRIOR TO OMPLETION OF CAUS F DEATH? YES 2 NO to Number,



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	Sagar.	/
physician	burial-transit	
attending	for use as the burial-tra	
death. Page 6 may be retained by the hospital or attending physician	director, page 5 should be detached for u	
by th	p eq	
retained	5 should	
y be	page	
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death. P	ed in by the funeral of	
after	y the	moval
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BALTIMORE, MARYLAND 21215-0020

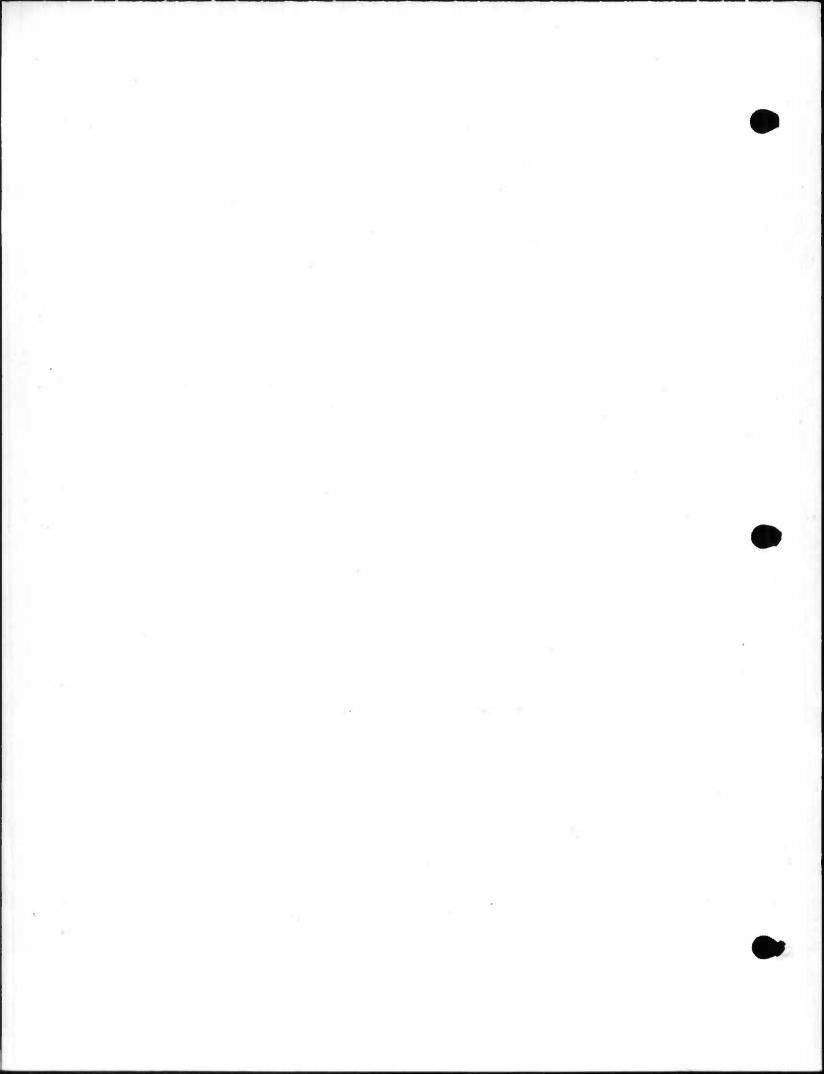
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)	Karen Jane V	orce		3,21	2. DATE OF GEATH DATE OF SEATH	1995 YE	3. TIME OF DEATN 10:20 A.Mm				
	The second second second	1 □ M 2 K F 2	7 YRS. MON	UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) July 10,1	C	RTHPLACE (State or Foreign ountry) aryland				
TOR	4807 Raemore Lane			Bowie	COCATION OF DE	ATH		e George's				
DIRECTOR	10e. STATE 10b. COUNTY	George's		OWN OR LOCATI	ON		10d. INSIDE CITY LIMITS?					
	10e. STREET AND NUMBER	George S	1 000	wie 10f.	ZIP CODE		10g. CITIZEN	N YES 2 □ NO DE WHAT COUNTRY?				
FUNERAL	4807 Raemore Lar	ie		2	0715		Unite	d States				
ВУ	11. MARITAL STATUS 1 Never Married 22 Married 3 Widowed 4 Divorced	FORCES? 1 TYPES IF YES, GIVE WAR OR DATE	2 NO	It yes, spe		NC ORIGIN? (Specify Yes n, Puerto Rican, etc.)		AACE — American Indian, Black, Whita, etc. Specify: White				
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co		6a. DECEDENT'S USU (Give kind of work life. Do NOT use rel	done during mos		16b. KIND OF BUS	SINESS/INDUSTR					
MPL	12		Secretar	У		Cons	structio	on				
	17. FATHER'S NAME (First, Middle, Last)	18. MOTNER'S NA	ME (First, Middle, Maiden	Sumame)								
BE	Thomas J. Jackson			E. Frederi								
2	196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
	Roy A. Vorce 4807 Raemore Lane Bowie Maryland 20715 20e. METNOD OF DISPOSITION 200b. PLACE AND DATE OF DISPOSITION (Name of DISPOSITION City or Town, State											
	15 Buriel 2 Cremetion 3 Ramovill from State cemetery, cremetery or other place Lakemont Memorial Gardens Davidsonville Md.											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Robert E. E. Robert Beall-Evans Funeral Home, P.A. 16000 Annapolis Rd. Bowie Maryland 20715 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximate											
	23. PART i. Enter the diseases, or con shock, or heart fellure. Lis	inplications that caused t	he death. Do not o	entar the mod	le of dying, suc	h as cardiac or respi	ratory arrest,	Approximate Interval Between				
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	OUE TO (OR AS A C	state	mal		t Mela		0				
TION	Sequentially list conditions, if any, leading to immediate	conditions. To with mets to the brain bones										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	use. Enter UNDERLYING USE (Disease or Injury t initiated events C. OV. O. O. O. O. O. O. O. O. O. O. O. O. O.										
	DART II Other cignificant conditions											
MEDICAL	PART II. Other significant conditions	contributing to death but	not resulting in the	ne underlying	ceuse given in	Part I. 24a. WAS AN PERFOR 1 TYPES 2	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATN? 1 YES 2 NO				
ä	DID TOBACCO USE CO	ONTRIBUTE TO C	AUSE OF D	EATH Y	S NO	X						
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26, PL	CE OF DEATH (Ch	eck only one)						
PHYSICIAN:	1 YES 2 NO	☐ Inpetient 2 ☐ ER/Output	ient 3 DOA 4	Nursing Home	_/\	8 Other (Specify)						
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	M t 🗆 Y	RK?	28d. DEŞCRIBE HOW I	NJURY OCCURE	D .				
	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY — building, atc. (Specify	- At home, farm, stree)	t, factory, offica		281. LOCATION (Street a City or Town, State)	and Number or Ru	ral Route Number,				
COMPLETED		AN: To the bast of my knowled On the basis of examination a						se(a) and manner as stated.				
TO BE (29b. SIGNATURE AND TURE OF CERTIFIER	Anand	MD		D-33	482	29d. DATE SIG	NEO (Month, Day, Year) 7 1995				
	5. Anand, MD, 7227-B Hanover Dky Greenbelt, MD 20770											
	JAN 10 1995	32. REGISTRAR'S SIGNAT	135-Rendall		, ,							



760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within or hours after death. Page 6 may be retained by the hospital or attending physicial	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunat-to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
O. BOX 68	certificate be execute	ling physician and co	other traumatic	
CORDS, P.	uires that the death of	signed by the attend Health and Mental H	ws any injury, or	
F VITAL RE	SICIAN: The law requ	certificate has been the State Dept. of	, or item 23 sho	
IVISION OF	IR ATTENDING PHYS	IRECTOR: After this in urs after death with	em 28 is marked	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL O	TO THE FUNERAL DI be filed within 72 ho	IMPORTANT: If its	

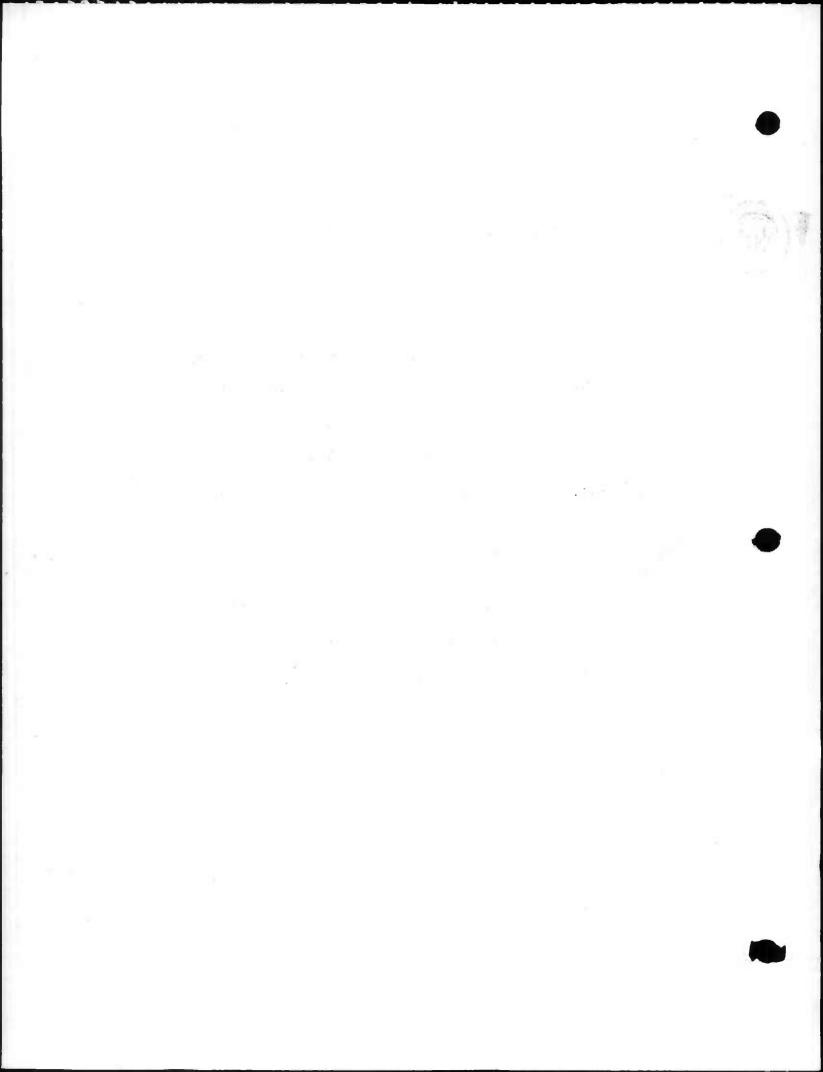
TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

PEG NO.

TILOTOTION	_			CALL	L OF	DEA	П	HEG. NO			
1. DECEDENT'S NAME (First, Middle, Last) Joseph G. Vi	tale			January Day, 1995ar					3. TIME OF DEATN 2:30 p M		
4. SOCIAL SECURITY NUMBER 5. SE	X 6. A	GE (In yrs. las	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTN		8. BIRTH	IPLACE (State or Foreign
577-05-3314	M 2 🗆 F 📗 8	31	YRS.	MONTHS	DAYS	HOURS	MIN.	March 19,	1913	It	aly
9e. FACILITY NAME (If not institution, give street en	d number)			96. CITY	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						EATN
Southern Marylar	d Doan	4 ± = 1		_	1				Pri	nce	George
Southern Mary lar	u nosp	ILai			lin	con					0002 90
10e. STATE 10b. COUNTY				, TOWN							10d. INSIDE CITY LIMITS?
	George's	3	Ter	mp1e	_Hi1	.1s					1 VES 2 NO
10e. STREET AND NUMBER					10	f. ZIP COD					VHAT COUNTRY?
2103 Gaither Stree	t_					2074	8		I	J.S.A	
	AS DECEDENT EVI			13.	WAS DEC	CENDENT C	F NISPAN	IIC ORIGIN? (Specify Yes	or No-	14. RACI	- American Indian, k, White, etc.
	YES, GIVE WAR O				1 YES	2 📉 NO	Specify	n, Puerlo Rican, etc.)		Speci	White
		700									wnite
15. DECEDENT'S EDUCATION (Specify only highest grade comple		(G	CEDENT'S	vork done	CCUPATION MO	ON ost of workin	ng	16b. KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12) College (1-4 or 5 +) 12 Self Employed Barber Barber Shop											
17. FATHER'S NAME (First, Middle, Last)		rr cm	ртой	ea 1			Barbei		op		
Gaetano Vitale								ME (First, Middle, Maiden	Sumeme)		
190. INFORMANT'S NAME (Type/Print)							osa	Guinta			
								Route Number, City or Tow			0
Messalina M. Vitale							Temp	le Hills,			
20e. METHOD OF DISPOSITION 1 X Suriel 2 Cremetion 3 Removal for 4 Donetion 5 Other (Specify)		cemetery, cre	matory or other	per place) Park	: Cen	neter	у 1		cation — Ltimo	ore,	Maryland
21. SIGNATURE OF FUNERAL SERVICE CICENSEE	1/1	1		22.	NAME AL	NO ADDRE	SS OF FA				
MALAOFT	Kals	11						.as runera. .1 Rd. Oxor			14 20775
23. PART I. Enter the diseases, or compli	cations that cau	aed the de	ath. Do n	ot enter	the mo	de nf dvi	ng. auc	h as cardiac or respi	retory as	rest	Approximate
anoca, or heart fallure. List be	niy Dne cause D	n aach line).	6.10					ratory at	,	interval Batween
iMMEDIATE CAUSE (Final disease or condition	Cevel	ma. 1	A	1.01	010						Onset and Daath
resulting in death) a	DUE TO (OR /	S A CONSE	DUENCE OF):):							11495
	Cand	liar	1	hu	17	trus	au.	S & Ar	Ter	V.	15-19-
Sequentially list conditions, if any, leading to immediate	DUE TO (OR /		DUENCE OF			,1			0		1/3/13
CAUSE (Disease or Injury	215	CSI.	on	re	yer	Cir	~	1/2/8~			11/2/9/
that initiated events resulting in death) LAST	DUE TO (OR	S A CONSE	DUENCE OF):	0	_		= 1+		4	1777
d	Con	an	ous		0	Vla	~	Luter	260	no	
PART II. Other significant conditions con-	ributing to deat	h but not r	asuiting in	n the ur	ndarivin	g causa d	alven in	Part i, 24a. WAS AN	AUTOPSY	24h	WERE AUTOPSY FINDINGS
Rhrom						0 0		PERFOR	MED?	-	AWAILABLE PRIOR TO COMPLETION OF CAUSE
	- 33	700(0	-00		7	- 101	,,,,,	1 🗆 YES 2	DNO		OF DEATH?
DID TORACCO LIST CONTRIBUTE	E TO CALLET	OF PEA	TU VE	c 151/1	, , ,	1 10015	EDTAI				1 NES 2 NO
DID TOBACCO USE CONTRIBUT	E TO CAUSE		E OF DEAT			ו חאכ	EKIAII	4 L			
EXAMINER? HOS	PITAL:			OTHER	₹:		500				
	Se. DATE OF INJU		28b, TIME	-	28c. INJ		eldence	8 Other (Specify) 28d. DESCRIBE HOW II	WILLIBA CO	CHREA	
1 Natural 5 Pending	(Month, Day, Ye		INJU		WO	PRK?	ON	200. DESCRIBE HOW II	NJUNT OC	CORED	
2 Accident Investigation 3 Suicide 8 Could see ba	Se. PLACE OF INJ	URY Al ho	me, lerm, st	treet, fact				281. LOCATION (Street of	and Numbe	v or Burni F	Provide Moumber
4 Homicide 8 Could not be determined	building, etc. (Specify)			,	-		City or Town, State)	ing mumbe	or noral r	none number,
290. CERTIFIER CERTIFYING PHYSICIAN: T	o the best of my k	nowledge, de	ath occurre	d at the t	lme, date	end place	end due	to the cause(a) and mar	ner ee ste	nted.	
one) 2 MEDICAL EXAMINER: On t) end manner ee stated,
29b, SIGNATURE AND TITLE OF CERTIFIER							NSE NUM				patients, Day, Years,
(Non						N	200	644	•	1/81	53
30. NAME AND ADDRESS OF PERSON WITO COM	PLETED CAUSE OF	DEATH (ITE	M 27) (Type,	Print)		0	7			11	1
CARY SAG	-D \ 11	182							- /		
31. DATE FILED (MONTH, Day, Viber) 32. REGISTRAR'S SIGNATURE LAN 0.0 1995 Julia Gaudian Markalli											20725
31. DATE FILED (Month, Day, Year)	2. REGISTRAR'S S	IGNATURE	/:	501	Surr	atts	Rd.	#303. Clir	ton.	Md.	20735



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after teach. Place 6 may be interested by the houghtal or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for being within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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JAN 1 8 1995

8	FOR 1 - STATE REGISTRAR	STATE OF M					EALTH AND DEATH	MENT	AL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DA	TE OF DEATH		3.	TIME OF DEATH
	200000	Ec	dward			W	RIGHT	MOI	ANUARY		1995	1526 "
- 1	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	st birthday)	IF UNDER	R 1 YEAR	IF UNDER 24 HRS.		E OF BIRTH	17		ACE (State or Foreign
		1 🖳 M 2 🗆 F		4 YRS.	MONTHS	DAYS	HOURS MIN.	(Mo	inth, Day, Year)	ł	Country)	AUL (State of Foreign
	218-16-9827			* *****	201 000				27 - 192		MI	
100	9a. FACILITY NAME (If not institution, give st PENINSULA REGION		AT CENTE	ਰਤ	96. CITY		SBURY	DEATH			ICOMI	
ō		NAL MEDIC	AL CENT	EK		SAL.	LYDUCI			**	LOOM	00
ត្ត	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	,		40. 007	M. TOTAL MILE							
DIRECTOR	IO. STATE		10c. CITY, TOWN OR LOCATION								10	Id. INSIDE CITY LIMITS?
A 1275		rset	rset Chance								1	YES 2 NO
FUNERAL	10e. STREET AND NUMBER					101	ZIP CODE			10g. CITI	ZEN OF WHA	AT COUNTRY?
ᇤ	23475 Mitche	11 Pook	stt Dd				21816				TT.	C
5	11. MARITAL STATUS	12. WAS DECEDEN	TEVER IN U.S. AF		13.	WAS DEC	ENDENT OF HISP	ANIC ORIG	GIN? (Specify Yes	or No-	14. RACE -	American Indian.
	1 Never Married 2 Married	FORCES? 15	YES 2 1	NO		If yea, sp	cify Cuban, Maxi 2 3 NO Spe	ican, Puarl	o Rican, etc.)		Black, V	Vhila, atc.
BY	3 Widowed 4 Divorced		AIT OIT DATES			1 1 123	z []Kuo she	cny.		- 1	Specify:	Black
ED	15. DECEDENT'S EQU		18a. DE	CEDENT'S	USUAL O	CCUPATIO)N	1	6b. KIND OF BUS	INESS/IND	USTRY	
E	(Specify only highest grade Elementary/Secondary (0-12)		life	live kind of v Do NOT us	vork done se retired.)	during mo	st of working	- 10				
2		College (1-4 or 5 +	'									
COMPL	17. FATHER'S NAME (First, Middle, Last)			Lab	ore	r	F			ton	dian	
_	17. PAINEN S NAME (FIRST, MICONS, LESS)								, Middle, Maiden			
BE	Bernico Wright	Sr					Mai	гу н	. Pric	:e		
0	19a. INFORMANT'S NAME (Type/Print)						nd Number or Run				,	
-	Christain Wrigh	nt	2:	3475	Mi	tche	211 Bed	cket	t Rd.	Chai	nce N	4D 21816
- 1	20a. METHOD OF DISPOSITION 5 ☐ Burlel 2 ☐ Cremation 3 ☐ Rame		20b. PLACE	AND DATE	OF DISPOS	SITION (Na	ma of	D	TE 20c. LO	CATION —	City or Town	, State
- 1	4 Donation 5 Other (Specify)	Ival from Stata	St. (Char	ther place)	s Ce	m .	01 -	19-95	/c1	nance	MD MD
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1000				D ADDRESS OF	-	20100		141100	- 1110
- 1	M II	-51.	1	-	Aı	ntho	ny E.	War	d Fune	ral	HOme	21853
_	Malky	6. IL	and		30	0639	Hampo	den	Ave. F	ring	cess	
	23. PART 1. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, euch as cardiac or respiretory arrest, Approximate											
		_ist only one cau	se on eech line).								Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	Rom	and to		6	. 0.	- 1					Oliset and Death
	resulting in death)	DUE TO	OD AS A CONST	OUENCE OF	FC	na	me)	-				
		DOE 10	-A -	1/);		ā).					1
<u> </u>	Sequentially list conditions,		rear.	M	e un	mo	part					
ĔΙ	if any, leading to immediate	DUE TO	OR AS A CONSE	OUENCE OF	7):	/	1-	/	1	-	1	
<u> </u>	Cause. Enter UNDERLYING CAUSE (Disease or Injury	· Chr	owe	LyV	roger	hou	The	1	when	un	'	
HIFICATION	that initiated events	DUE TO	OR AS A CONSE	OUENCE OF	7:							
II II	reaulting in death) LAST	d										
2	PART II. Other significant condition	s contributing to	death but not a	neultine I	les Alberta	ndo elvilo e	Anton about	Don't I				
<u> </u>	D. I. Jan	- 00111110011119 10	Cauti Dot 110t 1	eauting i	iii tile ui	Tuarrynng	cause givani i	III Fart I.	24a. WAS AN		AV	ERE AUTOPSY FINDINGS AILABLE PRIOR TO
ă	travers	7 31	70						1 YES 2	NO		OMPLETION OF CAUSE F DEATH?
MEDIC	P/D CVA	- 31	8.						'		1	YES 2 NO
	DID TOBACCO USE CONTR	RIBUTE TO CA	USE OF DEA	TH YE	S 🗆 I	NO [UNCERTA	IN 🗆				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLAC	E OF DEAT								
	EXAMINER?	HOSPITAL:	FR/Outpatient 3	□ DOA	OTHER		5 🗌 Residence					
	27. MANNER OF DEATH	28a. OATE OF		28b. TIMI		28c, INJ		_	ESCRIBE HOW IN	I II IBV OCC	UDED	
	1 Natural 5 Pending	(Month, De		INJ	URY	WO	RK?	200. 0	EŞCRIBE NOW II	SONT OCC	ORED	
R	2 Accident Investigation						ES 2 NO	-				
ا ڍ	3 Suicida 8 Could not be	28a. PLACE Of building,	INJURY - At ho atc. (Specify)	me, ferm, a	rtraal, fact	tory, office		281. LC	CATION (Street a ty or Town, State)	nd Number	or Rural Rout	te Number,
= 1	4 Homicide detarmined											
MPLEIED	29a. CERTIFIER (Check only	CIAN: To the best of	my knowledge, de	ath occurre	d at the t	lme, date	and place, and de	us to the r	ause(a) and man	Der an atet	ıd.	
= 1	and '											
<u>₹</u>	2 MEDICAL EXAMINES	T. On the owner of ax	amination and/or i	ILIAG SILIGISTICS								
5	2 MEDICAL EXAMINE		ammanion and/or	investigatio	,y c	Aprillion, or						
BE CON	2 MEDICAL EXAMINES 29b. SIGNATURE AND TITLE OF CERTIFIE		IN.				29c. LICENSE N		19			onth, Day, Year)

30A______

TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		OINIL OF	MOULE	CE	RTIF	ICATE				MENI	REG. NO			
1. DECEDENT'S NAME (First	, Middle, Last)						- 0.	-		2. DAT	E OF DEATH			3. TIME OF DEATH
ALVIN	FRAN	CIS	WASH	BURN						JA	TH D	199	YEAR	10:10 PH
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE	(In yrs. lest	birthday)	IF UNDER		-	R 24 HRS.		E OF BIRTH		a. BIRTH	HPLACE (State or Foreign
220-12-2424		1 X M 2 - F	6	8	YRS.	MONTHS	DAYS	HOURS	MIN.	JAN	1th, Day, Year)	1927	M A D	YLAND
9s. FACILITY NAME (If not in	stitution, give str	eet and number)				9b. CITY	TOWN C	R LOCAT	ION OF D				NTY OF D	
PENINSULA R	EGIONAL	_ MEDICA	L CE	NTER		SA	LISB	URY				WI	COMI	CO
10a. STATE	10b. COUNTY				10c. CIT	Y, TOWN C	R LOCAT	ION						10d. INSIDE CITY
MARYLAND	WICOM	00		_		FRUI	TI AN	n						LIMITS?
10e. STREET AND NUMBER						THOI	4	ZIP COD	E			10a, CIT	IZEN OF V	WHAT COUNTRY?
609 SOUTH D	TVTSTON	STREET						21	826					
11. MARITAL STATUS	1110101	12. WAS DECEDEN				13. 1	WAS DEC			NIC ORIG	IN? (Specify Yes	or No-	14. RACE	S E — American Indian.
1 Never Married 2 3 Widowed 4 Olvo		FORCES?					f yes, spe	cify Cubi	Speci	en, Puerto	Rican, atc.)	,	Speci	k, White, etc.
15, DEC	EDENT'S EDUC	ATION CONTRACT		16s. DEC	EOENT'S	USUAL O	CUPATIO	N		16	b. KIND OF BU	SINESS/INI	DUSTRY	MILTIE
Elementary/Secondary (0		College (1-4 or 5	+)	life. L	Do NOT us	work done o se retired.)	aunng mo	st or world	ng					
8				CAF	RPEN	TER					CONSTR	HCTT	OM	
17. FATHER'S NAME (First, M	liddle, Last)							16. MOT	HER'S NA	ME (First,	Middle, Maiden		DIG.	
EDWARD WA	SHBURN							MAY	BELL	. H1	TTCH			
19a, INFORMANT'S NAME (7				19b.	MAILING	ADORESS	(Street a				nber, City or Tow	n, State, Zij	Code)	
LUCILLE MAE		JEN		60	09 S	OUTH	DIV	ISI0		ا ب	RUITLA	ND.	MD.	21826
1. Burisi 2 Crematic	n 3 🗆 Remo	val from Stats	cent	PLACE AN	atory or o	of Dispos				OA		CATION —		wn, State
4 Donation 6 Other 21. SIGNATURE OF FUNERA		NSEE	- 15	1. 51	EPH	_	CEME		SS OF FA		16 DEL	MAR,	DEL	AWARE
						22.1		1111111111			HOME			
James .	1. Kin		MOO				PRT	NCES	SAN	NE	MD 21	853		
23. PAROL. Enter the di shock, or hi iMMEDIATE CAUSE (Fin dispesse or condition resulting in death)	aart fallure. L	Civete	ise on a	ach iina.	PRE	Air					Lave T			Approximata Interval Between Onset and Daath Years
Sequantially list condition in any, leading to imme cause, Enter UNDERLYI CAUSE (Disesse or injust that initiated events resulting in death) LAS	diata NG iry T d.	DUE TO	(OR AS A	CONSEQU	ENCE O	F):								
PART II. Other significa	nt conditions	contributing to	death b	ut not rea	nuiting	in tha un	derlying	Cause (given in	Part I.	24a. WAS AN PERFOR	RMED?	24b.	WERE AUTOPSY FINOINGS AMALABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO	_						26. PL	ACE OF D	EATH (Ch	eck only o	ine)			
EXAMINER?		HOSPITAL:	ER/Oute	atient 3	DOA	OTHER 4 Num	t:				er (Specify)			
27. MANNER OF GEATH		28e. OATE OF	INJURY	-	28b. TIM	E OF	28c. INJU		- ы О ФПС ф	-	er (Specify) SCRIBE HOW I	NJURY OC	CURED	
	Pending	(Month, E	lay, Year)	ľ	INJ	IURY M	WOI		□ NO				JULIE	
3 Suicide 6	Investigation Could not be determined	28e. PLACE Obuilding,	F INJURY	— At home	e, farm, s	street, facto		-		281. LO- City	CATION (Street :	and Number	or Rural R	loute Number,
						-								
29e. CERTIFIER (Check only one) 1 CERT	CAL EXAMINER	AN: To the best of On the basis of s	my know	ledge, deat n snd/or lm	h occurre	ed at the ti	me, date	and place	, end due	to the ca	s and place, an	ner es stat	ed. ie cause(s	s) and manner as stated.
29b. SIGNATURE AND TITLE									ENSE NUI					
Orlune	-63m	erch	7.1	M.D	\mathcal{C}	I.M.	Ξ.	1)	035	590	7	▶ /	-17-	(Month, Day, Year)
30. NAME AND ADORESS OF	PERSON WHO	COMPLETED CAU	SE OF DE	ATH (ITEM	27) (Type,	Priorie R	, ne	BI	D	171	Sal	del	UNIA	m
31. DATE FILED (Month, Day,	- 41	32. REGISTRA	R'S SIGN	ATURE	, ,				V		1			4

And a region of the VERO HART ISSE July States Certific

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

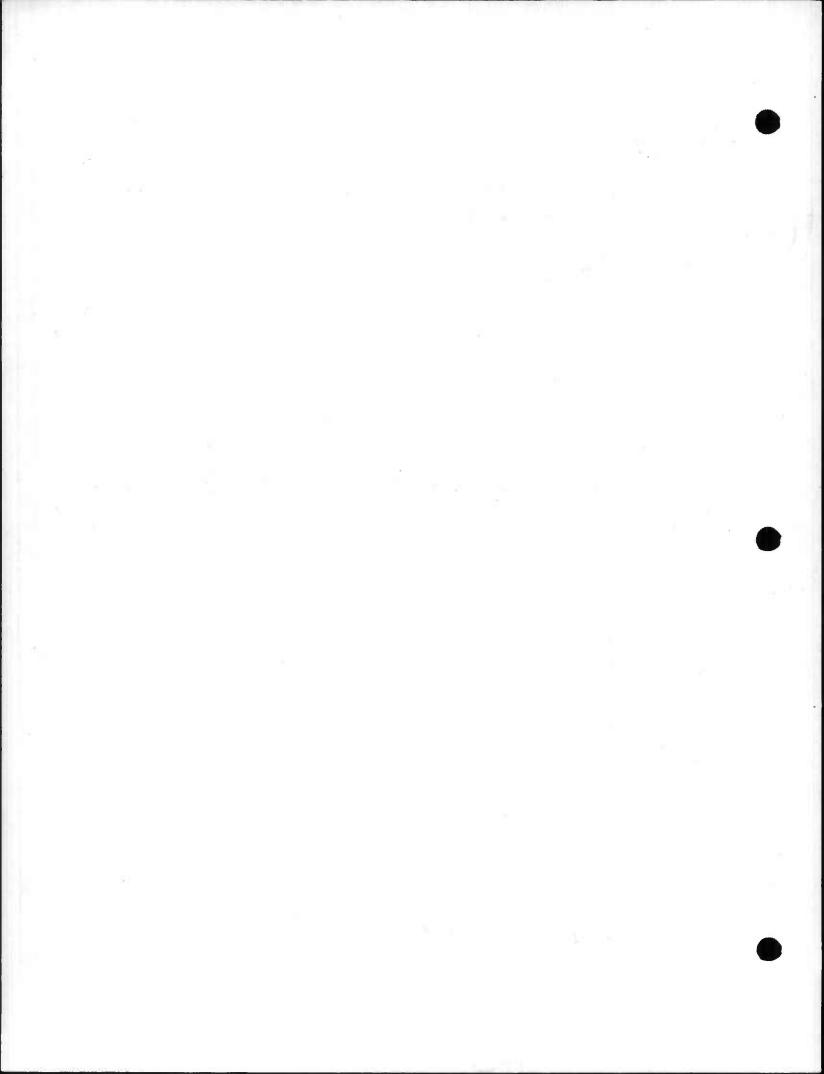
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1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	TIEGIOTIAN		<u> </u>	-11114	ICATE	Oi.	DEATH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) JASON LEE	WHI	ጥፑ					2. DATE OF DEATH JANUARY 1	1 99 SAR 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER								, 15	_	, , , M	
	214-08-3935	5. SEX 1 X M 2 F	3. AGE (In yrs. last	birthday) YRS.	MONTHS C	YEAR DAYB	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) March 12 1	977	Country)	LACE (State or Foreign	
	9a. FACILITY NAME (If not institution, give :	street and number)			9b. CITY, TI	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						
<u>بر</u>	State Highway R	oute 135			Westernport Allegany							
۲	RESIDENCE OF DECEDENT	54tC 155			Wesi	CEL	iipor t		VII	egany		
Ä	10e. STATE 10b. COUNT	Υ		10c. CIT	TY, TOWN OR LOCATION 10d. INSIDE CITY							
ā	Maryland All	egany		We	stern	or	t		1 YES 2 NO			
4	10a. STREET AND NUMBER					_	ZIP CODE		10g. CIT		AT COUNTRY?	
FUNERAL DIRECTOR	106 Donna St.						21562		,	US		
3	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARI	MED	13. WA			IIC ORIGIN? (Specify Yea			- American Indian,	
	1 X Never Married 2 Married	FORCES? 1		0	lf y	es, spe	cify Cuban, Maxica	n, Puerto Ricen, etc.)	01 110-	Black,	White, atc.	
B	3 Widowed 4 Divorced	II TEG, GIVE WA	ON DATES] TES	2 X NO Specify	<i>r:</i>		Specify	White	
	15. DECEDENT'S EDU	REATION	16a, DEC	CEDENT'S	USUAL OCCI	UPATIO	N	16b. KIND OF BUS	INESS/IN	DUSTRY	WILLCE	
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Gh	ve kind of v Do NOT us	work done dun se retired.)	ing mos	at of working					
립	11		Hi	gh S	chool	St	udent	High S	choo	.1		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			0				ME (First, Middle, Maiden		7.1		
	Melvin White					ı		Louise Ho	,	C		
BE	19a. INFORMANT'S NAME (Type/Print)		196	. MAILING	AOORESS (S	Street ar		Route Number, City or Town	_			
임	Melvin White		- 1					ernport, M				
	20a. METHOD OF DISPOSITION XX Burial 2 Cremation 3 Rem		20b. PLACE A							City or Tow	n State	
	XX Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	loval from Stata	cemetery crer	natory or or	ther place)	Omproof	Ionuor	y 15 1995	D1 a	omi no	ton Md	
	21. SIGNATURE OF FUNERAL SERVICE LA	CENSEE	2 2	Zinii i	22. NA	ME AN	D ADORESS OF FA	SITTY	DIO	OULTIE	ton, Mu.	
	· 7//1	11	- 0		Bo	oal	Funeral	Home				
_	" Woun	11/	rax	_	11	11 (Church S	t. Western	port	, Md.	21562	
- 1	23. PART i. Entar the diseases, or ahock, or heart failure.	complications that	caused the dea	ath. Do n	ot anter th	a mod	da of dying, auc	h as cardiac or reapi	ratory ar	reat,	Approximata interval Between	
	IMMEDIATE CAUSE (Final											
											Instant	
	Tooling in accord	OUE TO (C	H AS A CONSEO	UENCE OF	F):							
z		. Cato	CCIde	nt								
CERTIFICATION	Sequantially list conditions, if any, leading to immediate	OUE TO (C	R AS A CONSEO	UENCE OF	F):							
8	cause. Entar UNDERLYING CAUSE (Disease or injury	C										
띨	that initiated eventa	DUE TO (C	R AS A CONSEO	UENCE OF	F):							
	resulting in death) LAST	d										
	PART II. Other algnificant condition	s contributing to d	noth hut not o		I Ab		March 1911					
EDICAL	The state again care condition	e contributing to d	aatti oot not re	reunting i	in tha unde	inying	cause given in	Part I. 24s. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
ă								1 YES 2	NO		COMPLETION OF CAUSE OF DEATH?	
											1 U YES 2 NO	
ÿ												
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	28. PL/	ACE OF DEATH (Chi	eck only one)				
ız	1 DYES 2 NO	1 - Inpatient 2 - I	R/Outpatient 3	□ DOA		g Home	5 🗆 Residence	6 Other (Specify)	h C	41		
PHYSICIAN: M	27. MANNER OF DEATH	28a. DATE OF IN (Month, Day,		28b. TIM	E OF 28 URY	lc. INJU	IRY AT	28d. DESCRIBE HOW IN				
à	1 Natural 5 Pending 2 Accident Investigation	111 95		100	p M	1 🔲 Y	ES 2 NO	Cat acc	ider	1 1		
	3 Suicide 6 Could not be	26e. PLACE OF building, at	INJURY — At hor c. (Specify)	ne, term, s	street, factory			261. LOCATION (Street a City or Town State)	nd Numbe	r or Rural Ro	ute Number,	
COMPLETED	4 Homicide determined	Ma	12+1	35	24	tp1	1)	MUF	13))		
ן ב	29a. CERTIFIER t CERTIFYING PHYS	CIAN: To the beat of m	y knowledga, dea	th occurre	ed at the time	, data	and place, and dua	to the cause(s) and man	ner as ste	ted.		
<u> </u>								time, data and place, en			and manner ea stated.	
- 11	29b. SIGNATURE AND TITLE, OF CERTIFIE			_		-	29c. LICENSE NUN					
8	10 mars I Wes	ne					DI OI	231	ZYG. DAT	n 1 a	Month, Day, Year)	
임	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE	OF DEATH (ITEM	27) /Time	Print)		1- 4 -1	0 7.		-10	13	
	20 Main Pt	1.0000	671)n <	M		nt	02					
	31. DATE FILEO (Month, Day, Year)		S SPIATURE	Lali	9 0	. 0						
	JAN 1 3 1995	Janara Sanara	(Martial)]	
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DIVISION OF VITAL RECORDS, P.O. BOX 88/60,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within pours after death. P.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examina
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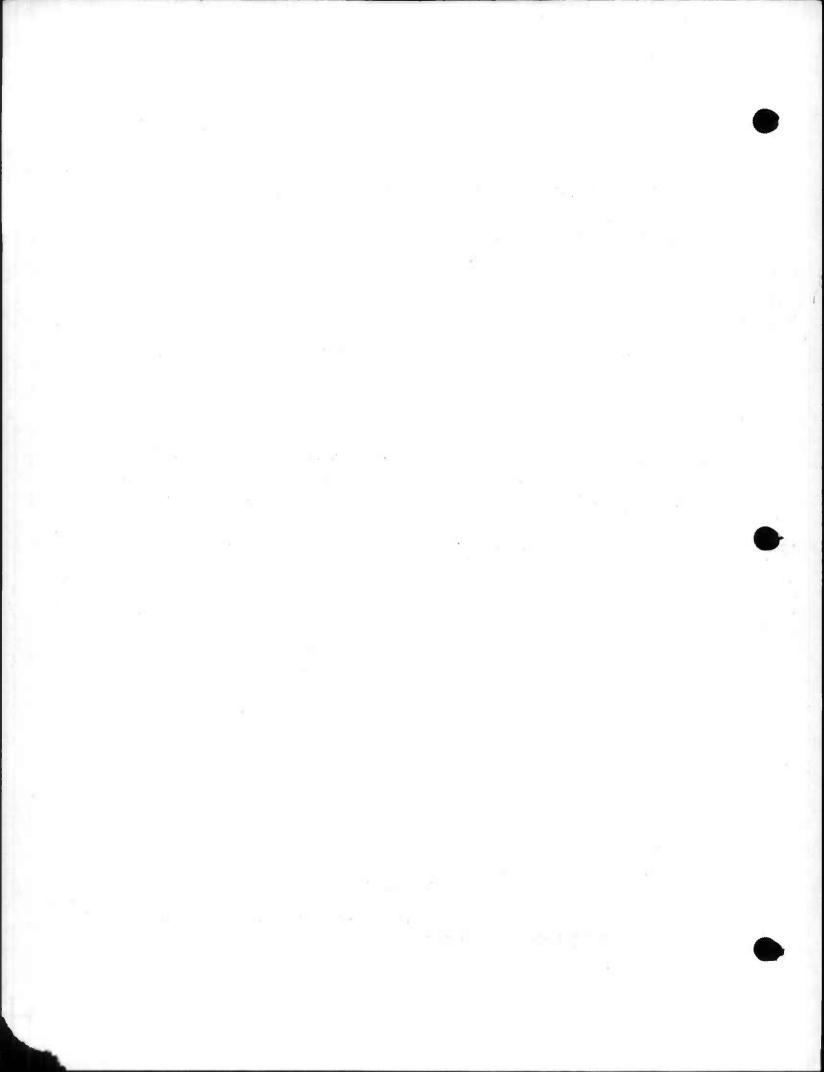
M.D

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR JANUARY 9 1995 9:20 PM RUMPH WARREN ROSENA 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday 5. SEX 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 82 1 M 2 X F 251-36-1647 Oct. 27. 1912 South Carolina 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Fallston General Hospital Fallston Harford RESIDENCE OF DECEDENT 10a. STATE South 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Carolina Bambera Bambera 1 TES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Binnicker Bridge Road 29003 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 U YES 2 M NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married Specify: Black BY 3 Widowed 4 Divorced 6 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high H Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Chef Restaurant 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Jim Rumph, Sr. Eliza Walker 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 804 Fisherman Lane, Edgewood, Maryland 21040 Eartha Johnson 20a, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE cemetery, cremetory or other place.
Sims Cemetery 4 Donation 5 Other (Special Signature of Funeral Se 1/15/95 Bamberg, South Carolina 22. NAME AND ADDRESS OF FACILITY Howard K. McComas III Funeral Home, P.A. Haury 1317 Cokesbury Road, Abingdon, Md. 23. FIRST I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Intarval Batween IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in death) Arteriosclerotic Cardiovascular Disease 50 years DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO MEDICAL COMPLETION OF CAUSE 1 - YES 2 1 NO OF DEATH? 1 TYES 2 X NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 5 YES 2 | NO 1 Inpetient 2 ER/Outpetient 3 IDOA ng Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural м 1 YES 2 NO N/A BY Accident 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(s) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Deputy Medical Examiner A Calferno DEME Harford County Jan. 9. 1995 2 30. NAME AND ADDRESS OF PERSON AND COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

2013 Trappe Church Road, Darlington,

21034

Maryland



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TO BE COMPLETED BY FUNERAL DIRECTOR

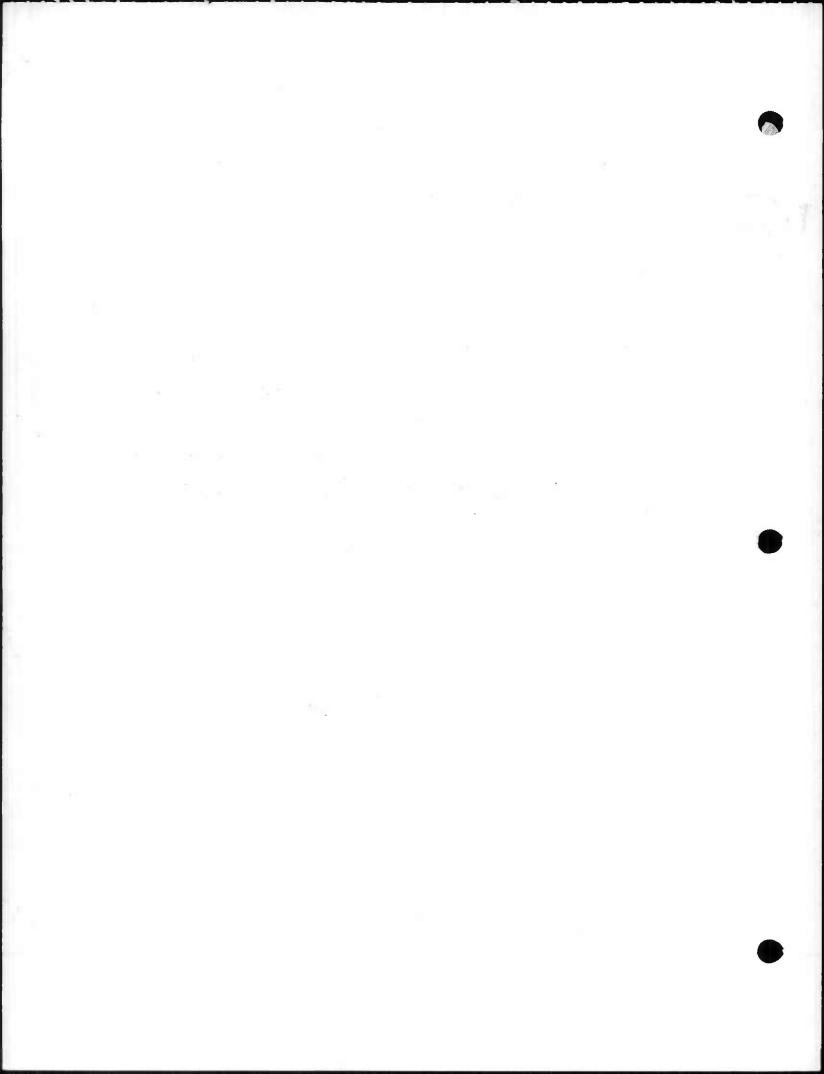
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			C	CHILL	CATE O	F DEA	IH		REG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)								OF DEATH			3. TIME OF DEATH
FRANCES	ELIZA	BETH	W	ERNEF	}			Jan		, 19	95	3:40 A. M
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER 1 YEA		T	7. DATE	OF BIRTH			HPLACE (State or Foreign
215-14-6455		1 🗌 M 2 🙀 F	75	YRS.	MONTHS DAY	HOURS	MIN.	Jul	21, 19	19		MD
9s. FACILITY NAME (If not in	stitution, give s	reet and number)			9b. CITY, TOW	N OR LOCATI	ON OF O	EATH		9c. COU	NTY OF D	EATH
Memorial Hos	pital	& Medica	al_Cente	r	Cumbe	rland				A.	llega	any
RESIDENCE OF DEC	10b. COUNT			_	, TOWN OR LO							
MD	Alle											10d, INSIDE CITY LIMITS?
10e. STREET AND NUMBER	ALLE	Jany		CTE	saptow	101. ZIP COD				40- 0/7	2511 05 1	YES 2 NO
12812 Darro	ws La	ne				21502	_			USA		WHAT COUNTRY?
11, MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S. AI	RMED					N? (Specify Yes	or No-	14. RACE	E American Indian,
1 Never Merried 2 Never Merried 3 Never Merried 2 Never Merried 3 Never Merrid 3 Never Merried 3 Never Merried 3 Never Merried 3 Never Merried		IF YES, GIVE W	YES 27	NO		specify Cubs 'ES 2 X NO			Rican, atc.)		Speci	k, Whits, sic. Hy: vhite
15. DECI	EDENT'S EDU	CATION			USUAL OCCUPA			168	. KIND OF BUS	INESS/INC		
Elementary/Secondary (0		College (1-4 or 5	116	Do NOT us	e retired.)	most of worki	ng					
12			Re	etire	i				Textil	Le		
17. FATHER'S NAME (First, Mi	iddle, Last)					18. MOT	HER'S NA	ME (First,	Middle, Maiden	Sumame)		
William	Thœri	q		_		H	arri	et A	. (Jen	kins))	
19a. INFORMANT'S NAME (7)	111111111111111111111111111111111111111								ber, City or Town	,,		
Mary Sarves							; Cr		town,		2150	
12 Burial 2 ☐ Crematio	n 3 🗆 Reme	oval from State	cemetery, cri	ematory or ot	proisposition ther plece) Paul Ce		7.7	01/	11 Cum	ation – ber 1		
21, SIGNATURE OF FUNERAL	L SERVICE LA	ENSEE /	10010	11	22. NAME	AND ADDRE	SS OF FA	CILITY				
Game	0+	e/con	DU	1:	Scar	pelli erlan	Fun d, M	eral D 2	Home 1502			
23. PART I. Enter the di	seasea, or o	omplications tha	t/caused the de	eath. Do n	ot enter the i	mode of dy	ing, auc	h aa car	dlac or respin	retory an	reat,	Approximate
IMMEDIATE CAUSE (Fin			ase on each line	Θ.								Interval Between
				/								Onset and Death
disease or condition resulting in death)	→		mi	laram	~~~							Onset and Death
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within . Fours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNESTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit many and the statement of the stateme	the properties of the control of the
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WILLIAM R.

LINTHICUM,

MD

30. REGISTRAR'S SIGNATURE

1 KINGS DRIVE

TANEYTOWN, MARYLAND

1. DECEDENT'S NAME (First, Middle, Last) RUTH VICTORIA	WOI	FE				-		OF DEATH DARY	9	1995	3. TIME OF DEATH 12:00p
4. SOCIAL SECURITY NUMBER 220-16-2074	5. SEX 1 M 2 X F	6. AGE (In yrs. le 88	st birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		R 24 HRS. MIN.	7. DATE (Month NOV.	OF BIRTH J. Day, Year) 22, 1	.906	8. SIRTH Countr MARY	IPLACE (State or Foreign
9a. FACILITY NAME (If not institution, give str 1312 BRUCEVIILE RO				9ь. СІТУ, ТОМ КЕУМА		ION OF D			9c. COI	RROL	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOC	ATION						10d, INSIDE CITY
MARYLAND CARRO	0] <u>'</u> L		KE	YMAR							1 TES 2 NO
10e. STREET AND NUMBER					10f. ZIP COD	-			10g. CF		WHAT COUNTRY?
1312 BRUCEVILLE RO						217					SA
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. A I YES 2 X MAR OR DATES	RMED NO	If yes,	ecendent of specify Cubo	en, Mexico	en, Puerto I	i? (Specify Yea	n or No—	Speci	E — American Indian, k, White, etc. Illy: CASIAN
15. DECEDENT'S EDUC	ATION	16a. D	ECEDENT'S	USUAL OCCUPA	TION		16b.	KIND OF BU	SINESS/IN	_	Chothi
Elementary/Secondary (0-12) 9 YEARS	College (1-4 or 5	+)	e. Do NOT U		most of work	Ing	D	OMESTI	C		
17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NA	AME (First, I	Middle, Malden	Surname)		
JOHN	AJRIN	G			MA	RY	J.	ANE	EY	LER	
190. INFORMANT'B NAME (Type/Print) GROVER WOLFE				BRUCEVI				ber, City or Tow YMAR,			21757
20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of complany, crematory of other place) 20c. LOCATION — City or Town, State											
4 Donation 5 Other (Specify)											
	ENGEE A	_ KEYS	VILLE				1/2				YLAND
21. SIGNATURE OF FUNERAL SERVICE LICE	in Ja	dy		22. NAME SKI	LES F	UNEF	RAL H	136 EA OME T	ST E	BALT'II TOWN	YLAND MORE STREET , MD 21787
21. SIGNATURE OF FUNERAL SERVICE LICE LOVE 23. PART I. Enter the diseases, or co	omplications the	oly at laused the d	eath. Do	22. NAME SKI	LES F	UNEF	RAL H	136 EA OME T	ST E	BALT'II TOWN	MORE STREET , MD 21787 Approximate
21. SIGNATURE OF FUNERAL SERVICE LICE 23. PART I. Enter the diseases, or canock, or heart failure. I. IMMEDIATE CAUSE (Final	ornplications the	at saused the duse on sech lin	aath. Do	22. NAME SKI not soter the r	LES F	UNEF	CAL H	136 EA	ST E	BALT'II TOWN	MORE STREET, MD 21787
21. SIGNATURE OF FUNERAL SERVICE LICE 23. PART I. Enter the diseases, or canock, or heart failure. I. IMMEDIATE CAUSE (Final	ornplications the	et deused the duse on sech lin	eath. Do	22. NAME SKI not snter the r	LES F	UNEF	CAL H	136 EA	ST E	BALT'II TOWN	MORE STREET , MD 21787 Approximats Interval Between
21. SIGNATURE OF FUNERAL SERVICE LICE 23. PART I. Enter the diseases, or canock, or heart failure. I. IMMEDIATE CAUSE (Final	ornplications the	at saused the duse on sech lin	eath. Do	22. NAME SKI not snter the r	LES F	UNEF	CAL H	136 EA	ST E	BALT'II TOWN	MORE STREET , MD 21787 Approximats interval Betwee Onset and Deat
21. SIGNATURE OF FUNERAL SERVICE LICE 22. PART I. Enter the diseases, or conshock, or heart failure. It IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	ornplications the	et deused the duse on sech lin	eath. Do	22. NAME SKI not sntar the r CERE	LES F	UNEF	CAL H	136 EA	ST E	BALT'II TOWN	MORE STREET , MD 21787 Approximats interval Betwee Onset and Deat
21. SIGNATURE OF FUNERAL SERVICE LICE 23. PART I. Enter the diseases, or canock, or heart failure. It immediates or condition resulting in death) Sequentially list conditions,	ornpications the lat only one can a ARTER DUE TO	et saused the duse on sech lin	eath. Do e. DTIC EOUENCE C	22. NAME SKI not antar than CERE 6	LES F	UNEF	CAL H	136 EA	ST E	BALT'II TOWN	MORE STREET , MD 21787 Approximats interval Betwee Onset and Deat
21. SIGNATURE OF FUNERAL SERVICE LICE 23. PART I. Enter the diseases, or canock, or heart failure. It immediates or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	ornpications the lat only one can be seen a ARTER DUE TO DUE TO DUE TO	of Called the duse on each line OSCIERO OF AS A CONSI	eeth. Do OTIC EOUENCE C EOUENCE C	22. NAME SKI not snter the r CERES	AND ADDRE	UNEF	AR	136 EA OME T diac or resp	AST FANEY	PALITI TOWN meat,	MORE STREET, MD 21787 Approximate Interval Betwee Onset and Deat YEARS
21. SIGNATURE OF FUNERAL SERVICE LICE 23. PART I. Enter the diseases, or conshock, or heart failure. It immediates or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	ornpications the lat only one can be seen a ARTER DUE TO DUE TO DUE TO	of Called the duse on each line OSCIERO OF AS A CONSI	eeth. Do OTIC EOUENCE C EOUENCE C	22. NAME SKI not snter the r CERES	AND ADDRE	UNEF	AR	136 EAOME THE STATE OF THE STAT	ANEY Iratory a AUTOPSY RMED?	PALITI TOWN meat,	MORE STREET , MD 21787 Approximats interval Betwee Onset and Deat
21. SIGNATURE OF FUNERAL SERVICE LICE 23. PART I. Enter the diseases, or canock, or heart failure. It immediates or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	ornpications the lat only one can be seen a ARTER DUE TO DUE TO DUE TO	of Called the duse on each line OSCIERO OF AS A CONSI	eeth. Do OTIC EOUENCE C EOUENCE C	22. NAME SKI not snter the r CERES	AND ADDRE	UNEF	AR	136 EAOME T	ANEY Iratory a AUTOPSY RMED?	PALITI TOWN meat,	MORE STREE' , MD 21787 Approximats Interval Betwee Onset and Deal YEARS b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
21. SIGNATURE OF FUNERAL SERVICE LICE 23. PART I. Enter the diseases, or canock, or heart failure. It immediates or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	ornpications the lat only one can be seen a ARTER DUE TO DUE TO DUE TO	of Called the duse on each line OSCIERO OF AS A CONSI	eeth. Do OTIC EOUENCE C EOUENCE C	22. NAME SKI not snter the r CERES	AND ADDRE	UNEF	AR	136 EAOME THE STATE OF THE STAT	ANEY Iratory a AUTOPSY RMED?	PALITI TOWN meat,	MORE STREE', MD 21787 Approximate interval Betwee Onset and Deat YEARS WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION DE CAUSE
23. PART I. Enter the diseases, or canock, or heart failure. It is in the disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	omplications the list only one can a ARTER DUE TO DUE DUE TO DUE TO DUE DUE DUE DUE TO DUE TO DUE DUE DUE DUE DUE DUE DUE DUE DUE DUE	of Called the duse on each line OSCIERO OF AS A CONSI	eeth. Do OTIC EOUENCE C EOUENCE C	22. NAME SKI not snter the r CERE (6) P): PF):	AND ADDRE	SS OF F	AR R	136 EAOME Tollar or respondence of the control of t	ANEY Iratory a AUTOPSY RMED?	PALITI TOWN meat,	MORE STREET, Approximats Interval Betwee Onset and Deat YEARS WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Enter the diseases, or coshock, or heart failure. It is the diseases or coshock, or heart failure. It is the disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inlitated events resulting in death) LAST PART II. Other significant conditions	omplications the list only one can a ARTER DUE TO D	of Called the duse on each line OSCIERO OF AS A CONSI	EOUENCE C	22. NAME SKI not snter the r CERE (6) P): PF):	AND ADDRE	given in	AR R	136 EA OME T Slac or resp J/SEA 24a. WAS AM PERFO 1 □ YES	ANEY Iratory a AUTOPSY RMED?	PALITI TOWN meat,	MORE STREET, Approximats Interval Betwee Onset and Deat YEARS WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Enter the diseases, or coshock, or heart failure. It is the disease or coshock, or heart failure. It is the disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending	omplications the let only one can a ARTER DUE TO DU	of educed the duse on sech line O C C E C O (OR AS A CONSI O (OR AS A CONSI O (OR AS A CONSI O death but not	BOUENCE C	22. NAME SKI not sntar the r CERE 6 FF: In the underly 28. OTHER: 4 □ Nursing H ME OFF 28c.	AND ADDRE	given in	AR Part I.	136 EA OME T Slac or resp J/SEA 24a. WAS AM PERFO 1 □ YES	ANEY Iratory a AUTOPS RMED?	PALTI TOWN rrest,	MORE STREET, Approximats Interval Betwee Onset and Deat YEARS WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Enter the diseases, or conshock, or heart failure. It is important to the condition of the condi	omplications the list only one can be seen to be seen t	DOCAS A CONSI	EQUENCE C	22. NAME SKI not snter the r CERE 6 OF): In the underly 26. OTHER: 4 □ Nursing H MURY M 1 [AND ADDRES F mode of dy ALVAS ing cause PLACE OF I mode 5 F mode 7 F mod	given in	AR R	24a, WAS AMPERFO	AUTOPSY RMED?	TOWN rreat,	MORE STREE' , MD 21787 Approximats Interval Betwee Onset and Deal YEARS b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

21787

BALTIMORE, MARYLAND 21215-	A nours after death. Page 6 may be retained by the hospital or attending	filled in by the funeral director, page 5 should be detached for use as II no removal.	se medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained by the hospital or attends	TO THE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as a befiled within 72 hours after death with the State Dept, of Health and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND / DEPA CERTII				MENTAL HYGIE			
9	1. DECEDENT'S NAME (First, Middle, Last)	WALLA					2. DATE OF DEATH	DAY 190	3. TIME OF DEATH 7. 20 An	V
	4. SOCIAL SECURITY NUMBER 244-36-657 9a. FACILITY NAME (If not institution, give	5. SEX	6. AGE (In yrs. last birthday) 70 YRS.	MONTHS	DAYS HOU	allit Seemen	7. DATE OF BIRTH (Month, Day, Year)	994	BERTHPLACE (State or Foreign Country) West Virgini	a
TOR	GROSVENOR HEAD RESIDENCE OF DECEDENT		RE CENTER			CATION OF DI		100	TGOMERY	
. DIRECTOR		v lont	-	TY, TOWN OR	2-10000	2			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	572/ GROS		LANE IT EVER IN U.S. ARMED	Lastra		200		4	ES COUNTRY?	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2 NO	If y	res, specify (NIC ORIGIN? (Specify ' in, Puerto Rican, etc.) y:	fea or No-	14. RACE — American Indian, Black, White, atc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)		He. Do NOT	work done du	ring most of w		16b. KINO OF E		STRY ATTOD	
ш	17. FATHER'S NAME (First, Middle, Last) AMSTEA	D 6	ALLACE	, , , ,			ME (First, Middle, Meidle)		A TO N	-
TO B	19a, INFORMANT'S NAME (Type/Print) MARGARET	CON	19b. MAILIN	ADDRESS (Street and Nu	mber or Rural I	NE DC	own, State, Zip (2000)	
	20e. METHOO OF DISPOSITION 1		20b. PLACE AND DATE cemetery, crematory or METR OF 0	other place)	REMATI	-	5/95 AC	EXAND.	Ry or Town, State	
Z	· Quana	Smil	W			orless or ma Jo	#N 77	NE	5 CO. TNO	-
	23. PART I. Enter the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Lat only one cau	(OR AS A CONSEQUENCE C					piratory arre	Approximata Interval Betwee Onset and Da	att
NO	Sequentielly list conditions,	A/2	OR AS A CONSEQUENCE OF	Dis	easo	0			1993	>
CERTIFICATION	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	. A	OR AS A CONSEQUENCE O						199	3
L CER		d. /-	death but not resulting	In the unde	eriving cau	se given in	Part I. 24a. WAS A	IN ALITOPSY	24b, WERE AUTOPSY FINDIN	
PHYSICIAN: MEDICA	PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 □ YES 2 NO								AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
YSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO		□ ER/Outpatient 3 □ DOA	OTHER:		F OEATH (Che	eck only one) 6 Other (Specify)			
B	27. NANNER OF CEATH 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28e. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED								
COMPLETED	4 Homicide datarmined		etc. (Specify)			ace, and due	City or Town, Stat	(a)		
E COMI		R: On the basis of a			ion, death o		tima, date and place,	end due to the	cause(s) and manner as stated. S(GNEO (Month, Day, Year)	J.
TO BE	DBP JUL III	NI .	RE OF ACATH JITEM 27 James	Delect	D	. [۲]		> (3 (95	

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

6 B. P. + F. C K III M 9 2 2 1 COLEVILLE

JAN 1 0 1995

32. REGISTRAR'S SIGNATURE
Julia Davidson Ravid

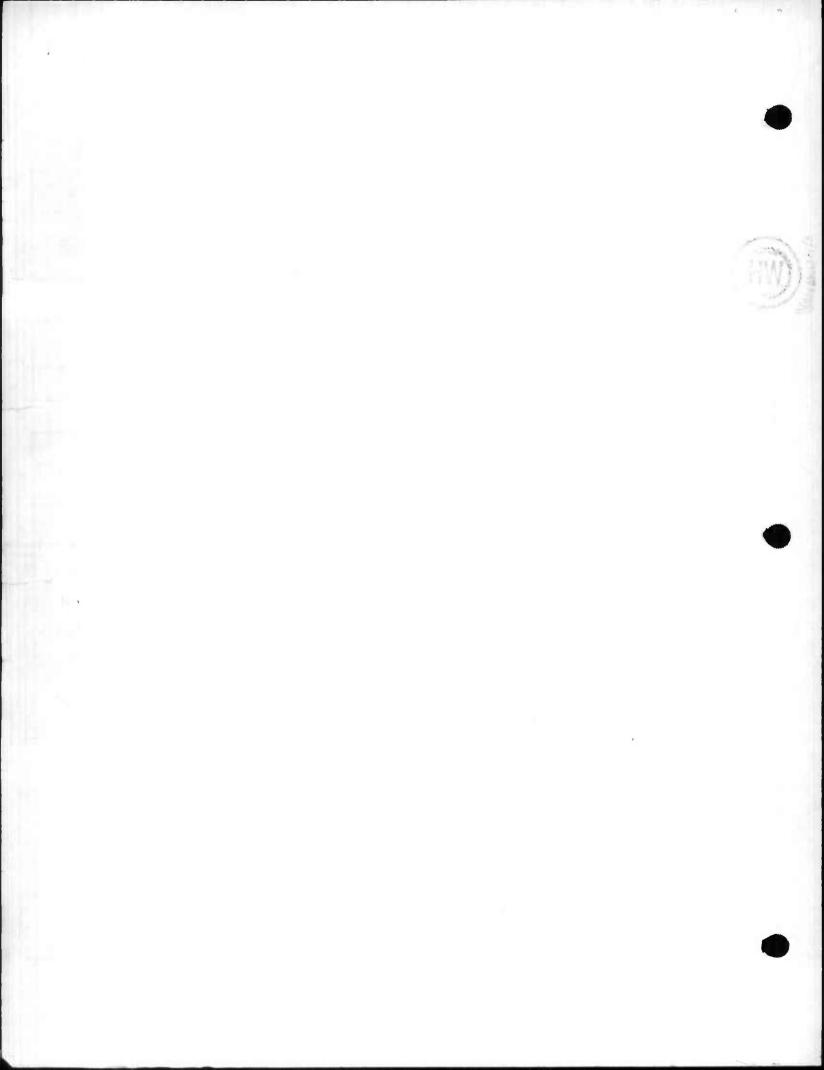
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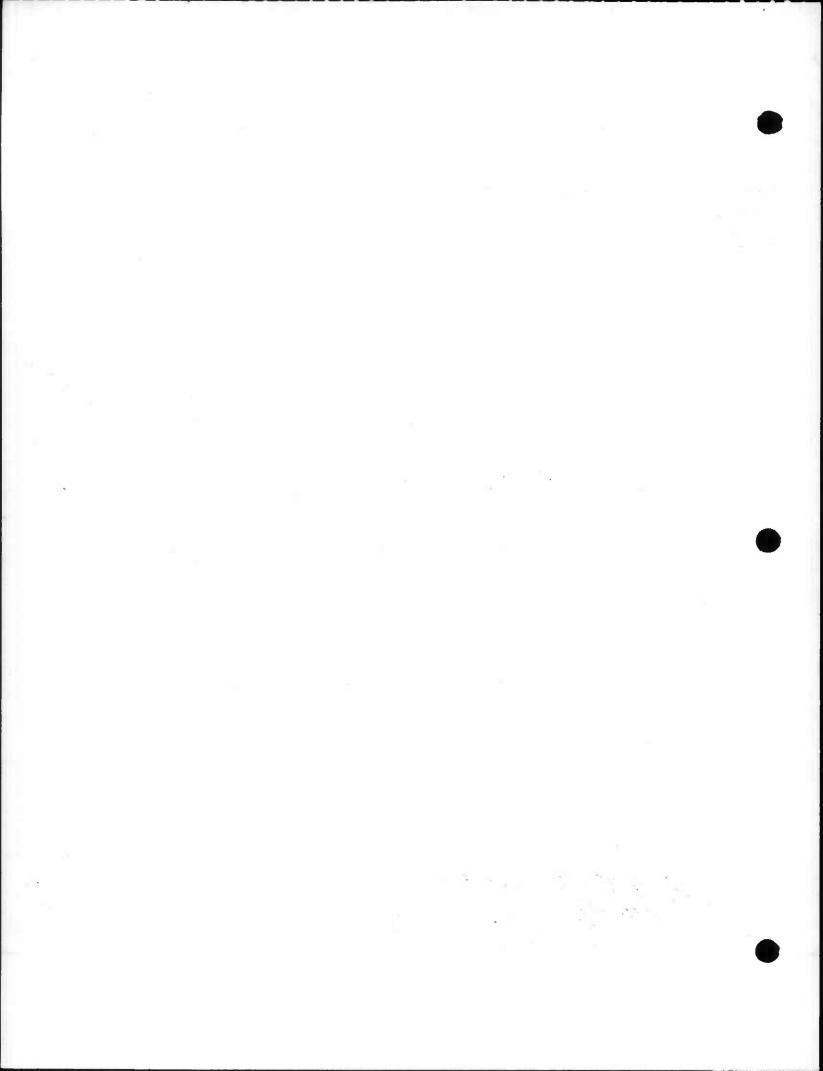
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	te D	18 is marked, or item 23 shown
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5	hou	item 28 is marked, or item 23 shows any injury, or other traumati
4	27	##
5	vithir	F
	led v	R
O CHE LONG THE CHILD CHILD CONTROL OF THE CONTROL OF	be filed within 72 hours after death with the State Dept. of He	IMPORTAN

31. DATE FILED (Month, Day,

											_	15	02752
	1 - FOR STATE REGISTRAR	STATE OF N	IARYLAND /	DEPAR ERTIF						HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Leet)		11/2	dei					2. DATE OF	DEATH DA	NY ,	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		_	R 1 YEAR	IF UNDER	24 MDC	7. DATE OF		6,1	995	PLACE (State or Foreign
	241-28-1710	1 📉 M 2 🗆 F	71	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, D.		23	NOR I	H CAROLINA
	9a. FACILITY NAME (If not institution, give stre						OR LOCATI	ON OF OR		,	9c. COU	INTY OF DE	EATH
TOR	MALCOLM GROW MEDI	CAL CENT	ER		С	LINT	ON				PRI	NCE C	GEORGES
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY	E GEORGE	S		.,	OR LOCAT							10d. INSIDE CITY LIMITS? 1 YES 2 NO
AP	10e. STREET AND NUMBER			011.			. ZIP COO	E			10g. CIT		HAT COUNTRY?
ER	8612 WILLOW AVENU	E					207	72			UNI	TED S	STATES
BY FUN	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDEN' FORCES? 1 IF YES, GIVE W	YES 2 TA	MED 10	13.	If yes, spe		n, Maxica	NIC ORIGIN? (5 in, Puerto Rice y:		or No—	Specif	
ED	15. DECEDENT'S EDUCA	TION	16a. DE	CEDENT'S	USUAL C	OCCUPATIO	ON		16b. KII	ND OF BUS	SINESS/INC	BLAC	CK
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +	,	he kind of a Do NOT us				ng					
COMPLET	8		FO	REMA	N BI	NDER	_					.O.D.	
	17. FATHER'S NAME (First, Middle, Last)	WALDEN							ME (First, Midd MAE (-		
BE (19a. INFORMANT'S NAME (Type/Print)	WILDELN	198	. MAILING	ADDRES	S (Street a			Aoute Number,			p Codel	
5	GEORGE R. WALDEN,	JR. (SC							ISON,				
	20g, METHOD OF DISPOSITION 1 💢 Burlel 2 🗆 Cremation 3 🗆 Reniov 4 🗆 Donetion 5 🗀 Other (Specify)	ral from State	20b. PLACE A Cometery Cre MD ST			1	me of METE	RY	1/13			City or Tov	wn, State MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		M85		ALEX		RS.	POPE				S E,MD 20747
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory erreat, Approximate interval Between										Interval Between Onset and Death		
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSEC	OUENCE OF	F):								
ERTIFICATION	CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO	OR AS A CONSEC	DUENCE OF	F):								
PHYSICIAN: MEDICAL C										WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
N N	DID TOBACCO USE CONTRI	BUTE TO CA	USE OF DEA	TH YE	s 🗆	NO 🗆	UNC	ERTAIN	V P				1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLAC	E OF DEAT									
IXSI	1 VES 2 NO	Inpetient 2			_	raing Home	_	sidence	8 Other (S				
ву рн	27. MANNER OF DEATH 1 Partial 5 Pending 2 Accident Investigation	26a. DATE OF (Month, Da		26b. TIM INJ	E OF URY M		URY AT RK? 'ES 2	NO	26d. DEŞCRI	BE HOW IP	NJURY OC	CURED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE Of building,	INJURY — At house. (Specify)	me, farm, s	rreet, fac	tory, office			281. LOCATIO	ON (Street a own, State)	nd Number	r or Rural Ro	outs Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI.												end menner as stated.
	296. BUTHATURE AND TITLE OF CERTIFIER							NSE NUM		Т			(Month, Day, Year)
29d. Date Signed (Mon D21230 MMLGy 7								7,1995					



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICHE

1 - STATE REGISTRAR	SIAIL OF MANE	CERTIFI	CATE OF			REG. NO.	5		
1. DECEDENT'S NAME (First, Middle, Last,					2	DATE OF DEATH	20	3.	TIME OF DEATH
ANNIE M.	WARREN					01-07-	95	YEAR 6	:15 A. M
4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 H	RS. 7.	. DATE OF BIRTH (Month, Day, Year)		6. BIRTHPLA Country)	ACE (State or Foreign
578-52-8548	1 🗆 M 2 🖰 F	56 YRS.	WORTHS DATS	HOURS	" . 0	5-12-38			D.C.
9a. FACILITY NAME (If not institution, give				OR LOCATION C			9c. COL	INTY OF OEAT	н
372 Sansbury	Road		Fı	iends	hip		Anı	ne Arı	undel
10e. STATE 10b. COUN	TY	10c, CITY	, TOWN OR LOCA	TION				104	d. INSIDE CITY
Maryland Anne	e Arundel		Friend	lship				11	LIMITS?
10e. STREET AND NUMBER			. 1	of. ZIP COOE			10g. CIT	IZEN OF WHA	T COUNTRY?
372 Sansbury	Road			207	58		Uı	nited	States
11. MARITAL STATUS 1 Never Married 2 X Married	12. WAS DECEDENT EVER FORCES? 1 YE					ORIGIN? (Specify Year Puerto Rican, etc.)	or No —	14. RACE — Black, W	American Indian,
3 Wildowed 4 Divorced	IF YES, GIVE WAR OR			S 2 NO S		sorto mean, etc.)			lack
15. OECEDENT'S ED	UCATION	16a. OECEDENT'S	USUAL OCCUPAT	ION		16b. KIND OF BUS	IMEGG/IM		Idex
(Specify only highest grad	(e completed) College (1-4 or 5+)		ork done during m			Too. KIND OF BOS	114E99/114	OUSTRI	
,	2	Adm. A	ssista	int		Gove	rnme	ent	
17. FATHER'S NAME (First, Middle, Last)					S NAME	(First, Middle, Malden	Sumame)		
Clarence Se	<u>ettles</u>			Ar	tie	Willia	ms		
19a. INFORMANT'S NAME (Type/Print)						te Number, City or Town			
Cline J. Warre		372 S	ansbur	ry Rd.	, F	riendsh	ip,	Md.	20758
METHOD OF DISPOSITION Cremation 3 - Res	noval from State	b. PLACE AND DATEO	F DISPOSITION (A	leme of Vet		OATE 20c. LOC	CATION —	City or Town,	State
4 Dopation Other (Specify)	cutted o	Ob. PLACE AND DATEO ometery, crematory or oth Ceme. Ch	elteni	am	1/	12/95 C	hel	tenhar	n, Md.
1. 101 -1	11	+-11	MANUEL PROPERTY	NO ADDRESS O	T FRUIL	ERAL HO			
HAN!	Muluar	111	400	l Ben	nin	g Rđ. N	.E.	, Wasi	h. D.C.
23. PART X. Enter the diseases, or shock, or haert fellyre	complications that cause in List only one cause on	ed the death. Do no eech lina.	ot entar the m	ode of dying,	such a	s cardiec or raspli	ratory sr	rest,	Approximate interval Between
IMPEDIATE CAUSE (Finel			^	1		-			Onset and Death
multing in desth)	a. Ow grave	sure 1	('un ce	101	le	(Breas			18-months
/		A CONSEQUENCE OF):	- /					
Sequentially list conditions,	DUE TO (OR AS	A CONSEQUENCE OF):						
If sny, leeding to immediate cause. Enter UNDERLYING			,-						
CAUSE (Disease or injury that initieted events	DUE TO (OR AS	A CONSEQUENCE OF):						
resulting in desth) LAST	tl								
PART II. Other significant condition	ns contributing to deeth	but not resulting in	n the underiving	ng ceuse giver	n In Par	rt I. 24a, WAS AN	MITTOPSY	24h WE	RE AUTOPSY FINDINGS
				, , , , , , , , , , , , , , , , , , , ,		PERFOR	MED?	AWA	ILABLE PRIOR TO MPLETION OF CAUSE
						1 TYES 2	_J-NO		DEATH?
DID TOBACCO USE CONT	TRIBUTE TO CAUSE	OF DEATH YE	S II NO I	UNCERT	ΓΔΙΝ	<u>- </u>		''	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATI			IZAII V				
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Ou	tpatient 3 DOA	OTHER:	ne 5 13-ffeelder	nca 8	Other (Specify)	Lan	no	
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year,	28b. TIME	OF 28c. IN	JURY AT ORK?	_	d. DESCRIBE HOW IN	JURY OC	CURED	
1 Netural 5 Pending 2 Accident Investigation				YES 2 NO	, [-	
3 Suicide 6 Could not be	28s. PLACE OF INJUI building, etc. (Sp	tY — At home, farm, st ecify)	treet, factory, offi	Ca	26	II. LOCATION (Street a. City or Town, State)	nd Numbe	or Rural Route	Number,
4 Homicide determined							-		
	SICIAN: To the best of my kno								
one) 2 MEDICAL EXAMIN	ER: On the beals of examinat	on and/or investigation	n, in my opinion,	death occured at	t the tim	e, data and place, and	dus to t	ha csuse(a) and	d manner as stated,
296 SIGNATURE AND TITLE OF CERTIFIE	EFI OOCA	- 7	01.	29c. LICENSE	NUMBE	R	29d, OAT	E SIGNED (MO	ntil, Day, Year)
John 2	. VI	anny	MI	DIST	0/0	15183	•	19	195
30. NAME AND ADDRESS OF PERSON W		EATH (ITEM 27) (Type,	Print)		1			1	
31. DATE FILED (Month, Day, Year)	32. BEGISTRAR'S SIG	Sy, H	343	Na	34	ing ren	DC	50	010
JAN 12 199		Ger Kardall							

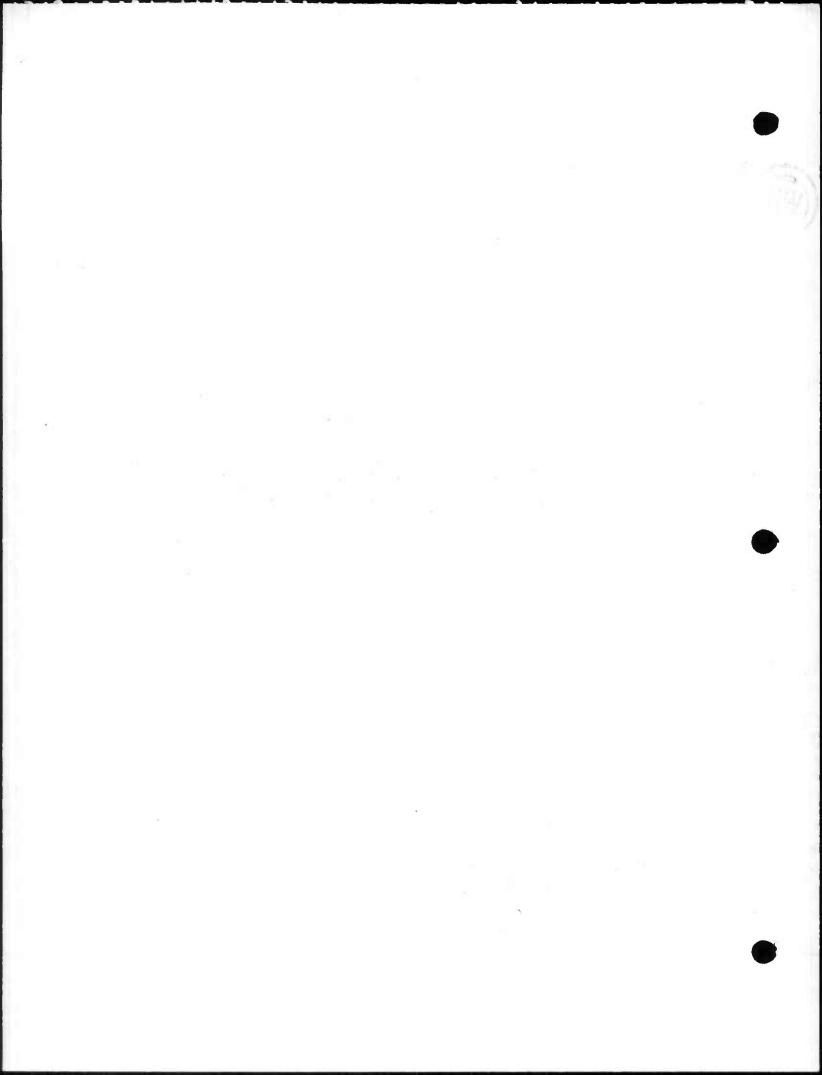
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and found after the death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. 12



BALTIMORE, MARYLAND 21215-0020

		DIVICION
İ	1	

31. DATE FILED (MODITY DAY 500)

JAN 09 1995

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Julia de production de signarune

Yablozonite

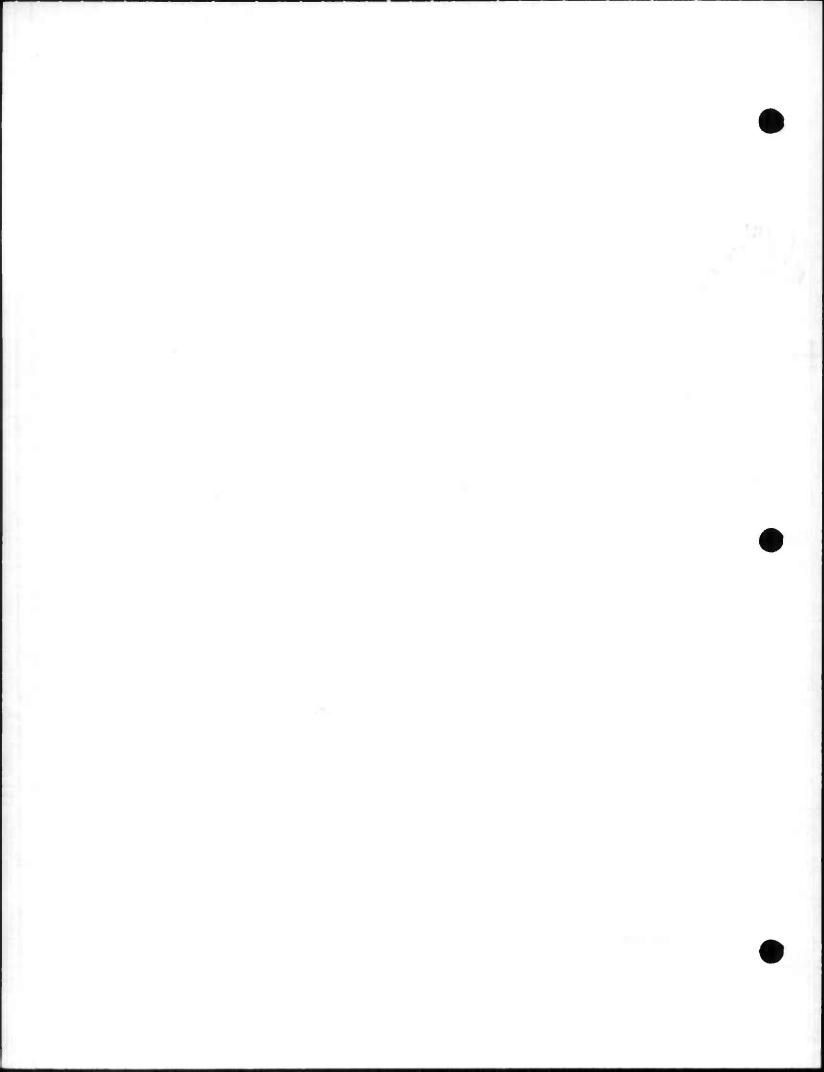
	505						5 (02104
_	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF	HEALTH AND F DEATH	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATH
	ETHEL GEORGIA	WADDELL				January 5		5:25 a M
	4. SOCIAL SECURITY NUMBER		In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIFTH	•	BIRTHPLACE (State or Foreign
	579-28-2568	The second secon	5 YRS.	MONTHS DAYS		April 7, 1		country) ndiana
	9s. FACILITY NAME (If not institution, give stre	set and number)		9b. CITY, TOW	N OR LOCATION OF E		9c. COUNTY	
DIRECTOR	3715 40th Place			Cottag	e City			e George's
1 2	10a. STATE 10b. COUNTY		10c. C(1	Y, TOWN OR LO	CATION			10d. INSIDE CITY
		George's	_ C	ottage	City			1 X YES 2 NO
FUNERAL	3715 40th Place				101. ZIP CODE 20722		U.S.	A.
BY FUR	11. MARITAL STATUS 1 Never Married 2 Married 3 🔀 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes,		UNIC ORIGIN? (Specify Yean, Puerto Rican, etc.)	or No- 14	. RACE — American Indian, Black, White, etc. Specify:
	15, DECEDENT'S EDUCA	TION	44 - December					Caucasian
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during	TION most of working	16b. KIND OF BU		TRY
3 E	9		Homemak	er		Own Hom	e	
at once.	17. FATNER'S NAME (First, Middle, Last)				18. MOTHER'S N.	AME (First, Middle, Maiden	Surname)	
111	1100271	aker	1		Elizabe		_	
5								
must be	20e. METNOD OF DISPOSITION 1 ⊠ Buriel 2 □ Cremetion 3 □ Remove	20b.	PLACE AND DATE	OFDISPOSITION	Name of	DATE 20c. LO	CATION - City	or Town, State
	4 Donation 5 Other (Specify)	Wa	ishing to	n Natio	nal Cem.	1/7/95 Sui	tland,	Maryland
examiner	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	, ,		AND ADDRESS OF F		-	W D 4
	1 Constan	Le Ha	seh			ots Sons Fu		le, MD 20781
medica	23. PART i. Enter the diseases, or co	mplications that caused	the deeth. Do	not enter the r	node of dying, su	ch as cardiac or resp	iratory smeat	Approximats
E	ahock, or heart failure. Li	ist only one cause on ea	ich line.				•	interval Between Onset and Death
E .		Concino	he an	460	Blader	~		7420-7
event,	a.	DUE TO (OR AS A						
CERTIFICATION	Sequentially list conditions, if any, isading to immediate	DUE TO (OR AS A	CONSEQUENCE O	F):				
SA E	cause. Enter UNDERLYING CAUSE (Disease or Injury							
RTIFIC	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):				
	d.							
5 .	PART ii. Other significant conditions	contributing to deeth bu	t not resulting	In the underly	ng ceuse given in	Pert i. 24s. WAS AN	ALITOPSY	24b. WERE AUTOPSY FINDINGS
red, or nem 23 snows any injury, PHYSICIAN: MEDICAL CI	Deel Now	Thronbolk	abedis			PERFOR		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME								1 YES 2 NO
2 Z	DID TOBACCO USE CONTRI	BUTE TO CAUSE O	F DEATH Y	S NO	UNCERTAL	N 🗆		
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	8. PLACE OF DEA	1	0)			
YSICI/		I - Inpatient 2 - ER/Outpu	itlent 3 🗆 DOA	OTHER: 4 Nursing No	ome 5 Residence	6 Other (Specify)		
	27. MANNER OF DEATN 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY	NJURY AT YORK? YES 2 NO	28d. DESCRIBE NOW I	NJURY OCCUR	ED
	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJURY	— At home, farm,			281. LOCATION (Street 4	and Number or I	Rural Route Number
9 =	4 Nomicide determined	building, etc. (Speci	fy)			City or Town, State)		The state of the s
PLE	29a. CERTIFIER (Check only	AN: To the best of my knowle	edge, death occurr	ed at the time, de	te and place, and du	s to the cause(a) and mar	mer as stated.	
SE COM								suse(a) and manner as stated.
ЕШ	296. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NU		29d. DATE SI	GNED (Month, Day, Year)
B	Der b. 4	MYYER	4. A PY	10 ccc	250	77	D 1/	4/90
1 7	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	THE STEP AT AT	O-inst	1			

BIVI

Forbes

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BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician	filled in by the funeral director, page 5 should be detached for use as the buria union, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physicians.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial funeration, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

												CE	02/55		
	FOR 1 . STATE	STATE OF N	MARYLAND /						MENTAL	HYGIEN	E				
	REGISTRAR		C	ERTIF	ICAT	E OF	DEAT	ГН		REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last) OLIVE EFFIE	TIETME	n						MONTH	OF DEATH		YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	WEIME					,			ary 3	, 199		7:43 AM		
		5. SEX	6. AGE (In yrs. las		IF UNDE	DAY8	IF UNDER	24 HRS.	7. DATE C	Day, Year)		8. BIRTHI Country	PLACE (State or Foreign		
	577-88-7123	1 M 2 X F	73	YRS.						11,			nsylvania		
ı œ	9a. FACILITY NAME (If not institution, give s						R LOCATIO	ON OF DE	EATH		9c. COUNTY OF DEATH				
ē	Doctor's Communit	ty Hospit	al		Laı	nham					Prin	ce G	eorge's		
13	10a. STATE 10b. COUNT	Y		10c. CIT	Y, YOWN	OR LOCAT	ION						10d. INSIDE CITY		
1/6	Maryland Prince	ce George	T _S	Not	Car	rrol1	ton				LIMITS?				
L	10e. STREET AND NUMBER	ce deorge		INCH	Ua.		ZIP CODE				10a, CITI		1 X YES 2 NO		
FUNERAL DIRECTOR	5524 Karen Elaine	Drive #	719			1 2	0784								
3	11. MARITAL STATUS	12 WAS DECEDEN	T EVER IN II S AS	RMED	13				HC ORIGIN?	(Specify Yes		J.S.A.			
	1 Never Married 2 Married	FORCES? 1	YES 2 X	NO		If yes, sp		n, Mexica	n, Puerto Ri			Black, Specifi	, White, etc.		
ВУ	3 X Widowed 4 Divorced					1 1 123	- W	opecny	,.			Specin	White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DE	CEDENT'S	USUAL (OCCUPATIO	ON of undin		16b.	KIND OF BUS	SINESS/IND	USTRY			
	Elementary/Secondary (0-12)	College (1-4 or 5 +	life	. Do NOT us	se retired.)	St OF WORKE	y							
M M	6		Hor	nemak	er				70	wn Hon	ne				
8	17. FATHER'S NAME (First, Middle, Last)							HER'S NAME (First, Middle, Meiden Surname)							
BE	William Grimes					011	ve C	Carutl	ners						
2	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town,														
-	Robert A. Weimer, Jr. 9250 Edwards Way, Adel					Ade1	phi,	Maryl	land	20784	4				
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremalion 3 Rem 4 Donation 8 Other (Specify)	icval from State	20b. PLACE	AND DATE	of DISPO	SITION (Na	me of	01	0ATE	20c. LO	CATION —	City or Tov	on, Slete aryland		
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE /	TIOIL	Lince	22	MARKE AN	ID ADDRES	OF BAC	OH DEV						
	10 A	L	1 0		Fı	canci	s Ga	sch'	s Son				e, P.A.		
Н	A Conslar	ree / Se	asch		47	739 B	alti	more	Ave.	., Hya	ttsv	ille,	, MD 20781		
	23. PART i. Enter the diseasea, or a shock, or heart fellure.	complications that	cations that caused the death. Do not enter the mode of dying, such as nly one cause on each line.						h aa cardi	ac or reapl	ratory arr	eat,	Approximate interval Between		
	MATCHATE ONLINE (Final	,											Onset and Death		
	disease or condition resulting in death)	a Ischemi	c coliti	is wi	th gangrene of bowel								10 Days		
		DUE TO	(OR AS A CONSE	DUENCE O	F):										
N	Sequentially ilat conditions,	È	20 - 11 - 1												
ERTIFICATION	If any, leading to immediata cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	QUENCE O	F):										
음	CAUSE (Disease or Injury	C. DUE TO	OR AS A CONSE	DUENCE O	El-										
Ē	that initiated events resulting in death) LAST	002.10	(011 70 7 0011021	JOENOL O),										
8		ci											1		
4	PART ii. Other eignificant condition	ns contributing to	daath but not r	reauiting	in tha u	ndarlylng	causa g	ivan in I	Part i.	24s. WAS AN			WERE AUTOPSY FINDINGS		
MEDICAL	Cerebrovascular	Disease								PERFOR			AWAILABLE PRIOR TO COMPLETION DF CAUSE		
買	Sepsis Syndrome	2							_		25		OF DEATH? 1 YES 2 NO		
	DID TOBACCO USE CONT	RIBUTE TO CA	USE OF DEA	TH YE	s 🗆	NO ₹	UNC	ERTAIN					10 157 10 115		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)														
Sic	HOSPITAL: 1 YES 2 NO 1 No Inpellent 2 ER/Outpellent 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)														
美	27. MANNER OF DEATH	28a. DATE OF (Month, De		26b. TIM		28c. INJ	JRY AT		28d. DE\$C	RIBE HOW II	NJURY OCC	URED			
ВУБ	1 Natural 5 Pending 2 Accident Investigation	(Month), De	ry, rear)	ING	M		RK? 'ES 2	NO							
	3 Suicide 6 Could not be	28e. PLACE Of	F INJURY — At ho	me, larm, s	treet, fac	tory, office	,		261. LOCA	FION (Street a	and Number	or Rural Ro	oute Number,		
TED	4 Homicide determined	ounding,	otal (opeany)						City of	Town, State)					
12	29a. CERTIFIER (Check only 1 X CERTIFYING PHYSI	ICIAN: To the best of	my knowledge, de	ath occurr	ed at the	time, date	and place.	and due t	to the caus	e(a) and man	ner se state	ed.			
COMPLET	one) 2 MEDICAL EXAMINE												and manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIE	F				I	29c. LICE								
BE	Hlory C. Cex	Jan, g	W					9550			D /		(Month, Day, Year)		
임	30. NAME AND ADDRESS OF PERSON WH			M 27) /5mg	(Print)		ָלַע	,,,,,			- 1	0	73		

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

LA DRUCTION NOVOLL

George C. Hajjar, Jr. M.D.

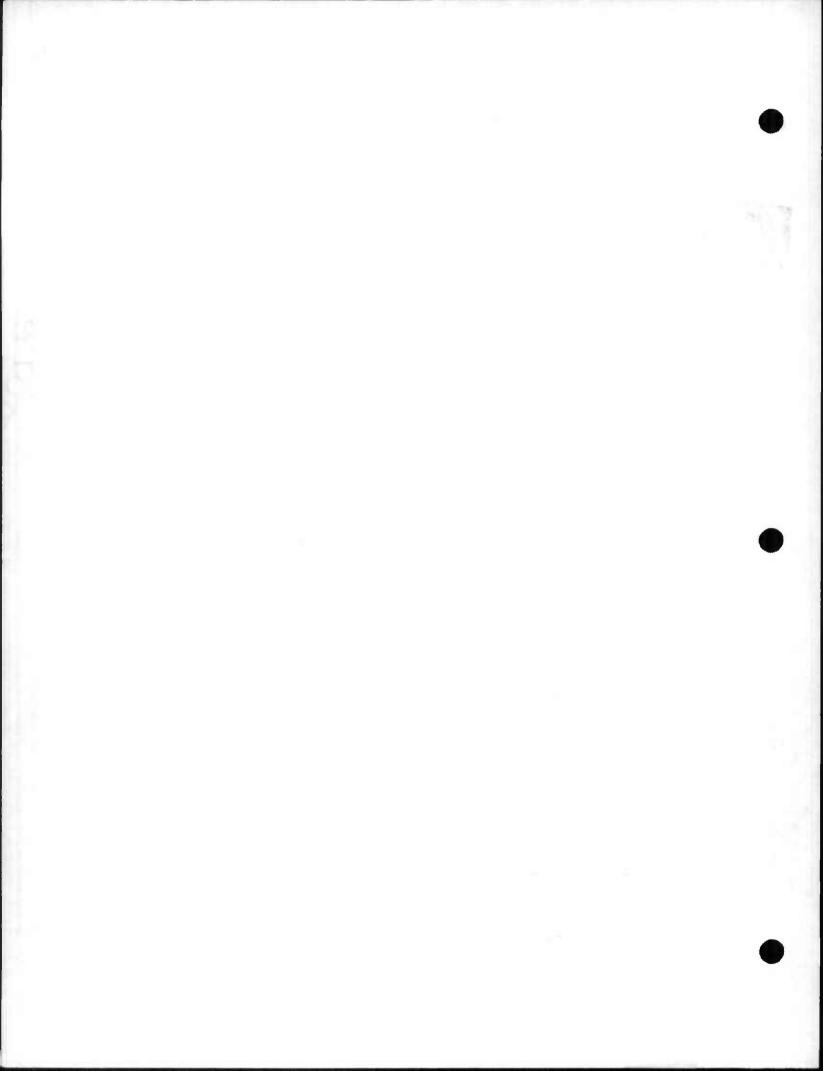
31. DATE FILEO (Month, Day, Your)

32. REGISTRAR

34. REGISTRAR

34. REGISTRAR

4850 Forbes Boulevard, Lanham, Maryland 20706



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CI	ERTIF		F DEATH	III (III	REG.	NO.			
	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM	WADE						2. DATE OF DEAT	н	YEAR	3. TIME OF OE	
	4. SOCIAL SECURITY NUMBER						-	JÄNUARY		199		
	579-14-7446	5. SEX 1 X M 2 C F	6. AGE (In yrs. les	YRS.	MONTHS DAY		_	7. DATE OF BIRTH (Month, Day, Yea Oct. 18	ir)	Cos	RTHPLACE (State or unitry) Shington	
_	9e. FACILITY NAME (If not institution, give s	street and number)			9b. CITY, TOV	VN OR LOCATION O	F DEAT			COUNTY OF		-,
DIRECTOR	Prince George's	Medical (Center		Cheve	rly			P	rince	George	s
SEC.	10e, STATE 10b, COUNT			10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CI	TY
		e George	s	Нуа	ttsvil	le					LIMITS?	□ NO
FUNERAL	10e. STREET AND NUMBER					10f. ZIP CODE			10g	. CITIZEN O	F WHAT COUNTRY	?
NE	5120 Flintridge	Drive 12. WAS DECEDEN	7.6360 10.110 40			20784				.S.A.		
BY FL	1 Never Married 2 Merried 3 X Widowed 4 Divorced	FORCES? 1	YES 2 X	IO IO	If yes	DECENDENT OF HIS , specify Cuban, Ma YES 2 X NO S	SPANIC exican, pecify:	ORIGIN? (Specifi Puerto Rican, etc	y Yee or No .)	BI	ACE — American In lack, White, etc. Decity: White	
8	15. DECEDENT'S EDU (Specify only highest grade	CATION	18e. OE	CEDENT'S	USUAL OCCUP	ATION		16b. KIND OF	BUSINES	S/INDUSTRY	1	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	' I			most of working						
MP	17. FATHER'S NAME (First, Middle, Last)		Uni	on M	ainten	ance Pai	_					
	Charles Jenkins	Wado				Anna		E (First, Middle, Ma	iden Suma	me)		
BE (19a. INFORMANT'S NAME (Type/Print)	wate	191	b. MAILING	ADDRESS (Stri	net end Number or R			Town. Sta	te. Zio Code)	_	
9	Charles J. Wade					idge Dri						20784
	20e. METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 Rem	cvel from State	20b. PLACE AND DATE OF DISPOSITION (Name of cametery, cremetory or other piace) DATE 20c. LOCATION — City or									
	4 Donation 5 Other (Specify)		Fort	Linco	oln Cen	etery 0	1/1	4/95 B	renty	wood,	Marylan	d
	Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Ave., Hyattsville, MD 20781											
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, Approximate											
	IMMEDIATE CAUSE (Final disease or condition											Between nd Death
-	reaulting in death)	DUE TO	(OR AS A CONSEC	R AS A CONSEQUENCE OF):								
Z	Sequentially list conditions,	RESPIRA	TORY FAI	LURE							6 W	EEKS
CERTIFICATION	If any, leading to immediate		OR AS A CONSEC		*	NADY DIC	- A C	-			- 1	
FIC	CAUSE (Disease or Injury that Initiated events	CHRONIC DUE TO	OR AS A CONSEC			NARY DIS	EAS	oE			5 YI	EARS
F	resulting in death) LAST	d			,						İ	
	PART II. Other algorificant condition	s contribution to	death but not a		la tha madait	dan an include	1.0					
DICAL	CLOSED HEAD INJUR	Y, LACER	ATED WOL	JND F	RIGHT E	YEBROW	i in Pa	PEF	AN AUTO		AWAILABLE PRIO COMPLETION OF	R TO
MED	CONGESTIVE HEART	FATLURE						_ 1 YE	S 2 N	°	OF DEATH?	
	DID TOBACCO USE CONT		USE OF DEA	TH YE	S 🗆 NO	☐ UNCERT	AIN	<u>- l</u>			1 NES 2	NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		-	H (Check only o							
YSI	1 X YES 2 NO	1 Inpatient 2	ER/Outpatient 3	□ DOA	OTHER: 4 Nursing I	Iome 5 🗆 Residen	nca 8	Other (Specify)				
표	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF (Month, Di	sy, Year)		URY	INJURY AT WORK?		8d. DESCRIBE HO				
B₹	2 Accident Investigation	NOV. 18	, 1994 FINJURY — At ho	6:30		YES 2 NO	<u> </u>	-ELL DOV				
COMPLETED	3 Suicide 8 Could not be datarmined	building,	etc. (Specify)		RIDGE		5	City or Town, S	eet and Nu tate) .ITDTF	IMBER OF RUIS	HYATTS	/TMPE
	29s. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of						IZO IKII	VINIL	GL KL	دا ایمالار	VILLE
M I		R: On the besis of ex									e(s) and <i>m</i> anner se	stated.
	29b. SIGNATURE AND TITLE OF CERTIFIES		1			29c. LICENSE					ED (Month, Day, Yea	
BE C		Juli		mo		D189						
5	30. NAME AND ADDRESS OF PERSON WH BAKULESH B. PATEL	M.D. 720	SE OF DEATH (ITEM 3A HANO\	1 27) (Type, /ER F	Print) KWY GR			20770		7,1-1		-
JAN 13 1995 Julia Davison hardalle												

BALTIMORE, MARYLAND 21215-0020

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. E4 hours after death. Page 6 may be retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

DHMH-16 Rev 1/89

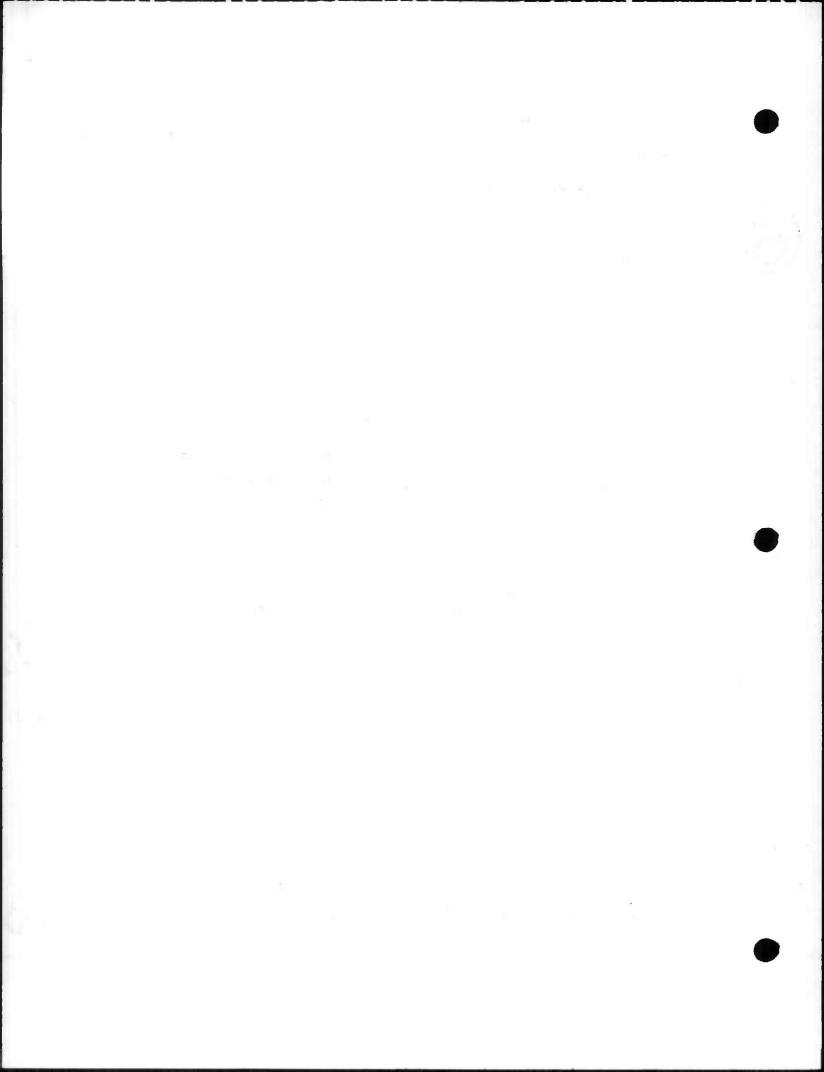
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICUS

	1 - STATE REGISTRAR	0	CI	RTIF	ICATE	OF	DEAT	H	MENIAL	REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE (OF DEATH			3. TIME OF DEATN
	Mary	Virginia		War	Н				Janua			95	
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. las		IF UNDER	1 YEAR	IF UNDER	24 MDS	7. DATE O		, 19		11:50A M HPLACE (State or Foreign
	E77 26 6177	1 □ M 2 👽 F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month,	Day, Year)		Count	77)
	577-36-6177 9s. FACILITY NAME (If not institution, give:	Δ.	72							8, 19		_	shington, DC
er			_		l .		OR LOCATIO	ON OF DE	EATH			JNTY OF D	
DIRECTOR	Doctor's Communi	ty Hospita	1		Lan	ham					Pr:	ince	George's
ទួ	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNT	· ·		10e CIT	Y, TOWN C	DR LOCAT	TION .						
<u> </u>			_										10d. INSIDE CITY LIMITS?
9 1		ce George'	S	CO1	mar								1 X YES 2 NO
≅	10e. STREET AND NUMBER						. ZIP CODE				10g. CIT	IZEN OF V	WHAT COUNTRY?
9	3413 40th Avenue					_	20722		_		U.S.	Α.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	YES 2 X	MED	13.	WAS DEC	ENDENT O	F HISPAN	IIC ORIGIN?	(Specify Yes	or No-	14. RACE	E — American Indian, k, White, stc.
B	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAI					2 X NO			icari, accij		Speci	Hy:
		1			l								White
凹	15. DECEDENT'S EOU (Specify only highest grade	CATION :: completed)	/G	CEDENT'S ive kind of	work done	CCUPATIO during mo	ON st of workin	g	16b.	KIND OF BUS	BINESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)		Do NOT us									
울	11		Hor	nemak	er				01	wn Hon	ne		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)								, ,	liddle, Maiden			
	George Joseph Sar	npson					Lou	isa	Rosi	na Joh	anna	Pf1	.uger
. I	19s. INFORMANT'S NAME (Type/Print)		191	. MAILING	ADDRESS	Street s	nd Number	or Rural F	Route Numbe	er, City or Town	n, State, Zi	ip Code)	
-	James A. Ward		15	545 I	aure	1 Ri	ldge	Driv	re, M	echani	Lcsv	ille,	MD 20659
	20e METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rem	word does not contain	20b. PLACE				me of		DATE	20c. LO	CATION -	City or To	own, Stats
	4 Donation 5 Other (Specify)	AND HOM State	Fort	metory or o Linco	10^{100}	leme	terv	01/1	13/95	Bren	ntwo	od. N	Maryland
1	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	. /		22.	NAME AN	D ADDRES	S OF FAC	CILITY				
1	► (UV, co, O.	I RO	ml										ne, P.A.
\dashv	22 PATE STATE OF THE STATE OF T	1, 130	2/ //			39 I	Balti	more	<u>Ave</u>	., Hya	tts	7ille	, MD 20781
	23. PART I. Enter the diseases, or shock, or hasrt failure.	List only one cause	on sach lina	atn. Do i	iot anter	tna mo	de or dy	ng, sucr	n aa cerdi	ec or reapi	ratory ar	reat,	Approximate interval Between
	IMMEDIATE CAUSE (Final	1		1	0		1 -	. 1					Onset and Death
	disesse or condition resulting in death)	. Carai	o ru	pu	ato	MY	40	u	ure				
		DUE TO (O	R AS A CONSEC	MENCE O	F):	/	/)						11.570.4
Z	Sequantially list conditions,	· Sep	SUS				U						11 20 MM
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	Due M (o	R AS A CONSEC	MENCE O	D								1.10.95
<u> </u>	CAUSE (Disease or injury	- one	R AS A CONSEC	V	ne	4)	NY	ua					, ,
Ē	that initiated eventa resulting in death) LAST	2 10 (0	H A CONSEC	DUENCE OF	-):	A .	0.	6.5-1	0.1.	- 5			
		d.	fore,	mi	a	50	er	,000	~~	nun	P		
	PART II. Other algnificant condition	a contributing to d	eath but not r	esuiting	in the un	dariying	csusa g	iven in	Pert i.	24a. WAS AN		24b	WERE AUTOPSY FINDINGS
S	post al	mmel	AW	eller	11				1	PERFOR			AWAILABLE PRIOR TO COMPLETION OF CAUSE
3	100			1						1 TYES 2	∐ NO		OF DEATH?
ME	DID TOBACCO USE CONT	DIPLITE TO CALL	SE OF DEA	TU VI	· -	10 E	1 11116	FDTAIN					1 YES 2 NO
Z	25. WAS CASE REFERRED TO-MEDICAL	KIBUTE TO CAU		E OF DEAT	S 1		UNC	ERTAIN	<u>ч Ц]</u>				
<u> </u>	EXAMINER?	HOSPITAL:			OTHER	₹:				-			
PHYSICIAN:	1 YES 2 NO	14 Inpetient 2 □ E			_			eldence	6 Other				
	1 Natural 5 Pending	(Month, Day,	Year)	28b. TIM INJ	URY		RK?		28d. DE\$0	CRIBE NOW IF	NJURY OC	CURED	
\$	2 Accident Investigation	1.10	95		M		ES 2	NO					
E E	3 Suicids 6 Could not be 4 Nomicide determined	28s. PLACE OF I building, st	NJURY — At hou (Specify)	me, ferm, s	rtreet, fact	ory, offici			281. LOCA City or	TION (Street a r Town, State)	nd Numbe	r or Rural F	Route Number,
				_									
7	29s. CERTIFIER (Check only 14 CERTIFYING PNYS	CIAN: To the best of m	knowledgs, ds	nth occurre	d at the ti	lme, data	and place,	and dua	to the caus	e(a) and man	ner sa ata	ted.	
COMPLE	one) 2 MEDICAL EXAMINE	R: On the basis of sxar	nination and/or i	nvestigatio	n, In my o	pinion, d	eath occur	ed at the	time, data s	and place, and	d dus to t	he csuse(s) and manner as stated.
- 14	29b. SIGNATURE AND TITLE OF CERTIFIE	B					29c. LICE	NSE NUM	BER	T	204 DAI	E SIGNED	(Month, Day, Year)
	1	Ξ.					7/11	110	77	.	DAI	1 11	. 9
2 ∥	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CALISE	OF DEATH (ITEM	1 27) (Tune	Print1		٠,١	717				. /	13
	1 H. CHADIE		37BH			Dun	Ma.	6	APIN	Lo 14	^	Nd	-20770
	ST. DATE FILED (Month. Day Vhar)	A CONTROL TOWN	0	10 (VY	L	7	_0/	10-11	DII	- /	114	- 20/10
	JAN 13 1995	Ma a a a a a a a a a a a a a a a a a a	CO CONTE				ŧ						
- 11	U	-											

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriative filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

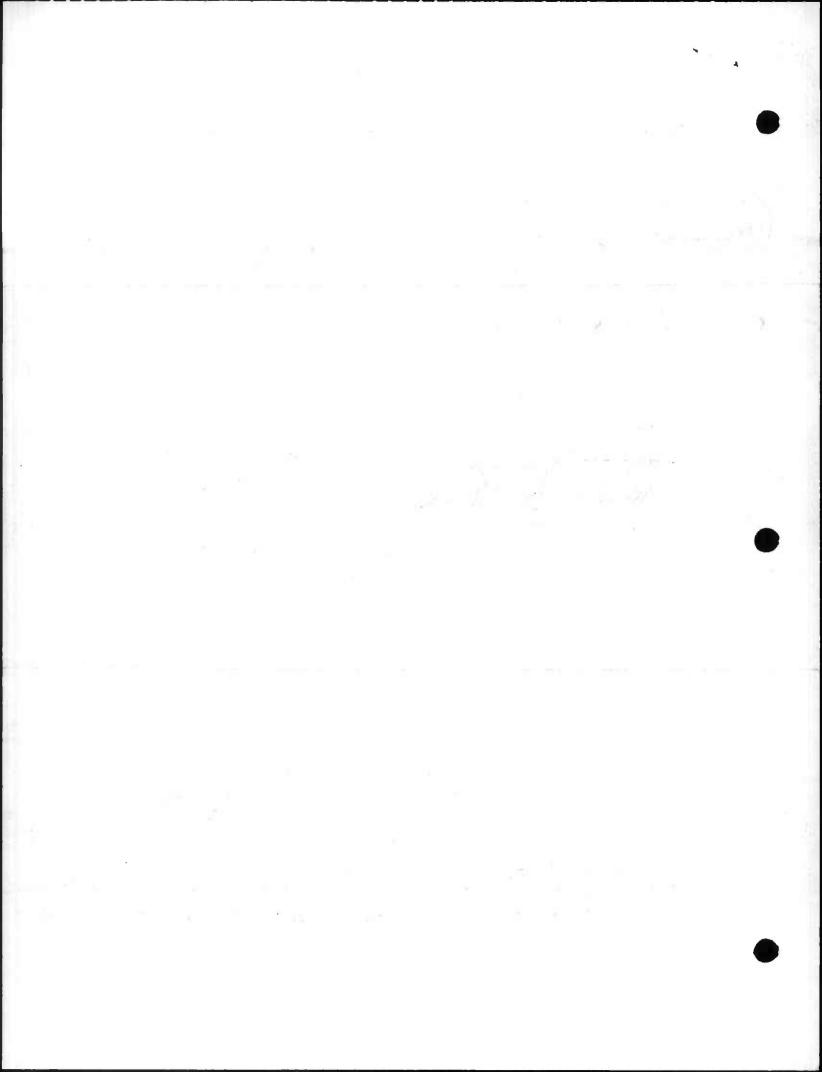
BALTIMORE, MARYLAND 21215-0020



1	1	t
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BALTIMORE, MARYLAND 21215-0020	NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transformation or removal
IN OF VITAL RECORDS, P.O. BOX 68760,	NG PHYSICIAN: The law requires that the death certificate be executed within 2	ter this certificate has been signed by the attending physician and completely filled in by the att with the State Debt, of Health and Mental Evolene prior to build cremation, or removal

							20	02100
		FOR 1 STATE	STATE OF MARYLAND /	DEPARTMENT OF	HEALTH AND	MENTAL HYGIEN	IE.	
		1 - STATE REGISTRAR	CE	RTIFICATE OF	DEATH	REG. NO		
		1. OECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	AM U	3. TIME OF DEATH
		ELIZABETH	ANN	YO	UNG	JAN 12		5 2:45 A M
	- 1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign
	Ī	212-86-5537	1 □ M 2 🖾 F 29	YRS. MONTHS DAYS	HOURS MIN.	June 2,1	965	MD
pinous		9a. FACILITY NAME (If not institution, give si	neet and number)	9b. CITY, TOWN	OR LOCATION OF O		9c. COUNTY	
	V E	1221 EDEDEDICK	CHDEEN	ндс	ERSTOWN		W Z	SHINGTON
1	`\N5	HESIDENCE OF DECEDENY					1121	BIIIIOION
1 (V#)	1	MD Wash		10c. CITY, TOWN OR LOCA				10d. INSIDE CITY LIMITS?
1/20	1/2		ington	Hagerstov				1 X YES 2 NO
CE	1 3	10e. STREET AND NUMBER		10	H. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
in in	FUNER	1221 Frederick			21740)	U.S	.A.
1215-0020 or attending physician r use as the burial-tra	1 5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2X N		CENDENT OF HISPAI	HC ORIGIN? (Specify Year, Puerto Rican, etc.)	or No- 14	RACE — American Indian, Black, While, atc.
5-0020 nding physic is the burial	¥	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		S 2 X NO Specif	/:		Seechy: White
as th	8	15. DECEDENT'S EDUC						
2121	ET	(Specify only highest grade	completed) (Gi	CEDENT'S USUAL OCCUPATI we kind of work done during m Do NOT use retired.)		16b. KIND OF BU	SINESS/INDUS	TRY
CA = 5	٦	Elementary/Secondary (0-12)	College (1-4 or 5+)	·		77 7.1		
MARYLAND 2 retained by the hospital 5 should be detached for	once. COMPL	17. FATHER'S NAME (First, Middle, Last)	Z Dent	al Assistan		Health (
YLA by the be de						ME (First, Middle, Malden	,	
A page of the page		Donald Lee McCar				Ann Dones		
MAR retained 5 should	TO BE		1	. MAILINO ADDRESS (Street				cle)
	9	Donald I. McCarty 200. METHOD OF DISPOSITION	Sr. 1	<u>23 Baptist </u>	Rd. Hand			
ORE 6 may	must	1 DBurtel 2 Cremation 3 Ramo	val from State 20b. PLACE A	nd date of disposition (Natory or other class) thol:	ame of	OATE 20c. LO	CATION — City	or Town, Stata
MC age d		4 Donation 5 Other (Specify)					icock,	MD
th. P	examiner	21. SILMAT THE OF PUNERAL SERVICE BO	ENSINE		no address of fa e Funeral			
BALTIMOR ter death. Page 6 m the funeral director, wal.		Kieli	2 Marie			Hancock.	MD 21	750
a SE	medical	23. PART i. Enter the diseases, or o	omplications that caused the de	til. Do not enter the me	ode of dying, auc	h as cerdiec or reepi	ratory arreat	Approximate
		ahock, or heart fellure immediate CAUSE (Final	lst only one ceuse on each line.			The state of the state of		Interval Between Onset and Death
50, within 24 apletely fille	event, the	disease or condition	CHOMCHN MOH	NIDO MO MILE	אר זאכז הי	ID CHECT		Onset and Death
3760, ted within completely ial, cremati	ent,	resulting in death)	DUE TO (OR AS A CONSECU		ARM AN	ID CHESI		
cxecuted with and comple o burial, crea				, , , , , , , , , , , , , , , , , , ,				ĺ
8 49	or other traumatic ERTIFICATION	Sequentially flet conditions, if any, leeding to immediate	OUE TO (OR AS A CONSEO	UENCE OF):				
beath certificate be exattending physician a mal Hygiene prior to	A Fa	ceuse. Enter UNDERLYING						
O. B(certificate ding physi tygiene pri	other TIFIC	CAUSE (Disease or injury that initieted events	DUE TO (OR AS A CONSEO	UENCE OF):				
P.O. th cert ending	S F	resulting in death) LAST	1					
()	Ē 5							
CORD ires that the signed by the lealth and M	칠	PART II. Other significent condition	s contributing to death but not re	neulting in the underlyin	g ceuse given in	Pert I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
S the	ws any in EDICAI					1 _ YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?
田号二二	shows any MEDIC.							1 YES 2 NO
AL R t law re has bee Dept. o	23 st	DID TOBACCO USE CONTI	RIBUTE TO CAUSE OF DEAT	TH YES NO	UNCERTAIN	1 🗆		
F VITAL SICIAN: The lan certificate has	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		E OF DEATH (Check only one)				
VIT AN:] tificat	VSIC	1 TES 2 NO	HOSPITAL: 1 Inputient 2 ER/Outpetient 3	□ DOA 4 □ Nursing Hori	ne 5 🗆 Rasidence	8 Other (Specify)		
YSICIA YSICIA s certifi		27. MANNER OF DEATH	28s. OATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. IN.	JURY AT	28d. DESCRIBE HOW I	NJURY OCCUR	ED
VISION OF VI ATTENDING PHYSICIAN: ECTOR: After this certifics s after death with the St	marked, BY PI	1 Natural 5 Pending 2 Accident Investigation	JAN 12, 199	5 MIDNIGHT	PES 2 X NO	SUBECT	SHOT	TWICE
ON VOING F After death	E 0	3 Suicide 8 Could not be	28s. PLACE OF INJURY At hor	ne, term, street, factory, offic	en .	281_LOCATION (Simple	and Humbertor	K' STREET
DIVISION OR ATTENDING DIRECTOR: After hours after death	2 2	4 N Homicide determined	building, atc. (Specify)	AT HOME		HAGERSTC		ARYLAND
OR DIR	Item 2	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowledge, des		and plane			WILLIUM
14 14 12	= =		R: On the best of aumination and/or in					usede) and service and service
HOSPITAL FUNERAL WITHIN 72	₹ 8		A A	general, at my opinion, (G GUE IO THE CI	ruse(s) and manner as stated.
THE F	D BE CO	296. SIGNATURE AND TITLE OF CURTIFICE	1/2 1.1		29c. LICENSE NUN		110	GNEO (Month, Day, Year)
2 6 3	<u>≅</u> <u>0</u>		4 V Juy		O.C.1	1.E.	JAN	12, 1995

Penn Street, Baltimore, Maryland 21201



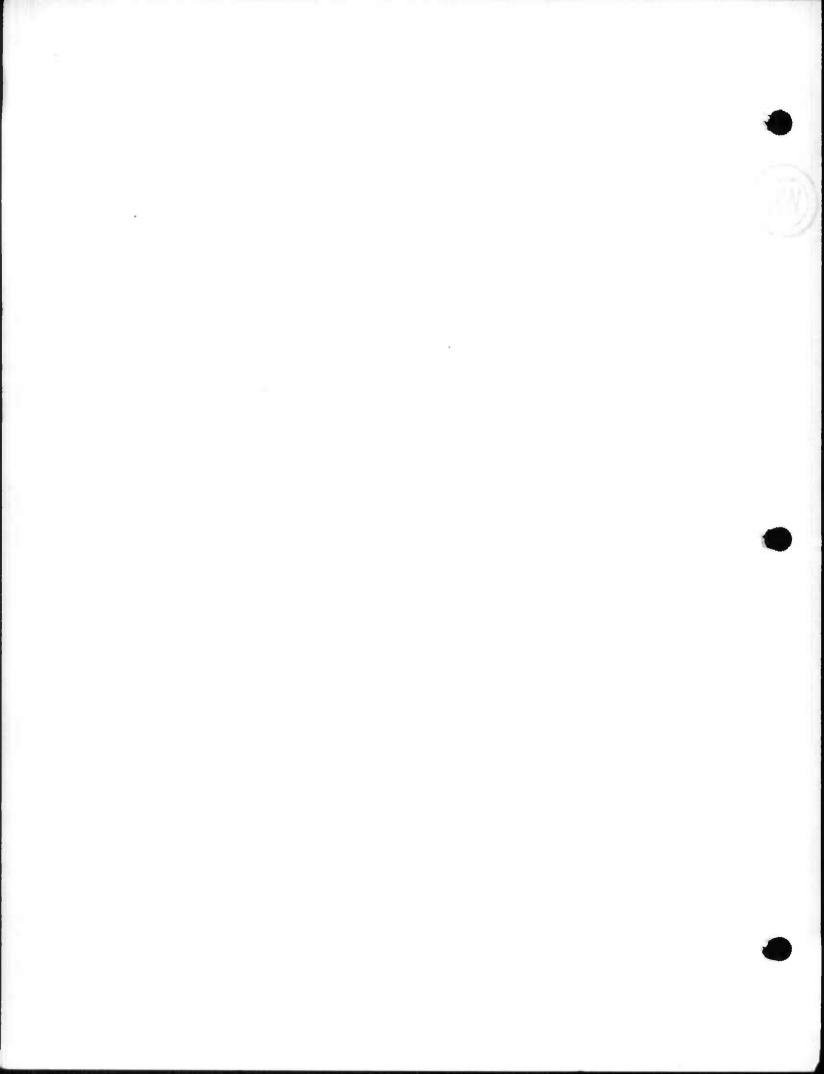
1 -	FOR STATE REGISTRAR	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		C	EHIIF	ICAI	E OF	DEA	I H		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	av	YEAR	3. TIME OF DEATH
,	KATHLEEN ETHEL	YOUNG										995	7.30 A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	est birthday)		R 1 YEAR	IF UNDEF		2 DATE	OF BIRTH		8. BIRTI	IPLACE (State or Foreign
	234-32-4964	1 □ M 2 🔀 F	71	YRS.	MONTHS	DAYS	HOURS	MIN.	Feb.	21,	1923	Wes	t Virginia
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF DE			9c. COL	NTY OF E	EATH
8	Williamsport Nu	rsing Hom	e		W	illi	amsp	ort			Wa	shing	gton
DIRECTOR	RESIDENCE OF DECEDENT			_							1		
ᇎᅵ	10a. STATE 10b. COUNTY				Y, TOWN								10d. INSIDE CITY LIMITS?
<u> </u>		hington		Ная	gers	_							1 YES 2 X NO
₹	100. STREET AND NUMBER					1	of. ZIP COD						WHAT COUNTRY?
崱	10925 Gaywood Da						217					SA	
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married		YES 2 X		13		CENDENT (? (Specify Yellican, etc.)	or No—	14. RAC Blac	E — American Indian, k, Whita, atc.
βÁ	3 Widowed 4 Divorced	IF YES, GIVE WI	AR OR DATES			1 🗌 YE	S 2 NO	Specify	y:			Spec	White
- 13	15. DECEDENT'S EDU	CATION	160.0	DECEDENT'S	USUAL	OCCUPAT	ION		165	KIND OF BU	SINESS/IN	OUSTRY	WILLLE
COMPLETED	(Specify only highest grade	completed)		Give kind of fe. Do NOT u	work done	durina n	nost of worki	ng	1,100.	KIND OF DO	01110007111	0001111	
ا ټ	Elementary/Secondary (0-12)	College (1-4 or 5+		homem	aker	•				hon	1e		
M	17. FATHER'S NAME (First, Middle, Last)			Homen	acci	-	10 MOT	HED'S NA	ME /Einst A	fiddle. Maiden			
	Henry C. Miller	CO.						inona		Adki			
BE	19e. INFORMANT'S NAME (Type/Print)		1.	ION MAIL INC	ADDRES	SS /Streat				er, City or Tox	-	in Code1	on Addition 1/2, or solve and on the
임	Gregory B. Your	10		0909						ersto			and 21740
	20a. METHOD OF DISPOSITION	*6		E OF DISPO									own, State
	1 XBurial 2 - Cremation 3 - Ram	oval from State	Croo	place)	Mon	ori	al Pa	rk	1.				
	4 □ Dongston 6 □ Other (Specify) Greenlawn Memorial Park 1/2/ Williamsport, Maryla												
	Gerald N. Minnich 305 N. Potomac Street												
	Funeral Home Hagerstown, Maryland 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate												
	shock, pr heart failure. IMMEDIATE CAUSE (Final disease pr condition resulting in death)	a. BRONC	HOGENIC	C_CAR(MA			_			<u></u>	Onset and Deat 4 MONTHS
CERTIFICATION	Sequentially list conditions, if any, lasding to immediate	b	(OR AS A CONS	EOUENCE O	F):								
2	cause. Entar UNDERLYING CAUSE (Disease or Injury	c			_								
Ë	that initiated eventa resulting in death) LAST	DUE 10	(OR AS A CONS	EQUENCE C	H-):								i
51		d		_									
MEDICAL	PART II. Other significant condition	ns contributing to	death but no	t reaulting	in the s	underlyi	ng causa	given in	Part i.	24a. WAS AI PERFO 1 YES	RMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ÿ													
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			отн	ER:	PLACE OF						· · · · · · · · · · · · · · · · · · ·
PHYSICIAN:	1 TYES 2 X NO	1 Inpetient 2		_		_	ome 5 🗆 F	tesidence	7				
표	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF (Month, D		28b. TII	JURY	1	NJURY AT WORK?	00	28d. DES	CRIBE HOW	INJURY O	CCURED	
B	1 Natural 5 Pending 2 Accident Investigation				M		YES 2	NO					
	3 Suicide 6 Could not be 4 Homicide determined	26e PLACE O building,	F INJURY — At atc. (Specify)	home, farm,	street, fr	ictory, of	fice		26f. LOC City	ATION (Street or Town, State	and Numb	er or Runsi	Route Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINI												(a) and menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	iR .					29c. LI	CENSE NU	MBER		29d. D	ATE SIGNE	D (Month, Day, Year)
BE	CTPODINO A	CM						33700			N		
임	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAU	SE OF DEATH (I	TEM 27) (Typ	e, Print)		I D.	, , , , () (,		I J	ANUAI	RY 24, 1995
	TED E. HOWE, MD		ARTIZ			יז ין	TT 7 T 4	Mana	יחמר	MD 01	705		
			AKIIZ		KEE	L. W	البليلة	WISP(JKT.	MD_21	795_		
	31. 9 PE FULED (Morith, Day, Year) 2 5 1995	1. 4 .											

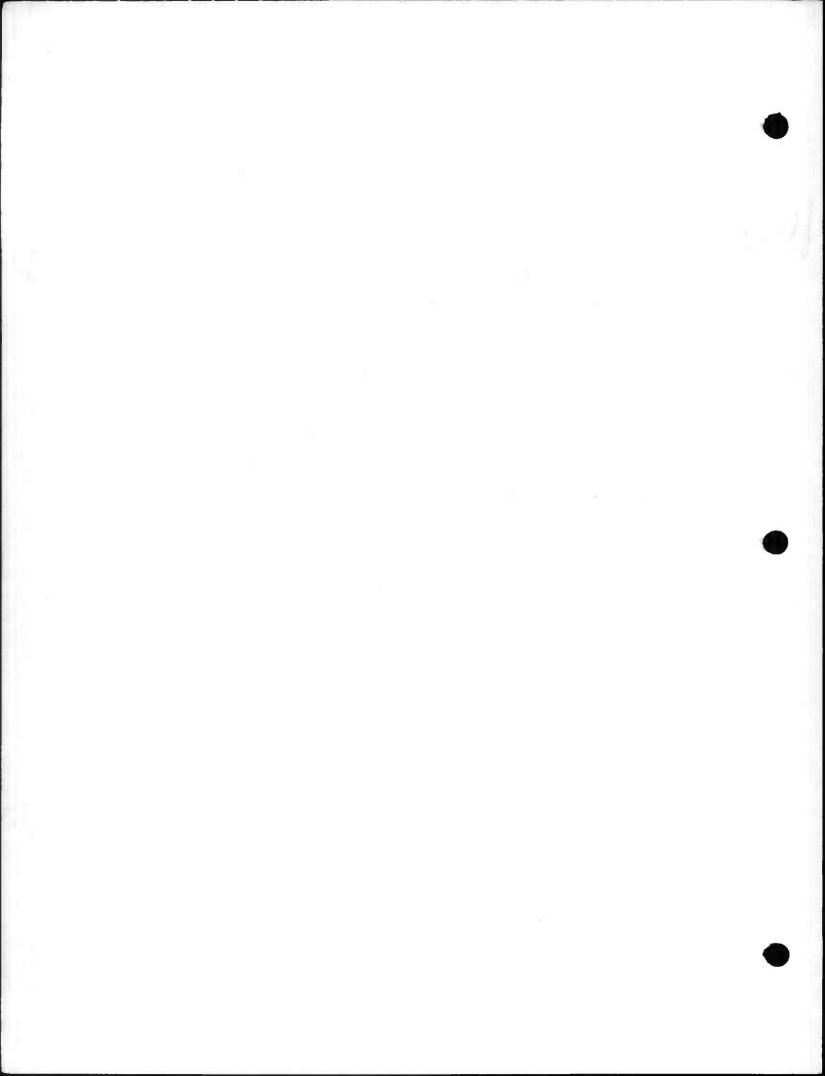


DHMH-18 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit is be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the be filed within 72 hours after death with the State Dept. of Health and Me	IMPORTANT: If Item 28 is marked, or Item 23 shows any Inju

_	FOR 1 - STATE REGISTRAR	STATE OF I			RTMENT O			MENTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Linst)	Viola	Mary		Yates			Jan. 12	199	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	s. SEX	6. AGE (In yrs. In	st birthday)	IF UNDER 1 Y		ER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPL	ACE (State or Foreign
	220 28 6499	I M 2XXF	74	YRS.	MONTHS D	WS HOURS	MIN.	March 6,1	920	Penns	ylvania
7 ~	9s. FACILITY NAME (If not institution, give str	est and number)			9b. CITY, TO	WN OR LOCA	TION OF D			TY OF DEAT	
FUNERAL DIRECTOR	10108 Marguerita	Ave.			G1	enn Da	ale_		Prin	ce Ge	orge's
HE	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR L	OCATION				10	d. INSIDE CITY LIMITS?
Ē	Maryland Prince	George	S	G	lenn D	ale				. 1	YES 2 NO
RAI	10e. STREET AND NUMBER					10f, ZIP CC	DE		10g. CITIZ	EN OF WHA	T COUNTRY?
N N	10108 Marguerita						769				tates
	1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	TEVER IN U.S. AS 2	NO NO	If ye	s, specify Cu	ban, Mexica	NIC ORIGIN? (Specify Yer in, Pusrto Rican, etc.)	or No—	14. RACE — Black, W	American Indian, hits, etc.
B	3 Wildowed 4 Divorced	IF YES, GIVE V	WAR OR DATES	•	'-	YES 2	O Specif	y :	[Specify:	White
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of		18s. D	ECEDENT'S	USUAL OCCU	PATION		16b. KIND OF BU	SINESS/INDU	JSTRY	***************************************
9	Elementary/Secondary (0-12)	College (1-4 or 5		Do NOT u	se retired.)	y most or wor	ung				
₹ P	8		H	lomem	aker			Ow	n Hom	e	
	17. FATHER'S NAME (First, Middle, Last)					18. MC	THER'S NA	ME (First, Middle, Malden	Sumame)		
B	Fiorello Salvate	rra	L					nata Ross			
2	Carried Company of the Company		15					Route Number, City or Tow			
9	John S. Yates 20a. METHOD OF DISPOSITION		20h PLACE		S Marg		a Ave	. Glenn D	ale M		
	1 Burial 2 Cremation 3 Removed 4 Donation 5 Other (Specify)	vel from State	cemetery, cri	ematory or o	ther plece)		1				State
	21. SIGNATURE OF FUNERAL SERVICE LICE	IVSEE	- I Kesu	rrec	22. NA	E AND ADDE	ESS OF FA	CILITY	linto		
ave a	▶ Robert E.	Evay	12 11	res	16	000 Ar	napo	Funeral Ho lis Rd. Bo	wie M	d. 20	715
	23. PART I. Enter the diseases, or co shock, or heart fellure. Li IMMEDIATE CAUSE (Final	ist only one cau	ise on each lin	e.				h as cerdiac or reepi	ratory arre	est,	Approximate interval Between Onset and Death
1	disease or condition resulting in death)	Ca	ndiopu	mor	ens	an	est				
		M.A.	OR AS A CONSE	OUENCE O	F):		2				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	QUENCE O	Fi:	nem	7 /				
N N	cause. Enter UNDERLYING										j
Ē	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSE	OUENCE O	F):						
	resulting in death) LAST										
	PART II. Other significant conditione	contributing to	deeth but not	resulting	in the under	iving ceus	given in	Part I. 24a WAS AN	ALITOPSY	24h WE	RE AUTOPSY FINDINGS
MEDICA	Demenstia					,,	givoirin	PERFOR	MED?	AW	MLABLE PRIOR TO MPLETION OF CAUSE
Ð								1 YES 2	AGIO	OF	DEATH?
								_		''	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				2	6. PLACE OF	DEATH (Ch	eck only one)			
VSIC	1	HOSPITAL:	ER/Outpatient	DOA	OTHER:	Home 5	Residence	8 Other (Specify)	Hosp	ice f	Patient
H	27. MANNER OF DEATH	28s. DATE OF (Month, D	INJURY lay, Year)	28b. TIM	E OF 280	. INJURY AT WORK?		28d. DESCRIBE HOW I			
B	1 Natural 5 Pending 2 Accident Investigation					YES 2	□ NO				
ETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE O building,	F INJURY — At he etc. (Specify)	ome, farm,	street, lactory,	offics		281. LOCATION (Street : City or Town, State)		or Runal Route	Number,
PLE	29s. CERTIFIER (Check only	AN: To the best of	my knowledge, de	ath occurr	ed at the time,	dats and plac	s, and due	to the cause(s) and mar	mer ss atate	d.	
COMPL	one) 2 MEDICAL EXAMINER	On the basis of e	xamination and/or	Investigation	n, in my opini	on, death occ	ured at the	time, data and place, an	d due to the	cause(s) an	d menner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LI	CENSE NU	MBER	29d. DATE	SIGNED (MO	orth, Day, Year)
TO B	ST.	770				7)37.	934	> /	1/13/	195
5	30. NAME AND ADDRESS OF PERSON WHO Stephanie Tri	Soy // a		M 27) (Type 7500	Green Green	cas	Cont	am Gre	enke	01/12	20770
1	31. DATE FILED (Month, Day, Year) JAN 13 199		R'S SIGNATURE	Ru.							
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B.K.S 95 02761 ITEMS: 23 PART I, 27, 28d, PER MEO FILM G-723 5/19/95 t.t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH PETE Μ. YOUNG 6:00 JAN 95 4 SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 577-19-1285 1 M 2 | | 16 YRS NOV 23, WASH., D.C. 1978 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 4300 VERMILLION AVENUE OXON HILL PRINCE GEORGES RESIDENCE OF DECEDENT 10a, STATE 10c. CITY, TOWN OR LOCATION 10b. COUNT 10d, INSIDE CITY LIMITS? Maryland Prince Georges Oxon Hill 1 X YES 2 NO 10e. STREET AND NUMBER 101, ZIP COOE 10g, CITIZEN OF WNAT COUNTRY? 4300 Vermillion Avenue #508 20745 United States 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 K Never Married 2 Married 3 Widowed 4 Divorced Black 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEOENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done life. Do NOT use retired.) ntary/Secondary (0-12) College (1-4 or 5 +) 10 Student School 1 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) MAJOR CLARK MARISA YOUNG 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) MARISA YOUNG (MOTHER) 4300 YERMILLION AVENUE #508 OXON HILL, MD 20745 20e. METHOD OF OISPOSITION
1 (3 Burlei 2 Cremation 3 Removal from State 20c. LOCATION — City or Town, Stata 20b. PLACE AND DATE OF DISPOSITION (Name of HARMONY MEMORIAL PARK 4 Donation 5 Other (Specify) 1/14 LANDOVER, MARYLAND 21. SIGNATURE OF PUNITIAL SERVICE UCENSEE 22. NAME AND ADDRESS OF FACILITY ALEXANDER S. POPE FUNERAL HOMES M859 5538 MARLBORO PIKE, FORESTVILLE, MD 20747 23. PART I. Enter the diseases, of complications that caused the deeth. Do not enter tha mode of dying, such as cardiac or respiratory street, Approximsta shock, or heart failure. List only one cause on sech line. interval Between **IMMEDIATE CAUSE (Finel Onset and Death** disease or condition Gunshot Wound of Head CONTACT resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 | NO 1X YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\Boxed{1}\) NO \(\overline{\overline{\text{V}}}\) UNCERTAIN \(\Boxed{1}\) 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL 1XXES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA 4 ☐ Nursing Home 5X Xtasidence 6 ☐ Other (Specify) 27, MANNER OF DEATH 26b. TIME OF 26c. INJURY AT WORK? 28s. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED SUBJECT WAS (Month, Day, Year) 1 - 8 - 95 1 Netural 400 Am 1 YES 2 WO 2 Accident 261. LOCATION (Street and Number of Ryral Route Number, City or Town, State) + 300 Verm; 110n Aue 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office 6 XX Could not be

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760 this certificate has been with the State Dept. of ATTENDING PHYSICIAN: DIRECTOR: /

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Page 6 may be retained by the hospital or attending physician

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the funeral director, page 5 should be detached for

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CERTIFICATION

MEDICAL

PHYSICIAN:

BY

and completely filled in by o burial, cremation, or remo

COMPLETED TO THE HOSPITAL OR ATTO THE FUNERAL DIRECT
De filed within 72 hours a
IMPORTANT: If Item 2 29b. SIGNATURE AND TITLE OF CERTIFIED BE 9

4 Homicide

29a CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

O.C.M.E

apartment

XX MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

Oxon Hill

MO

JAN. 8,1995

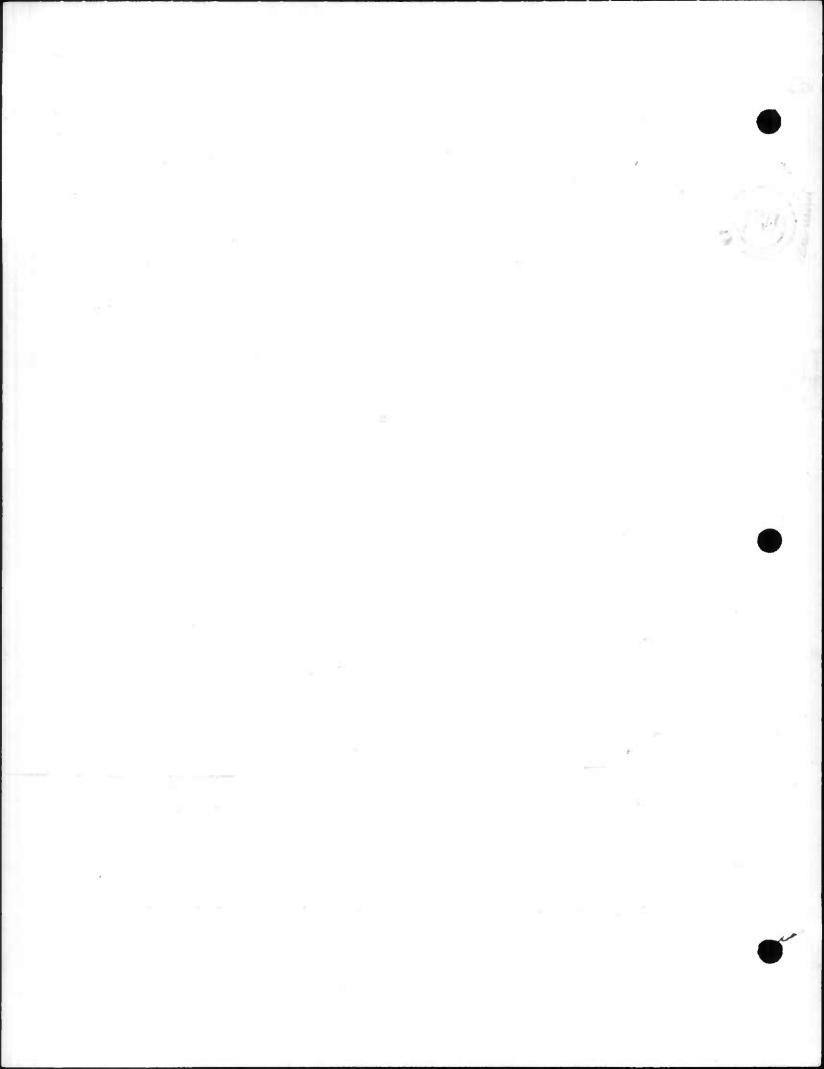
7#FL.

lust up 30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 **DENNIS**

determined

CHUTE, 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S, SIGNATURE July Davilson Rardall

DHMH-16 Rev 1/89



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO.					
1. DECEDENT'S NAME (First, Middle, Las	1)				2. DATE OF DEATH		3. TIME OF DEATH			
JACK LUTHER	ZEMBOWER				"Jän 11,"	1995 YEAR	7:30 P M			
4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BIFT	THPLACE (State or Foreign			
218-48-9608	1 🖾 M 2 🗆 F 4	8 YRS.	MONTHS DAYS	HOURS MIN.	Nov 22, 19	946	MD			
9a. FACILITY NAME (If not institution, give	a street and number)		9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY OF	DEATH			
414 South Cedar RESIDENCE OF DECEDENT 100. STATE 100. COUN MD All	414 South Cedar Street Cumberland Allegany									
10a. STATE 10b. COUN	ITY	10c. CITY	, TOWN OR LOCA	TION			10d. INSIDE CITY			
MD All	egany	Cur	nberland	1			1 YES 2 NO			
10e. STREET AND NUMBER 414 South Cedar 11. MARITAL STATUS 1/ Namer Married 2 Married	Street		10	N. ZIP CODE		10g. CITIZEN OF USA	WHAT COUNTRY?			
3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 NO	If yes, s	CENDENT OF HISPAI	NIC ORIGIN? (Specify Yas in, Puarto Rican, atc.) y:	Ble	CE — American Indian, ck, Whita, atc.			
ts. DECEDENT'S EL (Specify only highest green specified in the specified i		18a. DECEDENT'S	USUAL OCCUPATI	ON	16b. KIND OF BUS					
(Specify only highest gre	College (1-4 or 5+)	(Give kind of w life. Do NOT use	rork done during m e retired.)	ost of working						
12		barten	der		Goodfe	ellowshi	ip Club			
t7. FATHER'S NAME (First, Middle, Last)				ts. MOTHER'S NA	ME (First, Middle, Meiden	Surname)				
Percy McMulle	en Zembower			Phyl	lis S. McEl	fish				
100 INFORMANTIC NAME (Top (Origina		19b. MAILINO	ADDRESS (Street	and Number or Rural	Route Number, City or Town	n, State, Zip Code)				
JoAnn Jenkins		222 Hu	mbird S	treet; C	umberland,	MD 2150	2			
20a, METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Re	20	b. PLACE AND DATE O	F DISPOSITION (N	ame of	DATE 20c. LOC	CATION — City or	Town, Stata			
4 Donation 5 Other (Specify)	moval from State ce	Fellowshi	p Cemet	erv	01/14 Cer	ntervill	le, PA			
21. SIGNATURE OF FUNERAL SERVICE		11	22. NAME A	ND ADDRESS OF FA						
· Jones +	2 DCCV	Olli	Cumb	erland, N	neral Home					
23. PART . Entar tha diseasea, or heart fellure	r complications that cause e. List only one cause on	the death. Do n	ot antar the me	oda of dying, suc	h aa cardiac or respir	ratory arrest,	Approximata			
IMMEDIATE CAUSE (Final	r. List biny die cause on	ascri line.			3	0	Interval Between Onset and Death			
disease or condition resulting in desth)	· 0010	(للك	2 W	. Win	X.	14 ment			
	DUE TO OR AS	A CONSEQUENCE OF	7):	-			- 2			
	. ь									
Sequentially list conditions, if any, lasding to immediate	DUE TO (OR AS	A CONSEQUENCE OF):							
Sequentially list conditions, if any, lasding to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	Ç									
that initiated eventa reaulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):							
Teaching in deatily Exist	d									
	one contributing to death	but not resulting in	n tha undariyin	g cause given in	Part I. 24s. WAS AN	AUTOPSY 24	ib. WERE AUTOPSY FINDINGS			
PART ii. Other algnificant condition					PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
1 					t 🗆 YES 2	X NO	DF DEATH?			
DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF	DEATH Y	ES VI NO		.	1 TES 2 NO			
25. WAS CASE REFERRED TO MEDICAL	T			LACE OF DEATH (CH						
EXAMINER?	HOSPITAL:	legited 2 Days	OTHER:	. /	77.77					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME		ne 5 A Rasidenca	28d. DESCRIBE HOW IN	ILIEN OCCUPED				
	(Month, Day, Year)	INJU	JRY W	YES 2 NO	200. DESCRIBE NOW IN	OUT OCCURED				
2 Accident Investigation 3 Suicide & Could get b	28a. PLACE OF INJUR	Y — At home term #			281. LOCATION (Street a	and Moranham and Domi	(O			
4 Homicide S Could not b	building, atc. (Spe	ecify)	meet, ractory, orm		City or Town, State)	nd Number of Hura	House number,			
29a. CERTIFIER Con					<u> </u>					
(Check only one)	rSICIAN: To the bast of my know									
29e. CERTIFIER CCHECK ONLY One) S Could not be detarmined CERTIFYING PHY ONE) 2 MEDICAL EXAMI	NER: On the beals of exemination	on and/or investigation	n, in my opinion,	death occured at the	time, data and place, and	dua to the cause	(a) and menner as stated.			
296. SIGNATURE AND TITLE OF CERTIF	IEF	4		29c. LICENSE NUI	MBER	29d. DATE SIGNE	(D (Months Den 10ar)			
	イン	- (N	S	1715	17 1	11/13	2/10			
The state of the s						-				
Dr. W. Guy Fisc			I Ave;	Cumberlar	nd, MD 2150	2				
31. DATE FILED (Month, Day, Year)	32/REGISTRAR'S SIGN	NATURE # AR								

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

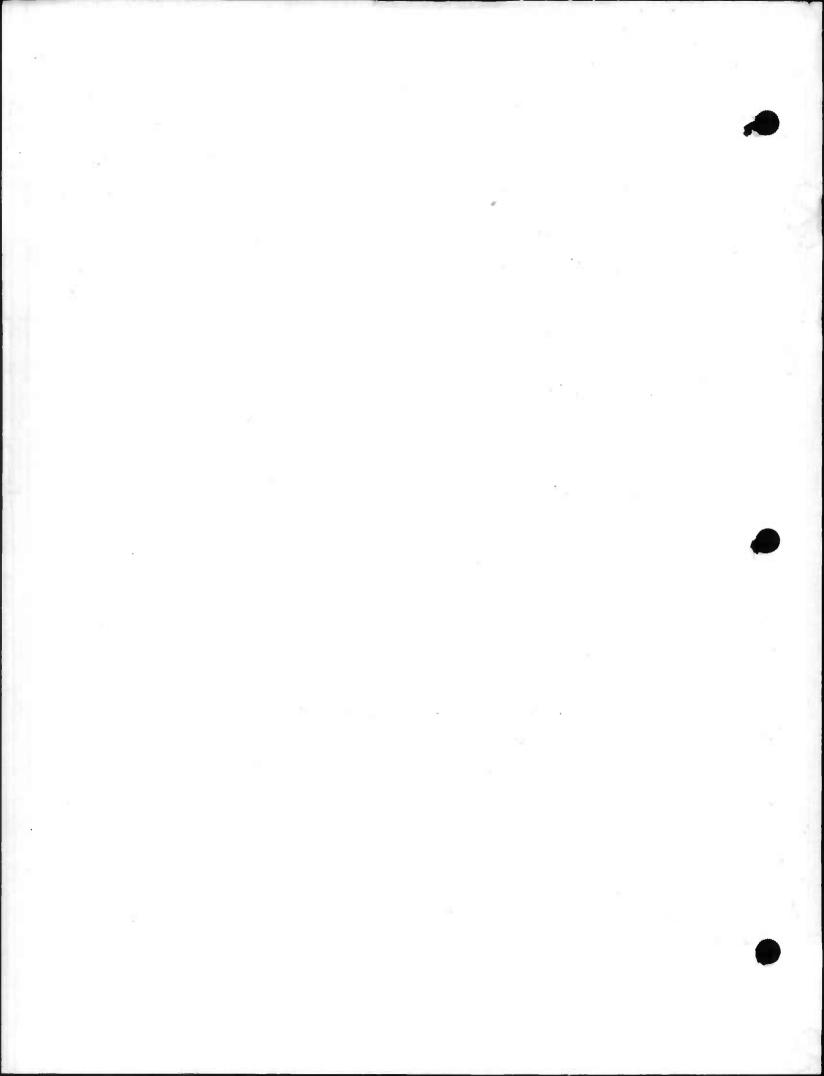
BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed were completely filled in by the funeral director, page 5 should be detached for use as the burishtain be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burish cremation. or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

JAN 1 3 1995

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9c. COUNTY OF DEATH

HARFORD CO

10g. CITIZEN OF WHAT COUNTRY?

Specify

Maryland 21001-1822

Approximate interval Batween

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO

1 YES 2 NO

29d DATE SIGNED (Month, Day, Year)

COMPLETION OF CAUSE

Onsat and Death

2. DATE OF DEATH

January28

RC

6. AGE (In yrs. last birthday

STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

Iona

5. SEX

1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

DAYS

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IF UNDER 24 HRS

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-TIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760.	OCDITAL
	7 37

7. DATE OF BIRTH (Month, Day, Year) 05-21-191 1 M 2√ F 219-05-3736 YRS. should 9s. FACILITY NAME (if not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR permit. Pages 1, 2, 3 HARFORD MEMORIAL HOSPITAL HAVRE DE GRACE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION MARYLAND HARFORD ABERDEEN FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE funeral director, page 5 should be detached for use as the burial-transit 522 Windemere Drive 21001-1822 Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—It yes, specify Cuban, Maxican, Puarto Rican, etc.) FORCES? 1 YES 2/ 1 Never Married 2 Married BY 1 TES 2 NO Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUICATION 18e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gra (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12th grade Seafood Plant Worker 17. FATHER'S NAME (First. Middle, Lest) SOUVENIR ARCHIE BARCLAY 16. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ Sovenir Archer Barcay Viola BE Victory Elsey notified 19a, INFORMANT'S NAME (Type/Print) 2 Irene B. Nutter Windemere Drive Aberdeen. å 20e, METHOD OF DISPOSITION

1 X Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Berkley Cemetery 2/04 Darlington, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSE examiner 22. NAME AND ADDRESS OF FACILITY Ques. William C. Brown Community F/H seew 1206 W. North Avenue the medicai 23. PARTLE Enter the disee Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such sa cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. filled in by 0 **IMMEDIATE CAUSE (Final** the cremation, disesse or condition_ ctarle resulting in death) Injury, or other traumatic event, and com COT CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING physician CAUSE (Disease or Injury the attending phy d Mental Hygiene p A CONSEQUENCE OF that initiated events reaulting in death) LAST Me PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED? MEDICAL by t Item 23 shows any Signed Health a 1 TYES 2 T NO been to PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH TYPE IN NO UNCERTAIN has be Dept. 28. PLACE OF DEATHY 25. WAS CASE REFERRED TO MEDICAL certificate h 1 YES 2 NO Inpatient 2 ER/Outpatient 3 DOA ng Home 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATH 28s. DATE OF INJURY with t 28b. TIME OF 28c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED is marked, INJURY 1 Natural 5 Pending м 1 YES 2 NO After the BY Investigation 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be DIRECTOR: A 28 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as atted. FUNERAL I within 72 h TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as started. 29b. SIGNATURE, AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day Year

95 02763

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, stc.

BLACK

1XX YES 2-XNO

6. BIRTHPLACE (State or Foreign

0:50 A

Development of the

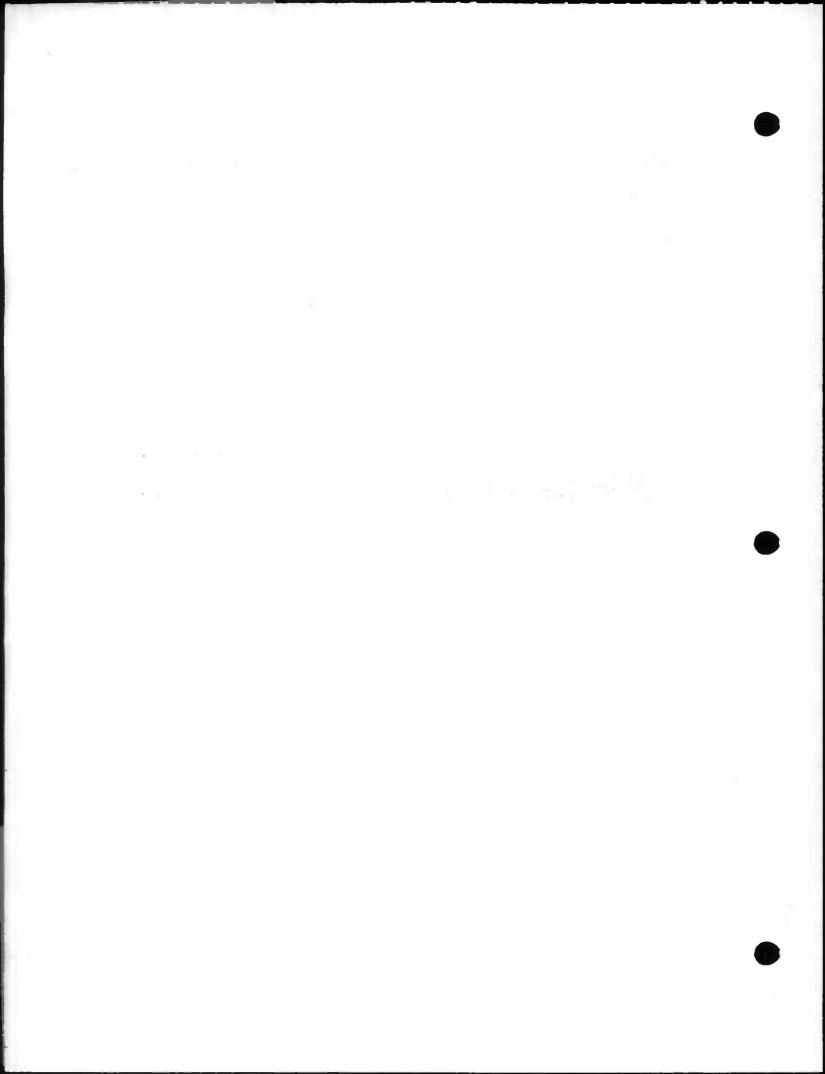
MILTHE INVESTIGATE THE GEARL CERTIFICATE DE EXECUTED WITH A FOUND AFFORM THE FOREST PAGE 5 may be retained by the hospital or attending physician.

Some Day the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should some of Health and Mental Hygiene prior to bunal, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

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		FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF I		MENTAL HYG				
		1. DECEDENT'S NAME (First, Middle, Last) John Burn	k e				2. DATE OF DEAT		YEAR 3. TIME OF DEATH		
		4. SOCIAL SECURITY NUMBER 2/2-/0-/520 98. FACILITY NAME (If not institution, give st	1 XM 2 🗆 F	78 YRS.	MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTY (Month, Day, Ye	117	BIRTHPLACE (State or Foreign Couply)		
	TOR	Fairmont Nursia	1		1211	MO/C	EATN	9c. COUNT	Y OF DEATH		
	DIRECTOR	MD.	·		aty, town on Loca altimore	TION			10d. INSIDE CITY LIMITS? 1) YES 2 NO		
	ERAL	100. STREET AND NUMBER 2016 Portugal St	reet		10	21231			EN OF WHAT COUNTRY?		
	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes, a	CENDENT OF HISPA pecify Cuban, Maxica 5 2 1 NO Specif	in, Puerlo Rican, eti	y Yea or No- 1	Black, White, atc. Specify: White		
	PLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementery/Secondary (0-12)	ATION ::ompleted) College (1-4 or 5+)	(Give kind o	'S USUAL OCCUPATION work done during muse retired.)	ost of working	16b. KIND O	F BUSINESS/INOUS			
once.	COMPL	17. FATNER'S NAME (First, Middle, Last)		Merc	hant Sean		ME (First, Middle, M.	siden Sumame)			
d at	BEC	Robert		Burke	e	Del1	a	1	Pu.gh		
-	5	19e. INFORMANT'S NAME (Type/Print) Patricia Tingler			Wallford			,	·		
must		20a. METNOO OF DISPOSITION 1 Buriel 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	val from State cerr	netery, crematory or	EOFDISPOSITION (No other place)		OATE 20	altimore			
examiner		21. SIGNATURE OF FUNERAL SERVICE LIC	Deli		Davi	nd address of fa d J. Web	er Funer	al Home	more, Md.21231		
nt, the medical		23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart feliura. List only one cause on each lina. IMMEDIATE CAUSE (Finel diseases or condition resulting in death) a. CANCER OF LIVER									
or other	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
any injury	EDICAL C	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? AMAILABLE I									
2]	∑ ∥	DID TOBACCO USE CONTR				UNCERTAI	N 🗆		1 TES 2 NO		
Mem 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ONNO	HOSPITAL: 1 Inpetient 2 ER/Outp		OTHER: 450 Nursing Non	ne 5 🗆 Residence	6 Other (Specify				
-	BY PHY	27. MANNER OF OEATN 1 Natural 5 Pending Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. Ti	NJURY WO	IURY AT ORK? YES 2 NO	28d. DESCRIBE N	OW INJURY OCCU	REO		
28 19	ETED B	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide detarmined	28e, PLACE OF INJURY building, stc. (Spec	— At home, farm	, street, factory, offic	•	28t. LOCATION (Si City or Town,		Rural Route Number,		
의 :	COMPLE		IAN: To the best of my know						cause(a) and menner as stated.		
POR F	TO BE C		zemi ~	~0		29c. LICENSE NUM	ABER 3 2 2	29d. DATE S	SIGNEO (Month, Day, Year) 130/95		
		30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATN (ITEM 27) (7)7	De, Print)						
		FEB 0 1 1995 July	132. REGISTRANS SION	L RE							



	ITEM:19b, PER F.H. FI	LM G-/20 2/1/9	5 t.t				2/ () 0 :	_ 100	
	1 - FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPAI CERTIF	RTMENT OF H	IEALTH AND ME DEATH	NTAL HYGIEN				
	1. OECEOENT'S NAME (First, Middle, Last)				2.	DATE OF OEATH		3.	TIME OF DEATH	
	GEORGE	Р	RII	RKHARDT			5, 19	995	7:51	Pu
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. lest birthday)	IF UNDER t YEAR	IF UNDER 24 HRS. 7,	DATE OF BIRTH	J, 1-		ACE (State or Foreign	-
	220 05 4589	1 🔀 M 2 🗆 F	75 YRS.	MONTHS DAYS	1100110 111111	(Month, Day, Year)	1010	Country)		9"
	9a. FACILITY NAME (If not institution, give	street and number)		9h CITY TOWN C	OR LOCATION OF DEATH	ug. 26,		Mary.		
Œ										
18	NORTH APUNDEL HOS	PITAL ASSOC	LATION	GLEN B	URNIE		ANNE	<u>ARUN</u>	DEL	
DIRECTOR	10a. STATE 10b. COUNT		10c. CI	Y, TOWN OR LOCAT	TION			10-	d. INSIDE CITY LIMITS?	
	Maryland Anı	ne Arundel	Pa	asadena				1.	YES 2 X NO	0
A L	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITI	ZEN OF WHAT	T COUNTRY?	
<u>=</u>	130 Club Road				21122		U	S.A.		
FUNERAL	11. MARITAL STATUS	12. WAS DECEOENT EVI	R IN U.S. ARMED		ENDENT OF HISPANIC		or No-	14. RACE -	American Indian,	
ВУ Б	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X Y	R DATES		ecify Cuben, Mexican, Pr 2 X NO Specify:	uerto Ricen, atc.)		Black, Wi Specify:	hita, atc.	
		World Wa	r II						White	
Ī	15. DECEOENT'S EDI (Specify only highest grade	JCATION e completed)	(Give kind of	WORK done during mo.	ON st of working	16b. KINO OF BU	SINESS/IND	USTRY		
Ë	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u							
COMPLETED	12th		Marine	Electri				Guard	1	
8	17. FATHER'S NAME (First, Middle, Lest)	Tanama A D			18. MOTHER'S NAME					
BE		George A. B			Elsie					
2	19a. INFORMANT'S NAME (Type/Print)	***			nd Number or Rural Route					
-	Marian Burkhard	lt	130 C	lub Road	Pasad	ena, Mar	yland	1 212	- 21122	
	20e. METHOO OF DISPOSITION 1 X Buriel 2 Cremation 3 Rem	noval from State	20b. PLACE AND DATE cemetery, crematory or o					City or Town,		
	4 Donation 5 Other (Specify)		cemetery, crematory or Cedar Hil				ltimo	re, Ma	aryland	
	21. SIGNATURE OF FUNERAL SERVICE LI	LICENSEE 22. NAME AND ADDRESS OF FACILITY								
	Honna M	George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225								
	23. PART I. Enter the diseases, or	popplications that cau	sed tha death. Do	not entar the mo	da of dying, such sa	cardiec or respi	ratory sm	est,	Approximate	
	shock, or haert failure, IMMEDIATE CAUSE (Final	,⊾st only one cause o	n eech line.					227.0	Interval Betw Onset and D	reen
	disease or condition	(m.a	in in	No.	1				Onset and D	- auti
	resulting in desth)	OUE TO (OR /	AS A CONSEQUENCE O	ni we	CVV					
-	_	Rott		Dam	in			İ		
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate	DUE TO (OR A	S A CONSEQUENCE O	F):						
M	cause. Enter UNDERLYING							J		
Ē	CAUSE (Disesse or Injury that initiated events	DUE TO (OR AS A CONSEQUENCE OF):								
臣	resulting in death) LAST	d.								
2	BART II Other elegitions of the									
¥	PART II. Other significent condition	is contributing to deat	h but not resulting	In the underlying	g cause given in Peri	24a. WAS AN PERFOR			RE AUTOPSY FINDI	INGS
MEDICAL						1 - YES 2	□ NO		MPLETION OF CAU DEATH?	SE
								10	YES 2 NO	
PHYSICIAN:	DID TOBACCO USE CONT	RIBUTE TO CAUSE	OF DEATH Y	S NO	UNCERTAIN [_ 1
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:	26. PLACE OF DEA							
\SI	1 VES 2 NO	1 Inpatient 2 ER/C	Outpetlant 3 DOA	OTHER: 4 - Nursing Home	e 5 🗆 Residence 8 🗆	Other (Specify)				
H	27. MANAGER OF DEATH	28a. DATE OF INJUI (Month, Day, Yes		IE OF 28c. INJU		DESCRIBE HOW I	NJURY OCC	URED		
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 Y	ES 2 NO					
	3 Suicide 8 Could not be	28a. PLACE OF INJU building, atc. (3	JRY — At home, farm, Specify)	street, factory, office	281	. LOCATION (Street a City or Town, State)	ind Number	or Rural Route	Number,	
COMPLETED	4 Homicide determined					. ,				
P.	29a. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of my ki	nowledge, death occurr	ed at the firme, date	and place, and due to ff	ne cause(s) and man	ner an state	ed.		
WC		ER: On the beals of examin							d manner as state	rd.
	296. SIGNATURE AND TITLE OF CERTIFIE	All .	1 /1		29c. LICENSE NUMBER			SIGNED (Mo		
BE	I I V	MAMA	15 VLA	my_	0096	sal.	DATE	1 / 2 /	6 195	-
유	30. NAME AND ADDRESS OF FERSON WI	IO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	Print)	3/			12	110	
		, M.D 78			205, GLEN	BURNIE.	MARY	LAND 2	21061	

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	1 - FOR STATE REGISTRAR	STATE OF MARYL					EALTH AND DEATH	MENT	AL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Lest)	LIZABET	H OL	GA BO	OWEN			2. DAT MON		1995	YEAR	3. TIME OF DEATH 10:00 P	м
	4. SOCIAL SECURITY NUMBER 065-30-4920	1 □ M 2 XXF 5	(In yrs. last		IF UNDER 1 Y	_	IF UNDER 24 HRS. HOURS MIN,	7. DAT	E OF BIRTH oth, Day, Year)		Country	PLACE (State or Foreign	
OR	90. FACILITY NAME (If not institution, give s 724 Elmhurst Sta	tion Rd., 2	1144		_	e ver	CN LOCATION OF			9c. COU	nty of be	runde l	
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY Mary land Anne	Arundel			town or /ern	LOCATIO	ON					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 724 Elmhurst St	ation Road,				10f.	ZIP CODE 211	44		10g. CIT	IZEN OF W	HAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	2 X N		II y	es, spe	NDENT OF HISP city Cuben, Mexic 2 X NO Spec	can, Puert		Yea or No—	14. RACE Black Specif	- American Indian, white, etc.	
LETED	15. DECEDENT'S EQU (Specify only highest grade Elementary/Secondary (0-12) 12th Grade	CATION completed) College (1-4 or 5+) + 1	(Gir life.	DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)			DUSTRY						
E COMPLET	17. FATHER'S NAME (First, Middle, Last) Robert Even		Da	La El	ta Entry Operator CSX Corp. 18. MOTHER'S NAME (First, Middle, Meiden Surneme) Mildred Besbiel						_		
TO BE	190. INFORMANT'S NAME (Type/Print) Ms. Kathy Durde	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)						21144	_				
	20s. METHOD OF DISPOSITION 1										nd		
	22. SAME AND ADDRESS OF FACILITY MCCully Funeral Home of Brooklyn 237 E. Patapsco Ave., Balto., Md. 21225												
	23. PART I. Enter the disesses, or a shock, or haert failure. IMMEDIATE CAUSE (Finel disesse or condition resulting in death)	List only one causa on e	ach line.			520		ich ss ce	ordiec or res	piratory sn	rest,	Approximate interval Betwo Onset and De	
CERTIFICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Carclion pash; Atrial Fibrilletion Due to (or as a consequence of): Con gastine Heart failure. Due to (or as a consequence of): Con gastine Heart failure.												
MEDICAL C									WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?				
SICIAN: N	DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL EXAMINER?		CAUS				S N		one)				
XS!	1 TYES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Out	patient 3		OTHER:	g Home	5 (Healdence	6 🗆 01	her (Specify)				
ву рну	27. MANNER OF OEATH 1 Naturel 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)		28b. TIME INJU	JRY M	28c. INJURY AT WORK? 1 YES 2 NO							
ETED	3 Suicide 8 Could not be determined	26s. PLACE OF INJURY building, etc. (Spe	f — At hor crfy)	me, larm, s	treet, factory	, office			OCATION (Stre ty or Town, Sta		or Rural A	oute Number,	
COMPL		CIAN: To the bast of my know										and manner as stated	ı.
O BE C	29b. SIGNATURE AND TITLE OF CERTIFE	sum				1	P40	UMBER	9			(Month, Day, Year)	

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 10519 1-30-95

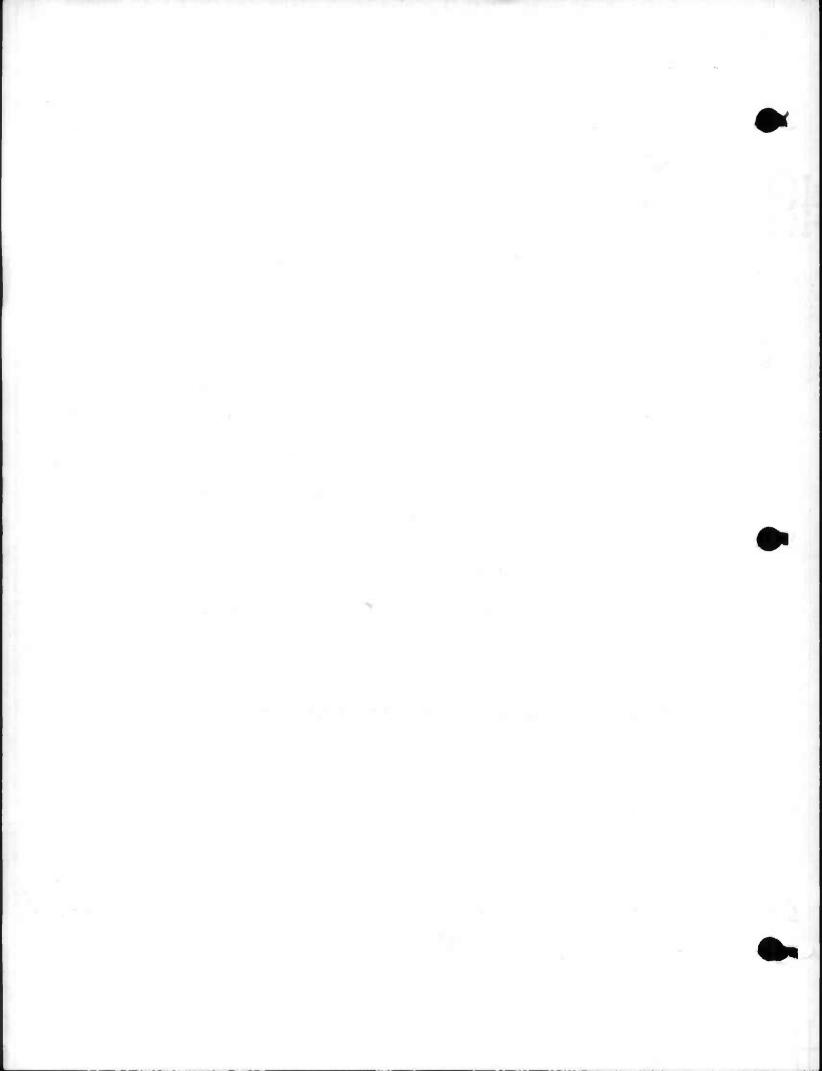
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

795 Aquahart Rd., Suite 131, Glen Burnie, Md. 21061 Dr. Mirza Nusairee, M.D.

31. DATE FILEO (Month, Day, Year)

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DIVISION OF VITAL RECORDS, P.O. BOX 687

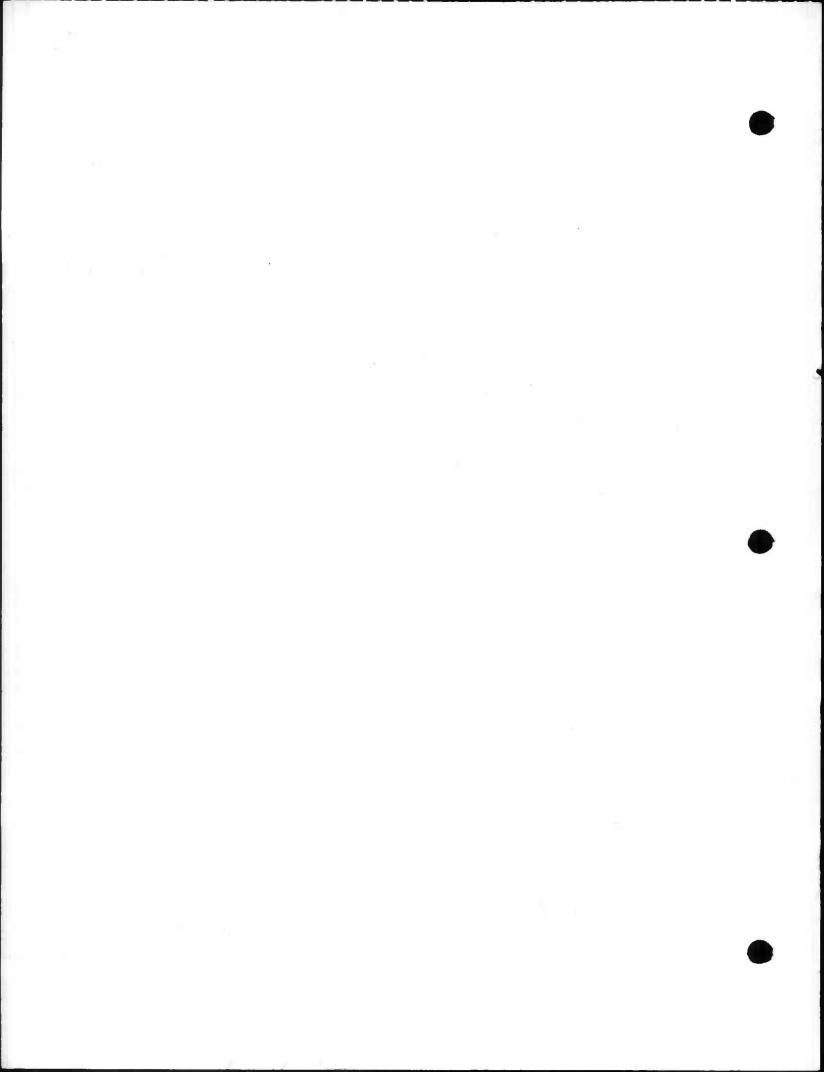
NOING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician.

Refer this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 215-0020 TO THE HOSEN
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MPORTANT

1	-	FOR STATE REGIST	RAR
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.
98000	1. DECEOENT'S NAME (First, Middle, Lest) GERTRUDE M, BELL 2. DATE OF DEATH MONTH DAY YEAR 20:55 PM
į.	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) 1 M 2 XF 87 YRS. 10 HOURS 10 HO
TOR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH St. Agnes Hostpital Baltimore.
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 ves 2 100
FUNERAL	100. STREET AND NUMBER 101. ZIP COOE 109. CITIZEN OF WHAT COUNTRY? 21227 United States
BY FUI	11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMEO FORCES? 1 VES 2 NO Specify: 13. WAS DECEOENT OF HISPANIC ORIGIN? (Specify Year or No-Black, White, etc. Specify: 14. RACE — American Indian, Black, White, etc. Specify: 15. WAS DECEOENT OF HISPANIC ORIGIN? (Specify Year or No-Black, White, etc. Specify: 16. WAS DECEOENT OF HISPANIC ORIGIN? (Specify Year or No-Black, White, etc. Specify: 17. WAS DECEOENT OF HISPANIC ORIGIN? (Specify Year or No-Black, White, etc. Specify: 18. WAS DECEOENT OF HISPANIC ORIGIN? (Specify Year or No-Black, White, etc. Specify: 19. WAS DECEOENT OF HISPANIC ORIGIN? (Specify Year or No-Black, White, etc. Specify: 19. WAS DECEOENT OF HISPANIC ORIGIN? (Specify Year or No-Black, White, etc. Specify: 19. WAS DECEOENT OF HISPANIC ORIGIN? (Specify Year or No-Black, White, etc. Specify: 19. WAS DECEOENT OF HISPANIC ORIGIN? (Specify Year or No-Black, White, etc. Specify: 19. WAS DECEOENT OF HISPANIC ORIGIN? (Specify Year or No-Black, White, etc. Specify: 19. WAS DECEOENT OF HISPANIC ORIGIN? (Specify Year or No-Black, White, etc. Specify: 19. WAS DECEOENT OF HISPANIC ORIGIN? (Specify Year or No-Black, White, etc. Specify: 19. WAS DECEOENT OF HISPANIC ORIGIN? (Specify Year or No-Black, White, etc. Specify: 19. WAS DECEOENT OF HISPANIC ORIGIN? (Specify Year or No-Black, White, etc. Specify: 19. WAS DECEOENT OF HISPANIC ORIGIN? (Specify Year or No-Black, White, etc. Specify: 19. WAS DECEOENT OF HISPANIC ORIGIN? (Specify Year or No-Black, White, etc. Specify: 19. WAS DECEOENT OF HISPANIC ORIGIN? (Specify Year or No-Black, White, etc. Specify: 19. WAS DECEOENT OF HISPANIC ORIGIN? (Specify Year or No-Black, White, etc. Specify: 19. WAS DECEOENT OF HISPANIC ORIGIN? (Specify Year or No-Black, White, etc. Specify: 19. WAS DECEOENT OF HISPANIC ORIGIN? (Specify Year or No-Black, White, etc. Specify: 19. WAS DECEOENT OF HISPANIC ORIGIN? (Specify Year or No-Black, White, etc. Specify: 19. WAS DECEOENT OF HISPANIC ORIGIN? (Specify Year or No-Black, White, etc. Specify: 19. WAS DEC
COMPLETED	15. DECEDENT'S EOUCATION (Specify only highest grade completed) Elementary(Secondary (0-12) College (1-4 or 5 +) Control of the control of
OMPL	17. FATHER'S NAME (First, Middle, Last) College (1-4 or 5+) Homemaker 18. MOTHER'S NAME (First, Middle, Maiden Surname)
BE	Thomas Francis Lyons Margaret Mc Namara 190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Paral Poute Number, City or Town, State, Zip Code)
2	Robert J. Bell, III 916 Lake House Drive, N. Palm Beach, FL 33408
	1 & Buriel 2 Cremation 3 Removal from State competery, crematory of other place) Cemetery 3/1 Baltimore. Maryland
	22. NAME AND ADDRESS OF FACILITY Ambrose Funeral Home, Inc. 1328 Sulphur Spring Rd., Arbutus, MD 21227
	PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO DIE AS A CONSEQUENCE OF):
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST b. OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
MEDICAL	PERFORMEC? 1 YES 2 NO AMALABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO
ž	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? LOSPITAL: OTHER:
ΥSΙ	1 YES 2 NO Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)
ВУ РН	27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28d. OESCRIBE HOW INJURY OCCUREO
ETED	3 Suicide a Could not be determined 28e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 28l. LOCATION (Street and Number or Rural Route Number, City or Town, State)
COMPLETED	299. CERTIFIER (Check only and) CERTIFIER (Check only and
TO BE (29c. LICENS NUMBER 29c. LICENS NUMBER 29d. DATE SIGNEO (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (TYDE PRIME) AVE, 4D 2/228 Relts
	31. DATE FILEO (Month, Dey, Year) 32. REGISTRAR'S SIGNATURE
	FEB 0 1 1995 Whis Savelor Revell



TO THE MICHAIN ON ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Nours after death. Page 6 may be retained by the hospital or attending physician.

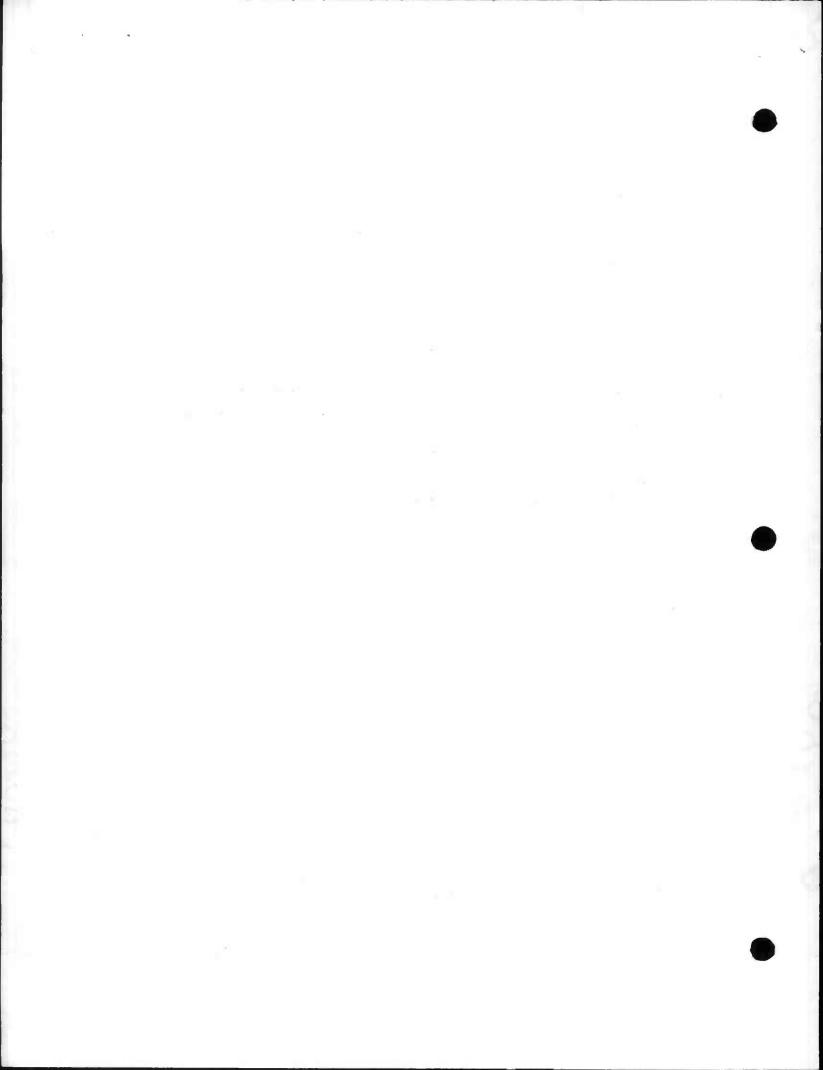
TO THE WINTER MICHAIN SHEET this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 VISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

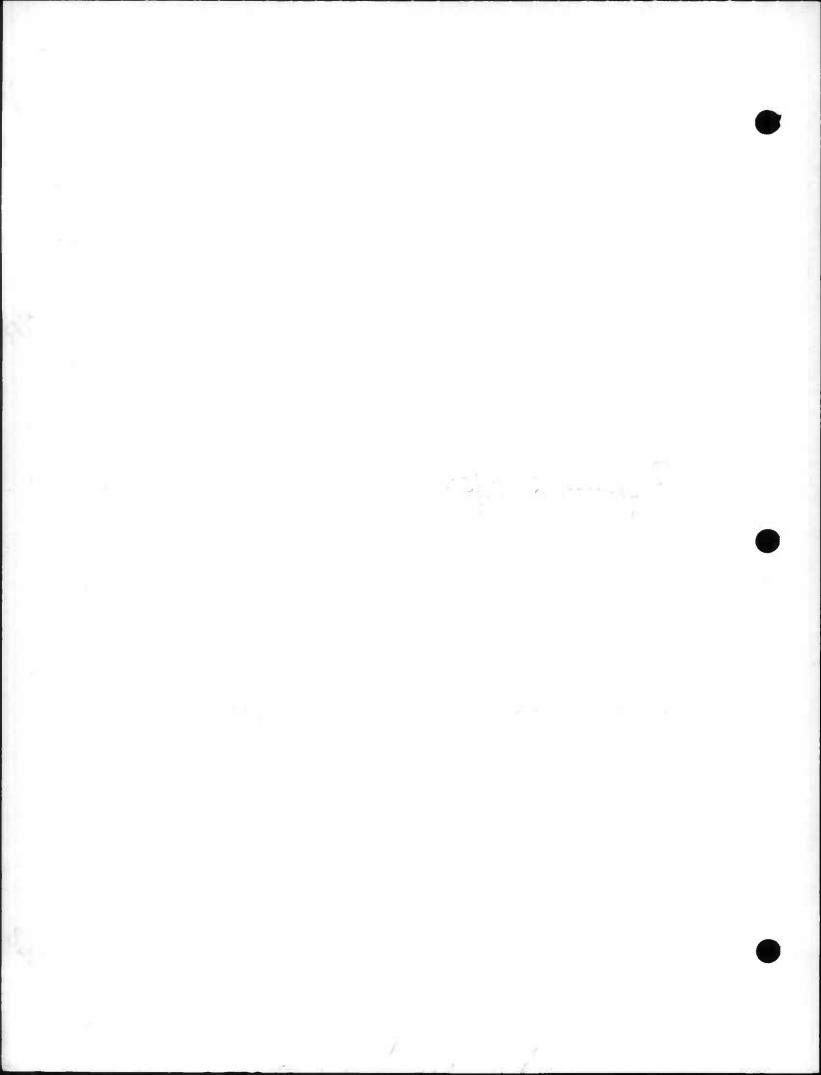
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- REGISTRAR		CERT	TIFICAT	E OF	DEATH		REG. NO.	_			
	1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH			3. TIME OF DEATH	
	FLORENCE LILLIE	BOLT					MONT	H DI	> <	YEAR	1442	
	4. SOCIAL SECURITY NUMBER		B. AGE (In yrs. lest birth	day) IF UND	ER t YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	<u> </u>	6. BIRTH	IPLACE (State or Foreign	
	222-03-8280	1 🗆 M 2 💢 F	04	RS. MONTHS	7	HOURS MIN.	(Mon	th, Day, Year) 12, 191	3	Countr	ERTOWN, MD.	
_	9a. FACILITY NAME (If not institution, give		- 1	CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
5	CARROLL COUNTY GENERAL HOSPITAL CARROLL COUNTY CARROLL RESIDENCE OF DECEMENT											
DIRECTOR	106. STATE 106. COUNTY MARYLAND CARROLL			10c. CITY, TOWN OR LOCATION MILLERS							10d. INSIDE CITY LIMITS? 1 YES 2 XX NO	
FUNERAL	100. STREET AND NUMBER 4320 MILLERS STATION		107. ZIP CODE 21107				10g. CITIZEN			EN OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Nover Married 2 Merried 3 M Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES			NO It yes, specify Cuban, Mexice			in, Puerto Ricen, etc.)			Black	4. RACE — American Indian, Black, White, etc. Specify: WHITE	
	15. DECEDENT'S EDI (Specify only highest grad	16e. DECEDE	160. DECEDENT'S USUAL OCCUPATION				16b. KIND OF BUSINESS/INDUST			MITIE		
COMPLETED	Elamentary/Secondary (0-12)	IIfe. Do N	(Give kind of work done during most of working life. Do NOT use retired.)				HOUSEKEEPING					
Ē	9		HOMEMAN	EK	<u> </u>							
	17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Maiden Surneme) LILLIE CLAYTON											
TO BE	19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
-	LARRY M. BOLT					TON ROAD						
	20s. METHOD OF DISPOSITION 1X Buriet 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Campular Company Comp											
ŀ	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LASSAHN FUNERAL HOME, INC.											
	78888hn Fun	12888 Do Funcial tropo Inc. 7401 BELAIR ROAD BALTIMORE, MARYLAND 21236										
	23. PART I. Enter the diseeses, or	complications that	ceused the deeth.	Do not ent	er the mo	de of dying, auc	h ss csr	dlec or respi	ratory em	eat,	Approximate	
	shock, or heert feilure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition								Onset and Dea			
ł	resulting in death) a. A CUTE PANCREATITIS DUE TO (OR AS A CONSEQUENCE OF):									Dext		
5	Sequentially list conditions,	Sequentially list conditions										
¥	if any, leading to immediate cause. Enter UNDERLYING											
CERTIFICATION	CAUSE (Disease or injury that initieted events DUE TO (OR AS A CONSEQUENCE OF):											
E I	resulting in deeth) LAST											
	PART ii. Other significent condition		eeth but not reault	ing in the	underlyln	g ceuse given in	Part i.	24a, WAS AN PERFOR		24b.	WERE AUTOPSY FINDING	
EDICAL	- PNEUMON, R							1 - YES 2	00		COMPLETION OF CAUSE OF DEATH?	
Ē	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN											
ž.	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)											
PHTSICIAN: M	EXAMINER? 1 YES 2 KNO	ER/Outpatient 3 🗆 De	3 DOA 4 Nursing Home 5 Residence			8 Other (Specify)						
	27. MANNER OF DEATH 1 Natural 5 Pending	26e. DATE OF th (Month, Day,		TIME OF		RK?	28d. DE	SCRIBE HOW II	JURY OC	CURED		
	2 Accident Investigation	INJURY — At home, ferm, street, tac			1 YES 2 NO		261. LOCATION (Street and Number or Rural Route Number,					
	4 Homicide Homicid											
COMPLEIED	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(s) and manner as stated. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(s) and manner as stated.											
	296, SIGNATURE AND TITLE OF CENTIFIED				29c. LICENSE NUM						(Month, Day, Year)	
10 BE	Vivient De	Lever	7	MD	= 1	Do 16	50		1/	3.8	28	
1	30. NAME AND ADDRESS OF PERSON WE		OF GEATH (ITEM 27)	(Type, Print)	8	ANCHOI	2 _	CV				
	31. DATE FILED (Month, Day, Year)	1 3 AREGISTRAR	RIGNATURE .		V	UESTM.	(NE7	TER V	20	2/11	57	
	FEB 0 1 1995 A	A REGISTRAR	Mardall									



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32	1. DECEDENT'S NAME (First, Middle, Last)		CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH 3. TIME OF DEATH								
	Carr. Hubert					MONTH	1 DAY 30	YEAR	1238 A		
	4. SOCIAL SECURITY NUMBER	. /		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O (Month,			HPLACE (State or Foreign try)		
1	9a. FACILITY NAME (If not institution, give si	1 M 2 F	OR LOCATION OF D	11/17/11 M			4D				
5	Bellinge VII A	losp.			TOWN OR LOCATION OF DEATH 9c. COUNTY OF Balton						
DINECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,	10c. CITY,	TOWN OR LOCAT					10d. INSIDE CITY		
	MD	Baltim							LIMITS?		
ERAI	58 S. Culver St.			101	101. ZIP CODE 21229				10g. CITIZEN OF WHAT COUNTRY? USA		
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? XXX Y IF YES, GIVE WAR O	ES 2 NO	If yea, sp	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ye If yea, specify Cuban, Maxican, Puarto Rican, atc.) 1 YES 2 X XO Specify:						
	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S U	ork done during ma	ON st of working	16b, I	KIND OF BUSINESS	I S/INDUSTRY			
PLETI	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT use	(Give kind of work done during most of working life. Do NOT use retired.) Driver			Social	1 Ser	ervices		
COMPL	17. FATHER'S NAME (First, Middle, Last)			_	18. MOTHER'S NA	AME (First, Mi	iddle, Maiden Suman		71000		
BE	Joseph				Martha						
2	19a. INFORMANT'S NAME (Type/Print) Martha M. Carr						808 BZ		, MD2121		
	20a. METHOD OF DISPOSITION NO Burial 2 Cremation 3 Remo	20b. PLACE AND DATE OF DISPOSITION (Name of				DATE 20c. LOCATION City or Town, State					
	4 Donation 5 Other (Specify) Garrison Forest VA 2/						/6 Owings Mills, MD				
21. MAME AND ADDRESS OF FACILITY James A. Morton & Sons Fur 1701 Laurens Street BAlto.											
- 1	disease or condition resulting in death) a. Wintricular fibrillation Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate give to (or as a consequence of):								Onset and Da		
ATION	Sequentially list conditions, if any, leading to immediate	Congestive	- Heart toll	4.e					Onset and Da		
ERTIFICATION	Sequentially list conditions,	DUE TO (OR)	- Heart toll	leiC					Onset and Da		
4	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition	DUE TO (OR A	AS A CONSEQUENCE OF	leiC :	g causa given in	Part I.	24a. WAS AN AUTOP PERFORMED?	25Y 24k	b. WERE AUTOPSY FINDIN		
MEDICAL	Sequentially list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition Alo Ralmany E	DUE TO (OR A	AS A CONSEQUENCE OF) AS A CONSEQUENCE OF) The but not resulting in	tha underlying			24a. WAS AN AUTOP PERFORMED? 1 PYES 2 NO		b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO		
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition Alo Ramany E. DID TOBACCO USE (25. WAS CASE BEFERRED TO MEDICAL	DUE TO (OR A	AS A CONSEQUENCE OF) AS A CONSEQUENCE OF) The but not resulting in	the underlying			PERFORMED?		b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition A RANGE PERENTED TO MEDICAL EXAMINATED TO SECURITY 1 PLYES 2 NO	DUE TO (OR A	AS A CONSEQUENCE OF) The but not resulting in O CAUSE OF	DEATH Y 26. PL OTHER: 4 Nursing Horn	res 🔲 No	heck only one)	PERFORMED?		b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?		
PHYSICIAN: MEDICAL	Sequentially list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition A Reference to Medical Examinary 1 Yes 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	DUE TO (OR A DU	AS A CONSEQUENCE OF) The but not resulting in O CAUSE OF Dutpetlent 3 □ DOA INJU	DEATH 1 26. PL OTHER: 4 Nursing Hom OF 28c. INJ RY WO 1 1	/ES NC ACE OF DEATH (C/ o 5 Residence URY AT RK? /ES 2 ND	beck only one 8 Other 28d. DESC	PERFORMED? 1 PYES 2 NO (Specify) RIBE HOW INJURY	OCCURED	b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 VES 2 NO		
ETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition A CAUSE PART II. Other algnificant condition A CAUSE OF COUSE (COUSE OF COUSE	DUE TO (OR A DU	AS A CONSEQUENCE OF) AS A CONSEQUENCE OF) The but not resulting in O CAUSE OF Dutpetlent 3 □ DOA RY 20b. TIME INJU URY — At home, farm, str	DEATH Y 26. PL OTHER: 4 Nursing Hom OF 28c. INJ M 1 WO rest, factory, office	/ES NO. ACE OF DEATH (C/ 5 Rasidence URY AT RK? /ES 2 ND	beck only one) 8 Other 28d. DESC 28f. LOCAT	PERFORMED? 1 YES 2 NC (Specify) RIBE HOW INJURY TION (Street and Nurr Town, State)	OCCURED mber or Rural	b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO		
OMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition A CAUSE PART II. Other algnificant condition A CAUSE OF COUSE (COUSE OF COUSE	DUE TO (OR A DU	AS A CONSEQUENCE OF) AS A CONSEQUENCE OF) The but not resulting in O CAUSE OF Dutpetient 3 DOA RY 28b. TIME INJU URY — At home, farm, str Specify)	DEATH 26. PL OTHER: 4 Nursing Hom OF 28c. INJ. M 1 V rest, factory, office d at the time, data	/ES NC ACE OF DEATH (CI 5 Rasidence UNIVERSAL RK? /ES 2 ND and place, and due	beck only one) 8 Other 28d. DESC 28f. LOCAT City or	PERFORMED? 1 YES 2 NO (Specify) RIBE HOW INJURY TION (Street and Nurr Town, State)	OCCURED mber or Rural	D. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO		
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition DID TOBACCO USE	DUE TO (OR A DU	AS A CONSEQUENCE OF) AS A CONSEQUENCE OF)	DEATH 26. PL OTHER: 4 Nursing Hom OF 28c. INJ RY WO rest, factory, office d at the time, data , in my opinion, d	/ES NC ACE OF DEATH (CI 5 Rasidence UNIVERSAL RK? /ES 2 ND and place, and due	a to the cause a time, data a	PERFORMED? 1 PYES 2 NO (Specify) FION (Street and Nurr Town, State) e(a) and manner as and place, and due	OCCURED mber or Rural stated, to the cause(D. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO		
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition DID TOBACCO USE	DUE TO (OR A DU	AS A CONSEQUENCE OF) AS A CONSEQUENCE OF) The but not resulting in CAUSE OF Dutpetient 3 DOA RY 28b. TIME INJU URY — At home, farm, str Specify Duty — At home, farm, str Consequence of the coursed strong and/or investigation	DEATH 26. PL OTHER: 4 Nursing Hom OF 28c. INJ M 1 1 rest, factory, office d at the time, data , in my opinion, d	/ES NC ACE OF DEATH (C/I 5 Rasidence WAY AT RK? /ES 2 ND and place, and due eath occured at the 29c. LICENSE NU	a to the cause a time, data a	PERFORMED? 1 PYES 2 NO (Specify) FION (Street and Nurr Town, State) e(a) and manner as and place, and due	OCCURED mber or Rural stated, to the cause(COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,		
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition DID TOBACCO USE	DUE TO (OR A DU	AS A CONSEQUENCE OF) AS A CONSEQUENCE OF) The but not resulting in O CAUSE OF Dutpetient 3 DOA RY 28b. Time INJU URY — At home, farm, str Specify Duty — At home, farm, str Consequence of the coursed strong and/or investigation F DEATH (ITEM 27) (Type, for the course of th	DEATH 26. PL OTHER: 4 Nursing Hom OF 28c. INJ RY WO rest, factory, office d at the time, data , in my opinion, d	/ES NC ACE OF DEATH (C/I 5 Rasidence WAY AT RK? /ES 2 ND and place, and due eath occured at the 29c. LICENSE NU	a to the cause a time, data a	PERFORMED? 1 PYES 2 NO (Specify) FION (Street and Nurr Town, State) e(a) and manner as and place, and due	OCCURED mber or Rural stated, to the cause(b. WERE AUTOPSY FINDIN ANALABLE PRIOR TO COMPLETION OF CAUS: OF DEATH? 1 YES 2 NO Route Number,		



DIRECTOR

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CERTIFICATION

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DIRECTOR: hours after THE HOSPITAL OR ATTEN TO THE HOSPITAL OR ATTO THE FUNERAL DIRECT DE filed within 72 hours a IMPORTANT: If item 2

ist une ucent controlle or executed within 24 mous after beaut. Fage o findy be retained by the hospital of attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Panes 1 2, 3 should	ental Hygiene prior to burial, cremation, or removal.	e marked or item 23 chaus any initing or other traumatic event the marked avantage much he solitied of second
מעכרתובת אוה	and comple	to burial, crei	matic even
certificate pe	nding physician	Hygiene prior	or other tran
ופו חוב חבפו	by the atte	and Mental	variation va
n reduices in	been signed	nt. of Health	Schowe a
INA. IIIC IO	rtificate has	e State Dep	ar item 23
IONA LINGUISM. THE IAM TEQUIES IN	After this cer	death with th	marked
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN DAY LEF 28 1995 11:13 ROBERT CONLEY JAN AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 215-74-6546 34 MARYLAND XX M 2 A F YRS. DEC.31 1960 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH GOOD SAMARITAN HOSPITAL n/a BALTIMORE 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND Y LIMITS? n/a BALTIMORE 10f. ZIP CODE 21202 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? AVENUE 1200 HOMEWOOD UNITED STATES 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Y YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuben, Mexicen, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 TES 2 X X40 Specify: 3 Widowed 4 Divorced **BLACK** 18e. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only high ntary/Secondary (0-12) College (1-4 or 5+) LABORER n/a 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) SR. DAVID CONLEY = Н. MARGARET TATES 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, ural Route Number, City or Town, State, Zip Code)
BALTIMORE, MARYLAND 21213 FREEDOMWAY, ROBIN CONLEY 1655 20e. METNOD OF DISPOSITION

↑ Burlal 2 □ Cremetion 3 □ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 4 Donation 5 Other (Specify) FÖREST VA CEM.2-2 OWINGS MILLS, MD 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH FH.-1101 E. NORTH AVENUE emond moun 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition reaulting in death) OUE TO (OR AS A Sequantially list conditiona, OUE TO (OR AS A CONSEQUENCE OF): If any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury **OUE TO (OR AS A CONSEQUENCE OF):** that initiated evants reaulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? PERFORMED? 1 TYES 2 NO 1 - YES 2 - NO DID TOBACCO USE CONTILIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL YES 2 NO OTHER: ☐ Inpatient 2½ ER/Outpatient 3 ☐ 4 Nursing Nome 5 Residence 8 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATN 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Tymural 5 Pending Investigation 1 YES 2 NO 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Sulcide 8 Could not be 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(e) and manner as stated. 2 🔀 MEDICAL EXAMINE 3: On the beels of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner se stated. E AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year) FEB 1, 1995

O.C.M.E.

Penn Street, Baltimore, Maryland 21201

PLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF	MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
	CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)	OLEH ZE	NOWIJ CH	OMA		2. DATE OF DEATH MONTH Jan. 23	DAY	year 3:00 P m		
	4. SOCIAL SECURITY NUMBER 219-52-7309	, 1947	a. BIRTHPLACE (State or Foreign Country) 1947 Ukraine							
OR	90. FACILITY NAME (If not institution, give s 3030 Elizabeth		NA							
ដ្ឋា	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Y	10c, CITY, TOWN OR LOCATION							
FUNERAL DIRECTOR	Maryland NA		Baltimore (Lakeland)							
KERA	3030 Elizabet	h Avenue,	EN OF WHAT COUNTRY?							
B	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced	erried 2 Merried FORCES? 1 YES 2 NO If yes, specify Cuben, Maxican, Puerto Rican, atc.) FYES. GIVE WAR OR DATES 1 YES 2 NO Seconds.								
	15. DECEDENT'S EDU (Specify only highest grade		18a. DECEDENT'S (Give kind of	work done duri	IPATION ng most of working	16b. KIND OF	BUSINESS/INDU	STRY		
COMPLETED	Elementary/Secondary (0-12) 12th Grade	College (1-4 or 5+) +3	life. Do NOT us	echnic		SCM	Chemica	ils Co.		
BE CO	17. FATHER'S NAME (First, Middle, Last) Lehrer Mychajlo	(Michael) C	homa		18. MOTHER'S N Maria	AME (First, Middle, Mel Diwnycz	den Surname)			
2	Mrs. Sharon Lee	Choma	196. MAILING 3030	Eliza	abeth Ave.	Route Number, City or Baltimo	re, Md.	²¹²³⁰		
	20e. METHOD OF DISPOSITION XXBurlel 2 Cremetion 3 Rem 4 Denetion 5 Other (Specify)	coval from Stata S	PLACE AND DATE	of DISPOSITION	Jkrainianj	DATE 200.	location - co ltimore	ity or Town, State 2, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LIC	out intollact of okta till falls and at part into a stand								
	IMMEDIATE CAUSE (Final	I. Venthiculm DUE TO (OR AS A	ACCHYTHA	11A		ch aa cardiac or re	apiratory arre	at, Approximate Interval Batween Onset and Daeth		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	tigh &	ANTENDED A CONSEQUENCE OF MELLIS	essure						
AL.	PART II. Other significant condition	MO/CING	out not resulting	In the unde	riying cauaa givan ir	Part i. 24a. WAS	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDIC		MONIC REMA	4.60%	_		1 YES	2 NAO	OF DEATH?		
	DID TOBACCO USE C	ONTRIBUTE TO	CAUSE OF	DEATH	YES T NO			1 TYES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF DEATH (C	heck only one)				
14SI	1 YES 2 Y NO 27. MANNER OF DEATH	1 □ Inpatient 2 □ ER/Out	patient 3 DOA	4 - Nursing	Home 5 Pasidence	8 Other (Specify)	W III III III OOO	1959		
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN	M	WORK?	200. DESCRIBE HO	W INJURY OCCU	MED		
ا ۵	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, atc. (Spe-	f — At home, farm, cify)	atreet, factory	, office	281. LOCATION (Str. City or Town, St		or Rural Route Number,		
COMPLETE	anal	ICIAN: To the best of my know						d. ceuse(e) end manner ee stated.		
BE	SURAND TITLE OF CENTIFIES	Leno			29c. LICENSE NU D2929	IOTHIO.	29d. DATE	SIGNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WH	10 1	ATH (ITEM 27) (Type	, Print)						
	31. DATE FILED (Morith, Day, Year)	32. REGISTRAR'S SIGN								
	FFB 0 1 1995 Ju	his dander Res	lalle				-			



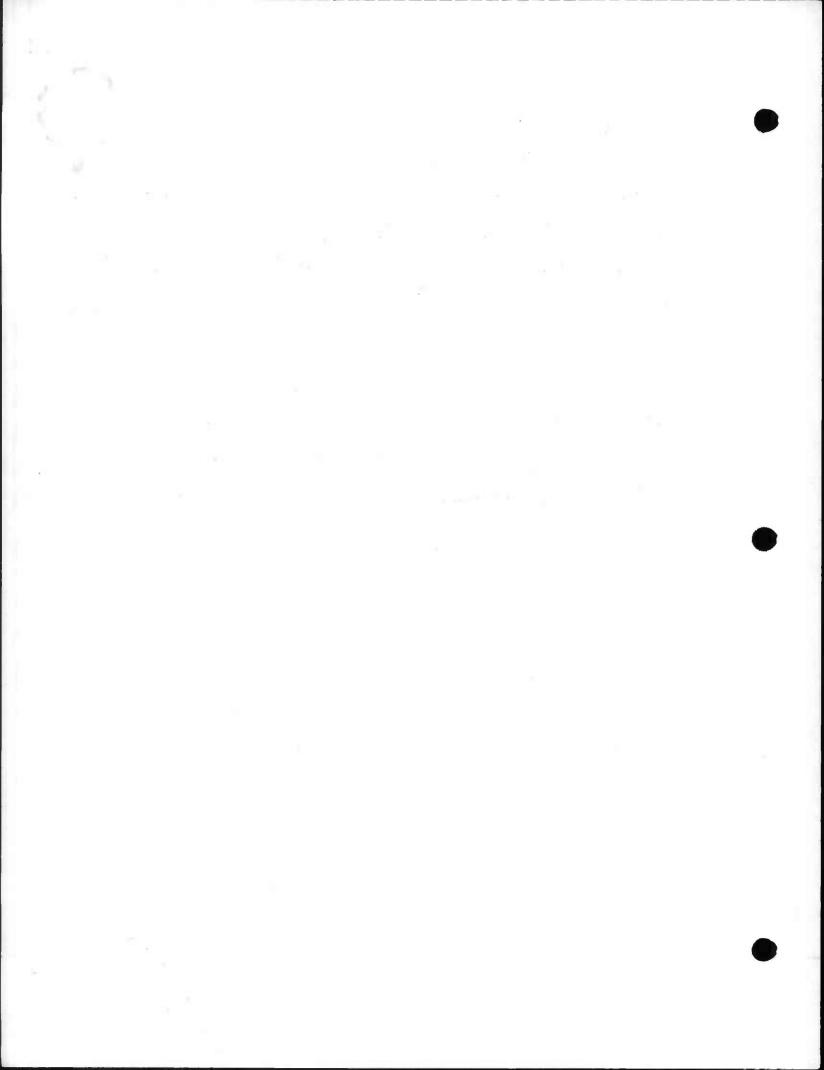
TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

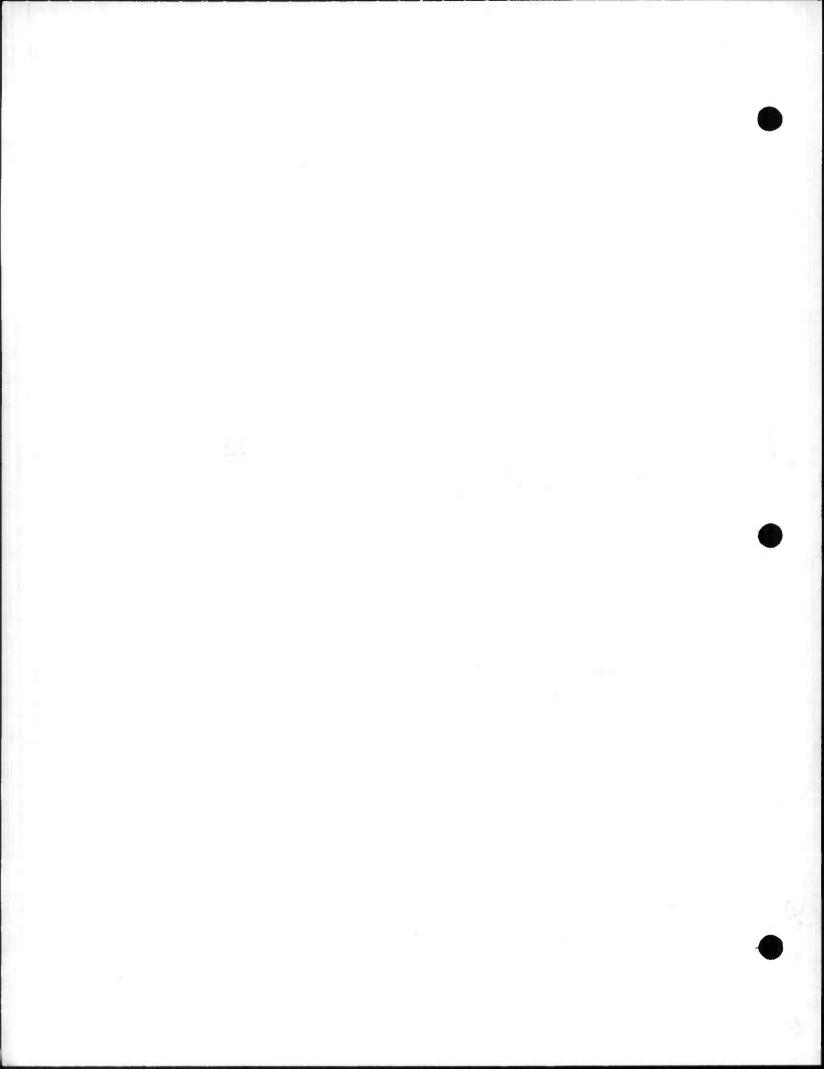
TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and competely filled in by the funeral director, page 5 may be retained by the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. FOR

1 - STATE REGISTRAR	OINTE OF MARKET	CERTIFI	CATE OF	DEATH	REG. NO.		THE STATE OF
1. DECEDENT'S NAME (First, Middle, Last)	la		-		2. DATE OF DEATH		YEAR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH	18 la	195 M
010 00 000	1 X M 2 F		MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	21.1	B. BIRTHPLACE (State or Foreign Country)
9a. FACILITY NAME (If not institution, give street	et and number)	ω	9b. CITY, TOWN	OR LOCATION OF DE	March 30, 19	9c. COUN	TY OF DEATH
1212 Birch AVI	enve		Arbu	itus			timore -
10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	TION	·		10d. INSIDE CITY
Naryland Balt	imore	17	-butu	5			1 TES 2 NO
1212 Birch Ave	enue		10	1. ZIP CODE 21227		10g. CITI	zen of what country? ed States
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, s	CENDENT OF HISPAN Healty Cuben, Maxica 3 2 NO Specify	IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	or No—	14. RACE — American Indian, Black, White, atc. Specify:
15. DECEDENT'S EDUCAT (Specify only highest grade co		16a. DECEDENT'S U	ork done during m		16b. KIND OF BUS	SINESS/IND	USTRY
4	College (1-4 or 5+)	Butch	retired.)		Food		
17. FATHER'S NAME (First, Middle, Last) UNKNOWN				16. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural F	Soute Number, City or Town	n, State, Zip	Code)
raye M. White		ald	Birch	Hvenue,	Arbutus.	MD	21221
20a, METHOD OF OISPOSITION 1 St. Burlet 2 Cremation 3 Ramovi 4 Depotion 5 Other (Specify)	al from State	netery, crematory of oth	er place)	etery	1/31 Bal	timer	City or Town, State
21. BIGHAPUTE OF PHINEAL SERVICE LCC	tagan		1328	SUIPHUR	Spring Ro	4 6	neral Home, Inc. butus, MD 21227
23. PART i. Enter the diseeses, Dr cor	mplicatione that cause	d the death. Do no	ot enter the me	de of dying, such	1		est, Approximate
ahock, or heert feliure. Lie IMMEDIATE CAUSE (Finel disease or condition resulting in death)	recure			lar ace	wents		Interval Between Onaet and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	1				
CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO (OR AS	CONSEQUENCE OF)					
PART II. Other significant conditions	contributing to deeth t	out not recuiting in	the underlyin	g ceuse given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
i .	potension				PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
DID TOBACCO USE CONTRIL	BUTE TO CAUSE C	F DEATH YES	S I NO I	UNCERTAIN			1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATH		2 OTTOLIKIAN			
	OSPITAL: ☐ Inpatiant 2 ☐ ER/Out	patient 3 DOA	OTHER: 4 - Nursing Hor	ne 5 Residence	6 Other (Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY W	DRY AT DRK? YES 2 NO	28d. DE\$CRIBE HOW II	NJURY OCC	CURED
1 Netural 5 Pending		— At home, ferm, at	M 1	YES 2 NO	281. LOCATION (Street a City or Town, State)		
1 Netural 5 Pending Investigation 3 Suicide 8 Could not be datarmined	(Month, Day, Year) 28e. PLACE OF INJURY building, atc. (Spe	INJU	M 1	PRK? YES 2 NO	281. LOCATION (Street a City or Yown, State)	nd Number	or Rural Route Number,
Netural 5 Pending Investigation 3 Suicide 4 Homicide Certifier (Check only	(Month, Dey, Yeer) 28e. PLACE OF INJURY building, atc. (Spe	— At home, ferm, at	M 1 With time, details of the time, details	PRK? YES 2 NO	281. LOCATION (Street a City or Town, State) to the cause(a) and men	nd Number	or Rural Route Number,
Netural 5 Pending Investigation 3 Suicide 4 Homicide Certifier (Check only	(Month, Dey, Yeer) 28e. PLACE OF INJURY building, atc. (Spe	— At home, ferm, at	M 1 With time, details of the time, details	PRK? YES 2 NO	281. LOCATION (Street a City or Yown, State) to the cause(s) and men time, data and place, an	nd Number	or Rurel Route Number,
1 Netural 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINES:	28e. PLACE OF INJURE building, atc. (Spe	—At home, ferm, at ledge, daeth occurred n and/or investigation	M 1	PRICE OF THE PRICE	281. LOCATION (Street a City or Yown, State) to the cause(s) and men time, data and place, an	oner as atated due to the	or Rural Route Number, ed. e ceuse(s) and manner se stated.
Netural 2	(Month, Day, Year) 28e. PLACE OF INJURY building, atc. (Spe AN: To the best of my know On the basis of exeminatio	ledge, death occurred in and/or investigation	my opinion, o	PRICE OF THE PRICE	281. LOCATION (Street a City or Yown, State) to the cause(s) and men tirme, deta and placa, an	oner as atated due to the	or Rural Route Number, ed. e ceuse(s) and manner se stated.



1 - STATE

	HEGISTHAH			ERITE	CALE	OF L	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest, CATHERINE		CUZIN	SKI				2. DATE MONTH Jan	OF OEATH		YEAR 3	. TIME OF DEATH
H	4. SOCIAL SECURITY NUMBER		AGE (In yrs. las	at birthday)	IF UNDER 1 1		IF UNDER 24 HRS.	7. DATE	OF BIRTH Day, Year)		8. BIRTHPL	ACE (State or Foreign
	212-52-7330	1 ☐ M 2 💯 F	86	YRS.			HOURS MIN.	7-2	5-08			MD
5	99. FACILITY NAME (If not institution, give street and number) Global Health Center 96. COUNTY OF DEATH Balt:									imore		
2	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	TY .		10c CITY	TOWN OR	LOCATIO	N.					Dd. INSIDE CITY
- Unecion	MD				2001110					- 12	LIMITS?	
FUNERAL	l and a second and	freet and number 6116 Belair Rd.					101. ZIP CODE 21206					AT COUNTRY?
2	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	YER IN U.S. AR	Y NO If yes, specify Cuben, Mexican, Puerto Rican, etc. I Black, White						American Indian, White, etc.			
COMPLEIED	15. DECEOENT'S EDI (Specify only highest grad	JCATION le completed)	(G	CEDENT'S U	ork done dun	UPATION ing most	of working	16b.	KIND OF BUS	SINESS/INDU	STRY	
77.00	Elementary/Secondary (0-12	College (1-4 or 5+)	HTD.	NII	rse							
	17. FATHER'S NAME (First, Middle, Lest) Walter Cuzinsk	si.				1	Ann		nski	Surneme)		
2	19e. INFORMANT'S NAME (Type/Print)						Number or Rural				Code)	
-	Frances Kriss						Ave. N	orth			21901	
	1 Buriel 25 Cremation 3 Rer 4 Donation 5 Other (Specify)	ncval from State	cemetery, cre Met.	AND DATE OF matery or othe 17() C17(FDISPOSITION PROPERTY	ON (Name	of	וֹן בַּ		cation — c atons		
	21. SIGNATURE OF FUNERAL SERVICE L	11771			22. NA	ME AND	ADDRESS OF FA					, FII)
	23. PART I. Enter the diseases, or		7			1211	n/Rosed l Chesa	co Av	e.			
CERTIFICATION	disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate out to (or as a consequence of):									Onset and Deat		
	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF):											
	PART II. Other aignificant conditio	ns contributing to dea	th but not n	esuiting in	the unde	riying c	ause given in	Part I.	24a. WAS AN			ERE AUTOPSY FINDINGS
TO IOU	POST Pheum Tracheos To My	MIL Tr	estm;	mt 1		Po	51	_	PERFOR		00	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
	DID TOBACCO USE CONT) []	UNCERTAI	ПП			1	YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		E OF DEATH	(Check only							
	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 I ER/		□ DOA 4			5 Residence					
TUL IO	1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJU (Month, Day, Ye		28b. TIME INJUI	RY	Oc. INJUR WORK 1 YES		28d. DEŞ	CRIBE HOW IN	IJURY OCCU	RED	
בובה	3 Suicide 8 Could not be determined	28e. PLACE OF INJ building, etc. (JURY — At ho (Specify)	me, term, str	eet, factory,	, office		281. LOCA City o	TION (Street e r Town, State)	nd Number o	Rural Rout	e Number,
COMPLE		ICIAN: To the best of my k										nd manner ee stated.
N N	29b. SIGNATURE AND TITLE OF CERTIFIE						9c. LICENSE NUI			29d. DATE	-	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WE		Bo		rint)		2/2/4					
	31. DATE FILED (Month, Day, Year) FEB 0 1 1996	32 REGISTRAR'S			• • •		7			-		-
	- PD AT 1997	1 1 mm	THE PARTY	ALAY:								



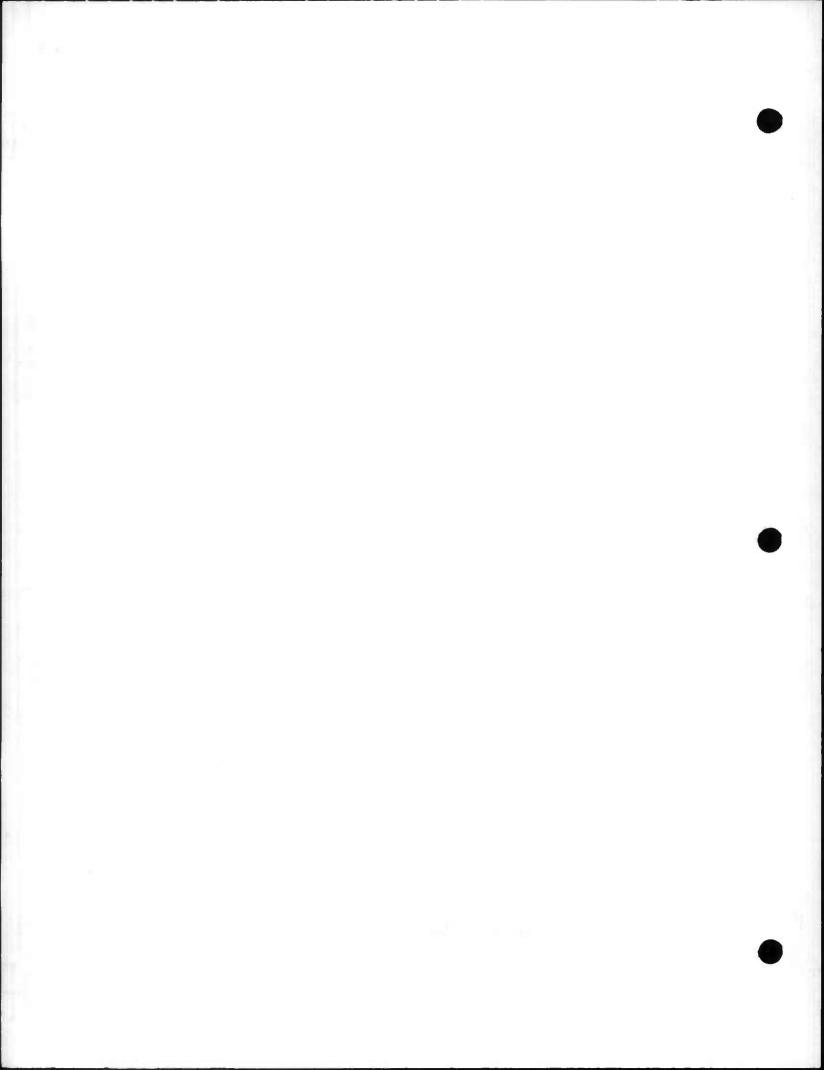
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FURTHER OR ATTENDIANS PRESIDENCE THE law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

FURTHER DIRECTOR ASSET WITH LESS ARE ASSET OF THE ASSET O

1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	4 DEOCOCNIC NAME (C)					(111111	OAIL	- 01	DEA	111		REG. NO	·			
1. DECEDENT'S NAME (First, Middle, Last) John David DENNIS									2. DATE OF MONTH Januar	D	100	YEAR	3. TIME OF DEATH 6:52 D M			
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (I	In yrs. last bi		IF UNDER	1 VEAR	IF UNDER		7. DATE OF		& BIRTHRI ACE (State or English			
	175-34-1760		1 🚉 M 2 🗆 F			YRS.	MONTHS	DAYS	HOURS	MIN.	Nov.	8,19	944 Pennsylvania			
m	9a. FACILITY NAME (If not in									ON OF DE	ATH		9c. COU	COUNTY OF DEATH		
DIRECTOR	Franklin Square Hospital						KOS	svi	тте				Baltimore County			
Ĕ	10e. STATE	10b. COUNT	Υ		14	10c. CITY,	TOWN C	OR LOCAT	TION		-				10d. INSIDE CITY	
						Bal	Baltimore					LIMITS? 1 ☐ YES 2 🔯 NO				
₹	10e. STREET AND NUMBER						10f. ZIP CODE					10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL	4302 Ko1b	Avenu	ie						212	206			U.S.A.			
🗄	t1. MARITAL STATUS 1	Manielad	12. WAS DECEDEN FORCES? 1	T EVER IN	U.S. ARMEI	D	13.	WAS DEC	ENDENT C	OF HISPANI	C ORIGIN?	Specify Yes	or No-	- 14. RACE — American Indian, Black, White, etc.		
BY	3 Widowed 4 Divo		1965-6	AR OR DA						Specify:		m, 400.)		Speci		
COMPLETED		EDENT'S EDU			16e. DECEC	DENT'S U	SUAL O	CCUPATIO	DN		16b. KI	NO OF BUS	SINESS/IN	DUSTRY		
🗓	Elementary/Secondary (0	-1	College (1-4 or 5	-)	Itte. Do	NOT use	retired.)	-	st of working	ng	Te	lepho	one /	/ Com	munication	
MP.			$1\frac{1}{2}$ yrs.		Comm	nici	ian	ons			Co	mpany	7	COM	and it care to it	
ਨੂ	17. FATHER'S NAME (First, M								16. MOT	HER'S NAM	AE (First, Mide	tle, Maiden	Sumame)			
BE (Clarence W	<i>l</i> illian	n Dennis						Ma	ary		Mill	er			
2	19a. INFORMANT'S NAME (7	Type/Print)			19b. M	AULING A	ADDRESS	(Street a	nd Number	or Rural R	oute Number,					
-	Elizabeth J		ennis			302			Avenu	ıe	Ba1	timo	re,Ma	ary1a	and 21206	
	20s. METHOD OF DISPOSITE 1 Description Des	n 3 🗆 Rem	oval from Stata	20b. came	PLACE AND etery, cremet Parkw	DATE OF	er placa)	ITION (No	me of		2-1		cation — altin		wn, Stata , Maryland	
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE		I GI ICH	, o o u				SS OF FAC		1			lair Road	
	* Kath	leen	m. mu	ph	er		J	ohn	C. 1	Mille	r, In	.с.			re,Md.21206	
	23. PART i. Enter the di	seases, or o	complications the	t caused	the death	n. Do no	t anter	the mo	de of dy	ing, such	as cardied	or reapi	ratory an	reat,	Approximata	
	iMMEDIATE CAUSE (Fin		List only one cau	Se ON ee	ich line.										Interval Between Onset and Death	
	disease or condition resulting in death)	_	ACUT	E MY	OCARI	ΝΤΔΤ.	TNI	TARC	TTON							
	rosatting in duality				CONSEQUE			AICO	IION							
N O	Sequantially list conditi		a. ISCH	IEMIC	CARI	DIOM	YOPA	YHT								
¥.	if any, leading to immed cause. Enter UNDERLY!	NG			ARTH			ZASE								
트	CAUSE (Disease or inju that initiated events	Iry			CONSEQUE			חמאר								
CERTIFICATION	resulting in death) LAS	т (d CERE	EBROV	ASCUA	ALR	DISE	EASE								
	PART II. Other algnifica	nt condition	a contribution to	death hu	it not may	uttlen in	the un	doub.los		-l t- 6	Sat La	3144 41				
EDICAL			e contributing to	Geath Do	it not reed	arring III	UNE UIT	carrying) ceuse (given in r	*BFC 1, 24	e. WAS AN PERFOR		246.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
											_ 1	YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?	
Σ	DID TORACCO II	CE COLE	NO. 177 TO 64												1 TES 2 NO	
AN	DID TOBACCO U		KIROLE 10 CA						UNC	ERTAIN						
PHYSICIAN:	EXAMINER?	O MEDICAL	HOSPITAL:		6. PLACE O		OTHER	ti								
ξ	27. MANNER OF DEATH		1 Inpetient 2 I			DOA 4	_	ing Hom 28c. INJ			Other (S					
	1 Natural 5	Pending	(Month, Di	ny, Year)	20	INJUI		WO	RK?		28d. OESCR	IBE HOW II	NJURY OC	CUREO		
ВУ	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Investigation	28e. PLACE O	F INJURY -	- At home,	farm, str	eet, facto				281. LOCATIO	ON (Street o	and Number	or Rumi B	Poute Number,	
COMPLETED		Could not be determined	building,	atc. (Specif	(y)						City or T	own, State)		Or Haster Fr	rearrage,	
MPLE			CIAN: To the best of													
18	2 MEDI			_AA	end/or Inve	stigation,	In my o	pinion, d	eath occur	red at the II	lme, deta en	i place, en	d due to It	re cause(s) end manner as stated.	
BE (296. SIGNATURE AND TITLE	OF CERTIFIE	1	UU	1111	A			290 LICE	NSE NUME	BER		29d. DAT	ESIGNED	(Nonth, Day, Year)	
2	30 NAME AND ADOPTION OF	J_	XIV	4	MAN	1				dT()>		> /	130	142	
	30. NAME AND ADORESS OF	rensun WH	U COMPLETEO CAUS	E OF DEA	TH (ITEM 27	7) (Type, P	rint)		_						l	
	31. DATE EILED Month, Day	* 1	3 AREGISTRA	el sien.	IV E											
	"FEB"0"1"199	15 Au	M WILLIAM	- PURITY												

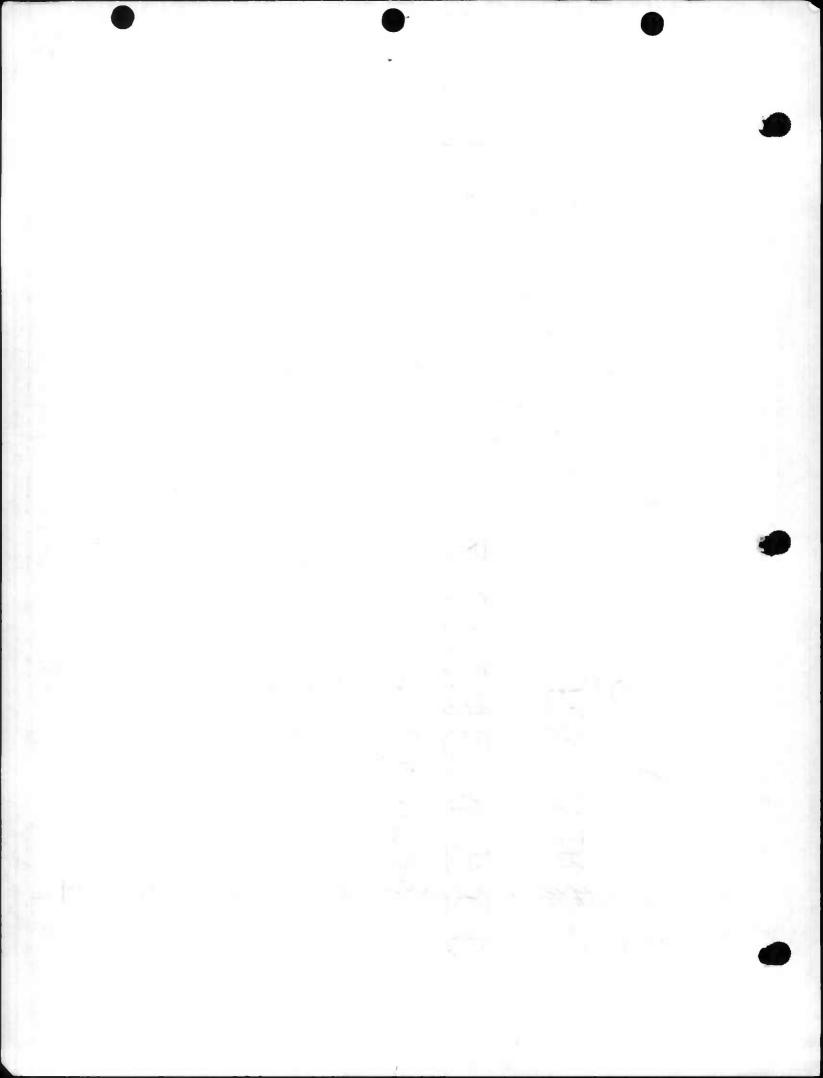


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32. REGISTRAR'S SIGNATURE

	FOR STATE REGISTRAR		STATE OF MARYL		DEPARTMENT :			MENTAL HYGIEN REG. NO	_			
	1. DECEDENT'S NAME (Firs	t, Middle, Last)		-		П		2. DATE OF DEATH MONTH D	AY	YEAR	3. TIME OF D	EATH
	DR. Ber	trank	d C.	Jai	4			01 30	4.0	15	11:10	AN
	4. SOCIAL SECURITY NUM	0ER	5. SEX 6. AGE	(in yrs. last			IF UNDER 24 HRS.	7. DATE OF BIRTH			PLACE (State o	r Foreign
ł	217-32-0	840	1 M 2 F 9	39	YRS. MONTHS	DAYS	HOURS MIN.	7-16-06		Count	ance.	
	9a. FACILITY NAME (If not				9b. CITY, 1	OWN	OR LOCATION OF DI		7			
œ											-i-A	
6	RESIDENCE OF DE	CEDENT	Retirement	CC	. 17-	KU,	euck.		Frederich			
DIRECTOR	10a. STATE	10b. COUNT	Υ		10c. CITY, TOWN OR	LOCA	TION				10d. INSIDE C	YTE
5	Marvland	Carr	oll County		Mt.	Ai	rv				1 YES 2	X NO
ا بر	10e. STREET AND NUMBER	-				_	H. ZIP CODE		10g. CITIZ	EN OF V	WHAT COUNTRY	77
FUNERAL	12491 Jess	se Smi	th Road				21771		U.S	. A.		
ΞI	11. MARITAL STATUS		12. WAS DECEDENT EVER	IN U.S. ARM	IED 13. W	AS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify Yes			E — American I	ndlan.
	1 Never Married 2	Married	FORCES? 1 YES	2 XN) if	yes, s		in, Puerto Ricen, etc.)		Black	k, Whita, etc.	
B	3 Widowed 4 Div	orced	IF 120, GIVE HAN ON I	PAICO		1164	S 22 E NO Specif	у.		Spec	" Whit	е
	15, DE	CEDENT'S EDI	JCATION		EDENT'S USUAL OCC			18b. KIND OF BU	SINESS/INDI	JSTRY		
	(Specify or Elementary/Secondary	nly highest grad	completed) College (1-4 or 5+)	(Giv	e kind of work done du Do NOT use retired.)	nng m	ost of working					
COMPL	Lientennal yr geochidai y	,	8	M	ledical Do	oct	or	Hea	1th C	are		
5	17. FATHER'S NAME (First,	Middle, Last)			Januar Di		1	AME (First, Middle, Maiden				
- 1			stant E. Gau					e Bertrand				
RE	19a. INFORMANT'S NAME		Stallt E. dad	105	MAII INC ADDRESS	Channel		Route Number, City or Tow		Code	_	_
2	Mrs. Henrie		Cau					ad Mt. Air			771	
	20a. METHOD OF DISPOSITION 1 Burlai 2 Coremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Carroll Cremation Serv. 1/31/95 Hampstead, MD											
	21. SIGNATURE OF FUNER						AND ADDRESS OF FA		amp o o o	,,		
	12.		111:14					L HOME (P.	0. Bo	x 1	95)	
	Duo	nea	.4-Yalga					MD 21784 (
			complications Wat couse		th. Do not enter t						Approx	
	shock, or IMMEDIATE CAUSE (F		List only one cause on	aech iina.								Between
	diseese or condition_	irrai		n 0	uno.	_	. 1				3w	1.t.
ŀ	resulting in death)		OUE TO (OR AS	A CONSEO	UENCE OF):		col				200	2
	1	_	4		4-5-5-5-5-6							
5	Sequentielly list cond		DUE TO (OR AS	A CONSEQ	UENCE OF):							
4	If any, leading to imm cause. Enter UNDERL	YING										
HIFICATION	CAUSE (Disease or in that initiated events	ury	DUE TO (OR AS	A CONSEQ	UENCE OF):							
Ę	resulting in death) LA	ST										
			d									
AL			ns contributing to deeth							248	. WERE AUTOPS	
<u>3</u>	A	The	rosclero	5 1	- Hea	1	Dire	ESC 1 VES			COMPLETION	
EDIC		. 1 .	Canc								OF DEATH?	□ NO
Σ		0100	T C W TC			-		-			1 123 1	_ 110
AN:	25. WAS CASE REFERRED	TO MEDICAL	-		_	26 5	PLACE OF DEATH (C	hear and ane)				
HYSICI	EXAMINER?		HOSPITAL:		OTHER	-					_	
2	1 YES 2. NO		1 Inpatient 2 ER/Ou			_		6 Other (Specify)				
2	27. MANNER OF DEATH	Pending	(Month, Day, Year)		28b. TIME OF INJURY	W	JURY AT YORK?	28d. DEŞCRIBE HOW	INJURY OCC	URED		
	2 Accident	Investigation			М		YES 2 NO					
		Could not be	28e. PLACE OF INJUF building, atc. (Sp	RY — At hor eclfy)	ne, farm, street, facto	ry, offi	ice	281. LOCATION (Street City or Town, State		or Rural	Route Number,	
	4 Homicide	Jerammed										
7	29a, CERTIFIER 1 CE	RTIFYING PHY	SICIAN: To the best of my kno	wledge, de	ath occurred at the tin	ne, da	ta and place, and du	a to the cause(a) and me	enner as stat	ed.		
COMPLE	ana)	DICAL EXAMIN	IER: On the basis of axaminati	lon and/or l	nvestigation, in my op	Inion,	death occured at the	time, data and place, a	nd due to th	e cause(s) and manner	as stated.
ŭ L	296. SIGNATURE AND TIT	E OF CERTIFI	ER /	1		_	29c, LICENSE NU	MBER	29d, DAT	E SIGNE	D (Month, Day, V	bar)
۱۵		hen.	124	X	1	/			1	1 3	019	4
2	30. NAME AND ADDRESS	OF PERSON W	HO COMPLETED CAUSE OF D	EATH (ITE	1 27) (Time Drive)	2	.1			1	7/1	-
	THE PARTY NAME OF	O. I ENGON W	THE HOME PETER MANGE OF T	APPRILITED BY	A . I COUNTY PORTO							*



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30. NAME AND ADDRESS OF PERSON WHO COMPERED

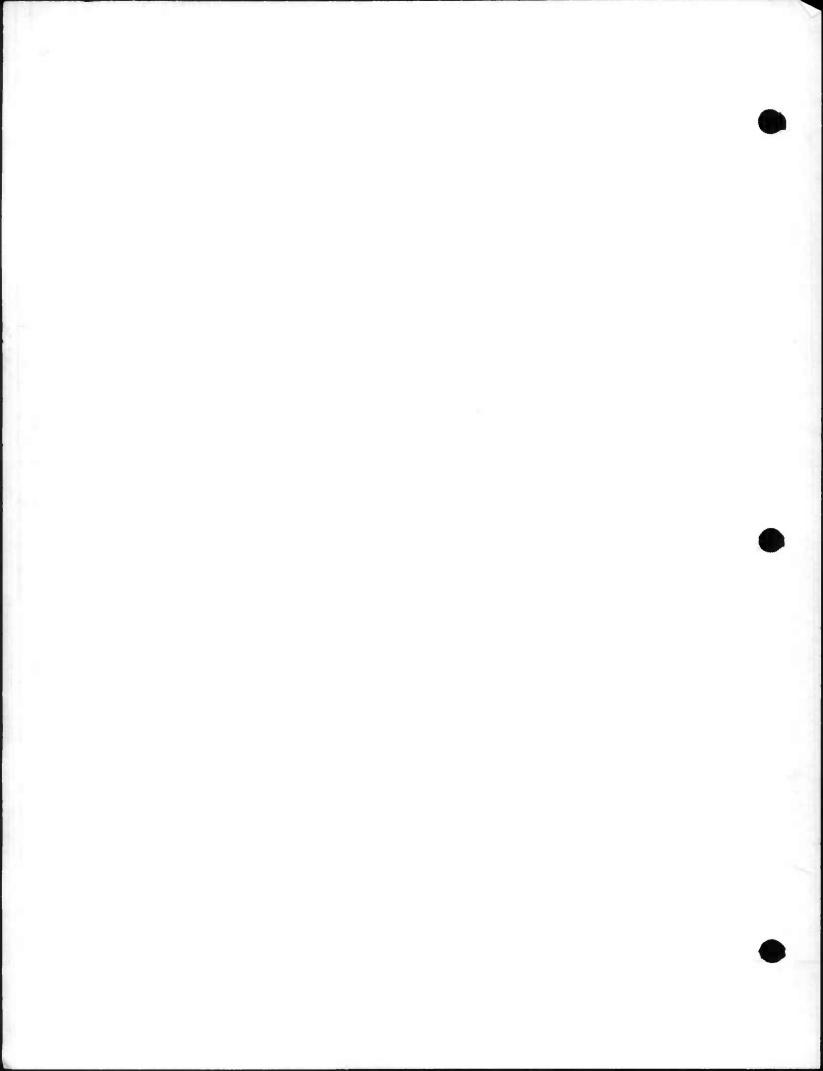
31. DATE FILED (Month, Day, Year)
FEB U 1 1995

								95	02/16
		FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM			MENTAL HYGIEN		
		1. DECEDENT'S NAME (First, Middle, Last) MABLE		ER	WE OF	BEATT	2. DATE OF DEATH		3. TIME OF DEATH
-		4. SOCIAL SECURITY NUMBER 2/7-/2-6736	5. SEX 6. AGE (In yrs. 1 M 2 X F	inst birthday) IF (JNDER t YEAR THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFTH (Month, Day, Year) Feb. 25,	8.1	BIRTHPLACE (State or Foreign Country)
2. 3 shoul	OR	Johns Hopkins	Hospital	9b.	CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH
physician. burial-transit permit. Pages 1, 2, 3 should	DIRECTOR	Maryland 10b. COUNTY		10c. CITY, TO	wn on Loca	TION			10d. INSIDE CITY LIMITS? 1 XYES 2 NO
nsit permit	FUNERAL	100. STREET AND NUMBER 2402 Albion	avenue		10	1. ZIP CODE	4	10g. CITIZEN	OF WHAT COUNTRY?
	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED NO	If yes, sp	CENDENT OF NISPA	NIC ORIGIN? (Specify Year, Puerto Rican, atc.)	s or No — 14.	RACE — American Indian, Black, White, etc.
al or attending for use as the	G	15. DECEDENT'S EDUC (Specify only highest grade	completed)	DECEDENT'S USU. (Give kind of work of life) Do NOT use reti	done during mo	ON ost of working	16b. KIND OF BU	SINESS/INDUST	Pacc
the hospital detached fo once.	COMPLET	Elementary/Secondary (0-12) 17. FATNER'S NAME (First, Middle, Last)	College (1-4 or 5 +)	b. Tec	Λ	SS/STOUNT	ME (First, Middle, Malder	+OSP [al
2 2 E	BE C	Zeno B	rown			E	stetta	Gree	
De 5 ge 5	5	Hozel Brow		2402	A16	. 0	Route Number, City or Tow e - Ball	more,	Md 212/4
e 6 may rector, pa must b		20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remote 4 Donation 6 Other (Specify)	val from State comments, o	COMMENTED OF DISCORDANCE OF DESCRIPTION OF THE PROPERTY OF THE		ame of	29ATE / 20c. LO	CATION - City	1 1 1 1
after death. Page 6 may be by the funeral director, page moval.		21. SIGNATURE OF FUNERAL SERVICE LICE	Russ)		UOSEF Q b D	ND ADDRESS OF FA	Russ +	cheva	1 Home
in by			omplications that caused the later only one cause on each life	deeth. Do not e na.	nter the mo	ode of dying, auc	h as cardiec or reep	iretory arrest,	Approximata interval Between
ted within 24 ho completely filled ial, cremation, o		immediate cause (Final disease or condition resulting in death)	Castro 1	Atesty,	nal	bleed	ling		Onset and Death
ecuted ind con burial, atic er	NO	Sequentially list conditions,	DUE TO (OR AS A CONS	Utis					
sician prior t	ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONS						
ding dygie	CERTI	that initiated events resulting in deeth) LAST		EOUENCE OF):					
that the dea the at th and Menta any Injury,	EDICAL	PART II. Other algnificent conditions	0 /	resulting in th			Part i. 24a, WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
w requires the been signed or. of Heafth and shows am	Σ	DID TOBACCO USE CONTR	IBUTE TO CAUSE OF DE	- ' /			_		OF DEATH?
N: The law scate has be State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	28. PL	ACE OF DEATH (CI	neck only one) HER:				
The sertificate with the State	PHYS	27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpatient 2 ER/Outpatient 28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJ		6 Other (Specify) 28d. DESCRIBE NOW	NJURY OCCURE	D
OR ATTENDING PRINCICIAN: The law requires that the death unfections are entiticate has been signed by the attention of the principle of Health and Mental is little by the strength of Health and Mental is little of the principle	SED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	26e. PLACE OF INJURY — At I building, atc. (Specify)	home, ferm, street	M 1 1		281. LOCATION (Street City or Town, State)	end Number or R	ural Route Number,
PAL OS AN TOWNER OF THE PARTY O	2		IAN: To the beat of my knowledge,						
THE HOSPITAL THE FUNERAY filed within 2	CON	2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	: On the purile of examination end/o	r Investigation, In	my opinion, d	eath occured at the			INEO (Month, Day, Year)
THE THE THE THE THE THE THE THE THE THE	38 C		WHI			A 1	796		30.95

DECONTERE CAUSE OF DEATH (ITEM 27) (Type, Print)

ATTWED 3505 HD PIKINS BAY VIEW BALDIMORE, MO

HUMAN DESIGNATION OF THE PROPERTY OF THE PROPE

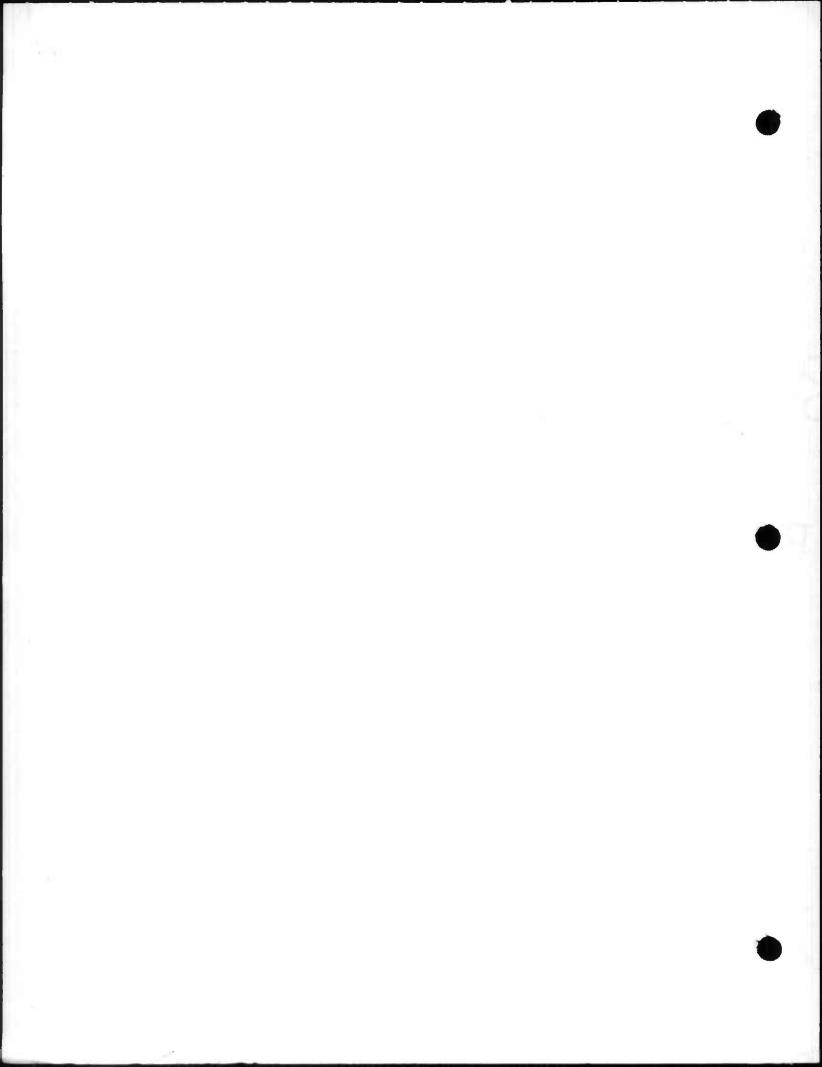


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o riday be retained by the hospital or attending physician.	coor, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	Property of the control of the contr	
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tic be executed within a liber's all	etely	to burial, cremation, or removal.	- 4 45
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100	certificate has been signed by the attending physician an	Hygi	4-
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FOR 1 - STATE REGISTRAD STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTRAR			EKITFIC	CATE OF	DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	AY YEA	3. TIME OF DEATH
	Star	rley M.G.	ottli	eb .			Jan. 30		ヤナナ
			AGE (In yrs. I	1 1	IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	C	IRTNPLACE (State or Foreignuntry)
	115-14-8512	1 M 2 G F	<u>73</u>	YRS.		min.	man. 19,1	1921 N	ew York
~	9a. FACILITY NAME (If not institution, give a	treet and number)		34	Bb. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY C	OF DEATH
0	St. Joseph Horr	pital			701	uson		Balt	0 (0
ដ្ឋ	10a. STATE 10b. COUNTY			40- 0179	TOWN OR LOCA			- DUAL	
DIRECTOR									10d. INSIDE CITY LIMITS?
	Maryland Balt	Limore		Ba	Ltimp.				1 TYES 2
FUNERAL		- 6	,		10	f. ZIP CODE			OF WHAT COUNTRY?
N.	11. MARITAL STATUS	Sanah L				21234		u.s	.A.
F	1 Never Married 2 Married	12. WAS DECEDENT E FORCES? 1	YES 2		13. WAS DE	CENDENT OF HISPAI Decify Cuban, Mexico	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No — 14. F	IACE — American Indian, Black, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR	W. //			S 2 NO Specif		s	ipocity: White
8	15. DECEDENT'S EDU		1	ECEDENT: 0 III	SUAL OCCUPATI	001			
ET	(Specify only highest grade	(completed)	(1	Give kind of wor	rk done during m	ost of working	16b. KIND OF BUS	SINESS/INDUSTR	IA.
PL	Elementary/Secondary (0-12)	College (1-4 or 5+)			ical E		1		
COMPL	17. FATHER'S NAME (First, Middle, Lest)		men	tonuc	ccuz c	7		raft	
_			(,,	1 . 1			ME (First, Middle, Maiden		
BE	19a, INFORMANT'S NAME (Type/Print)	enjamin					<u>cilia Kne</u>		
2	0		11				Route Number, City or Town		
	Benjamin C. Go	ttlich					DrEdge		
	1 ☑ Buriet 2 ☐ Cremation 3 ☐ Rem	oval from State	cemetery, cr	AND DATE OF rematory or other	DISPOSITION (N or place)	ame of	DATE 20c. LO	CATION — City o	
Į,	4 □ Donation 6 □ Other (Specify) C 12 21. SIGNATURE OF FUNERAL SERVICE LIC		Par	rkwood	d Ceme	tery ND ADDRESS OF FA	12/2	Ralta	Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	JINSEE .			22. NAME A	ND ADDRÉSS OF FA	CILITY '	,,,	
	Harley	tiller			Tarti	ey Mill	lenFunena	LHome	
	23. PART I. Enter the diseases, or o	complications that c	aused the d	leeth. Do not	enter the mo	de of dving, suc	Rd Balt	rathry errest	Approximete
	shock, or heart fellure.	List only Dne ceuse	on each lin	0.		,,,		ratory struct,	Interval Bets
	IMMEDIATE CAUSE (Finel disease or condition	CARDIA	W At	FEST					Onset and I
- 1	resulting in death)	a. DUE TO (OI	AS A CONS	FOLIENCE OF					
-1		PULLL	Z M	po car	DIAL	INTAP	CTION		48 H
CATION	Sequentielly list conditions,						-		5 4
A	If any, leading to immediate cause. Enter UNDERLYING	DUE TO 10F	or s	PATILY	الما الما				24 H
	CAUSE (Disease or injury that initiated events	QUE TO (OF	AS A CONSE	OUENCE OF):					6 04
CERTIFI	resulting in deeth) LAST	POUTE	100	PIPA	LOLA	FAILY	20		PLOT
8									700
CAL	PART II. Other aignificent condition	s contributing to de	eth but not	reaulting in	the underlyin	g ceuse given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FIND AWAILABLE PRIOR TO
EDIC							1 _ YES 2	1	COMPLETION OF CALL OF DEATH?
ME									1 YES 2 NO
	DID TOBACCO USE CONTR	RIBUTE TO CAUS	SE OF DEA	ATH YES	П NO Г	UNCERTAIL	<u></u>		
A	25. WAS CASE REFERRED TO MEDICAL				(Check only one)	2 011021117111			
SICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpatient		THER:	S D Books	A		
PHY	27. MANNIN OF DEATH	26a. DATE OF INJ	JURY	26b. TIME (ury at	28d. DESCRIBE NOW IF	VJURY OCCURED)
7	1 Natural 5 Pending	(Month, Day,		INJUR	Y WC	PRK?	The state of the s	oogonet	-
ΒY	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF IN	IJURY — At h	ome, farm. stre			26f. LOCATION (Street a	and Number C	rel Boute Number
	4 Nomicide determined	building, atc.	(Specify)	The same of the same of		i	City or Town, State)	ing mathber of Mul	e noute Number,
9	29a. CERTIFIER								
MP	(Check only CERTIFYING PHYSIC						to the cause(a) and man		
COMPLETED	MEDICAL EXAMINE	71: On the basis of axam	ination and/or	investigation,	in my opinion, o	leeth occured at the	time, deta and place, and	d due to the caus	se(s) end manner as state
ш	296. SIGNATURE AND TITLE OF GERTIFIER	1 ' 1	44			29c. LICENSE NUR		29d. DATE SIGN	NED (Month, Day, Year)
OB	W- VIII	1	w . W.			D-10:	397	> (31 95.
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type, Pr	rint)				
		/							1
Ì	31. DATE FILED (Month, Day, Year)	32, REGISTRAR'S	SIGNATURE			·			
	FEB 0 1 1995 Ju	32 REGISTRAR'S	tardall						
48	1000 //								



ITEMS: 3. & 3. PER DR. FILM G-722 4/13/95 t.t

1. STATE

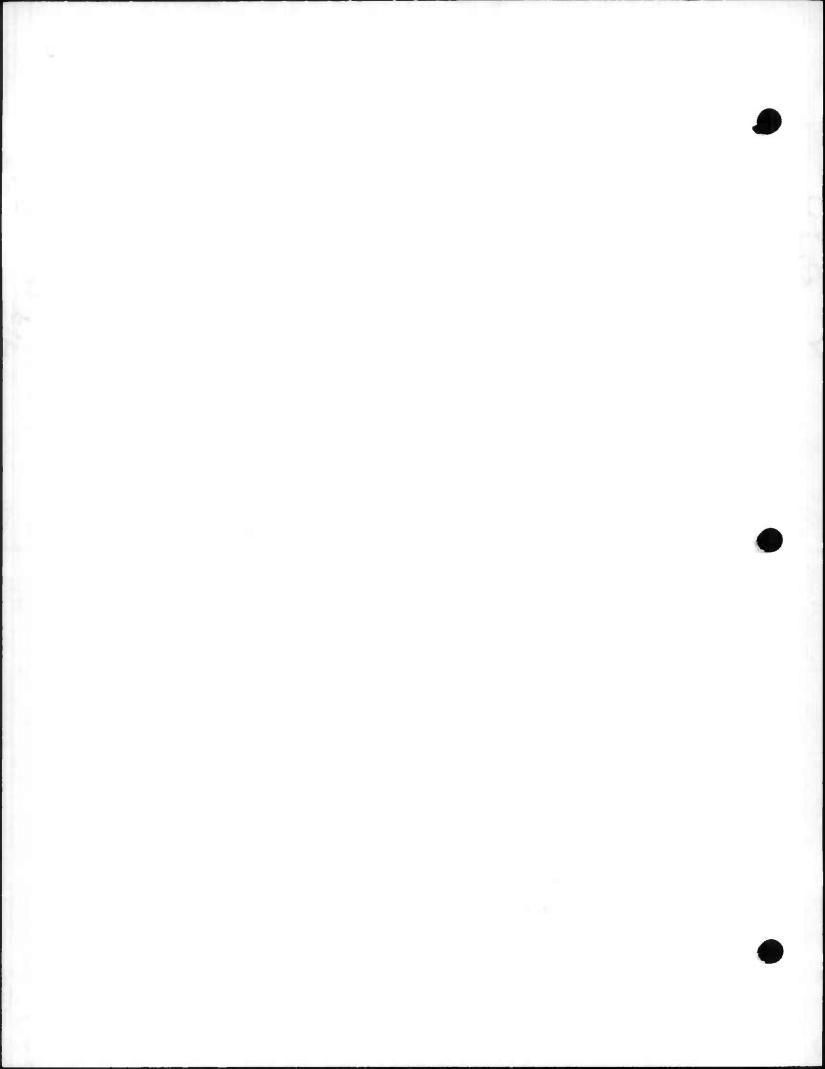
STATE OF MARYLAND / DI

	REGISTRAR		CERTIF	ICATE	OF DE	ATH	REG. NO).		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		3.	TIME OF DEATH
	Thomas W	illiam Ho	lt				Jan. 31	30 199 VE	5	2333 - M
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	IF UNDER 1		IDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. E	ORTHPLA Country)	ACE (State or Foreign
	216v 74 0902	1 🔀 M 2 🗌 F	33 YRS.	MONTHS	DAYS HOU	RS MIN.	May 26,	1961	Md.	•
	9e. FACILITY NAME (If not institution, give :	street and number)		9b. CITY,	TOWN OR LO	CATION OF C	EATH	9c. COUNTY	OF DEAT	Н
DIRECTOR	Carroll Co	. Hospita:	l	W	estmi	nste	r	Can	rol	11
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	~	40- 00	TV TOWN OF						
E	Md.	roll	10c. CI	Y, TOWN OR						d. INSIDE CITY LIMITS?
5	10e. STREET AND NUMBER	1011		Syk	esvil					YES 2 NO
FUNERAL	Contract of the second	h C4			10f. ZIP (10g. CITIZEN	-	
빌	6410 Churcl	12. WAS DECEDENT EVE			217	• .			5 . A .	
	1 Never Merried 2 Merried	FORCES? 1 Y	ES 2 X NO	11	yee, specify (uben, Mexic	NIC ORIGIN? (Specify Year, Puerto Ricen, etc.)	e or No 14.	RACE — Black, W	American Indian, hite, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OF	DATES	11	YES 2X	NO Speci	lly:	V	Vhi'i t	te
유	15. DECEDENT'S EDU	CATION	16e. DECEDENT'S	USUAL OCC	CUPATION		16b, KIND OF BU	ISINESS/INDUST	BV	
<u> </u>	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of life. Do NOT u	work done du se retired.)	iring most of w	orking				
7	4	-	None				N	one		
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				18. 1	OTHER'S N.	AME (First, Middle, Malder		_	
	Thurman Wi	lliam Holt	t				nces L.	.,	n	
98	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS	Street end Nur	nber or Rural	Route Number, City or Tox	vn State Zin Cod	e)	
임	Frances L. Edga	ar					ykesvill			784
	20e. METHOD OF DISPOSITION		20b. PLACE AND DATE							
	1 X Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	team) from Cinta				Gard	ens Jan'	1995	, 10wii,	otala .
	21. SIGNATURE OF FUNERAL SERVICE IN	срејев .	1	22. N	AMP AND ADI	PRESS OF F	CETO OUT	vaktar	<u>a</u>	Ma.
- 1	1 Delina D	Dai 1H	<u></u>	P.	0.BO	X 19	Sykesvi	11e,	MDd	. 21784
\dashv	Theresian	13thongs				-	- 1	laight	Fu	neralH0m
	23. PART I. Enter the disesses, private ahock, pr heart failure.	complications that cause or Liet only one couse or	sed the deeth. Do	not enter t	he mode of	dying, au	ch se cardiec or resp	piratory arrest,		Approximate interval Between
	HAMEDIATE CALIGE (EL-)			•			A) ()			Onset and Desth
	disease or condition resulting in deeth)	RIGHT LO	wer Lobe	e the	manin	1 Win	1 Atelectas	213		1 DAY
Ì		DUE TO (OR A	S A CONSEQUENCE O	F):						
Z	Sequentisity liet conditions,	. ORGANIC			rame					LOYRS
ĔI		2 A TA DA	S A CONSEQUENCE O	F):			ا سے ممام		1 - 1	2 27400
CERTIFICATION		. RADIA NOL	S A CONSEQUENCE O	NIE	sky, ca					
Ē	thet initiated events reaulting in deeth) LAST	DUE TO (OH A	S A CONSEQUENCE O	F):			Amolurand	ar Pih	siha	er Glove
<u> </u>		d					J			
	PART II. Other significent condition	ns contributing to deet	but not recuiting	in the und	erlying ceu	ne given in	Pert I. 24s. WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
EDICAL	serence aiso	noen					PERFO	V	CO	MILABLE PRIOR TO MPLETION OF CAUSE
요ㅣ							1 TYES	2 ANO		DEATH?
Σ	DID TOBACCO USE CONT	PIRLITE TO CALISE	OF DEATH Y	S D N	ОПШ	CEDTAI	N D		1 [YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	NIDOTE TO CAUSE	26. PLACE OF DEA			VCERIAI				
ပ္က	EXAMINER?	HOSPITAL:		OTHER:						
ž∥	27. MANNER OF DEATH	28e. DATE OF INJUR			8c. INJURY A		8 Other (Specify) 28d. DESCRIBE HOW	IN ILIEN OCCURE		
	1 Natural 5 Pending	(Month, Day, Yea		JURY M	WORK?		200. DESCRIBE NOW	INJUNT OCCUME		
à	2 Accident Investigation	28e. PLACE OF INJI	IRY — At home, ferm,	street fector			201 LOCATION (Const	and Number of O		
8	4 Homicide 8 Could not be	building, etc. (S	Specify)		y, ornee		28t. LOCATION (Street City or Town, State)	Irai Piodie	Number,
COMPLETED	29a, CERTIFIER							<u>-</u> -		
	(Check only	ICIAN: To the beat of my kn								
ρ N	2 MEDICAL EXAMINE	EF: On the basis of examina	tion end/or investigation	on, in my opi	nion, death o	cured at the	time, date end place, e	nd due to the ceu	186(0) 601	d manner ee stated.
BE	296 SIGNATURE AND TITLE OF CERTIFIE	C = 0				LICENSE NU		29d. DATE SIG		onth, Day, Year)
	i homas k.	Salvin 14	mp		1	3166	O	▶ 1 3	195	
임	111.	COMPLETED CAUSE DF							-	
	1 Homas K.	(CALVIM)	542 6	43 Hi	NGTON	20	WESTMIN.	STERM	02	1157
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	GNATURE							
	FEB 0 1 1995 A	ulia Davidson Ro	roball							

DIVISION OF VITAL RECORDS, P.O. BOX 68760

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wroning to refer the secured wroning after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be lied within 72 hours are robain with the state Dept. of reduit and memai hypere prof to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the atte	De nied Within /2 hours after death with the State Dept. of realth and mental	IMPORTANT: If item 28 is marked, or item 23 shows any injury, i	

	1 - STATE OF M	ARYLAND / DEP. CERT	ARTMENT OF HEALI	TH AND ME	NTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)				DATE OF DEATN		3.	TIME OF DEATN
	JAMES CARROLL HOFFMAN				JAN 2		95	м
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthda		IDER 24 HRS. 7.	DATE OF BIRTH	0.	BIRTHPLA	CE (State or Foreign
1	216-20-9660 ¹\\ x\\\ 2\\ F\\ \	67 YRS	MONTHS DAYS HOUR	TO WITTE.	(Month, Day, Year) JAN 21, 1		Country)	D
	9e. FACILITY NAME (If not institution, give street and number)		96. CITY, TOWN OR LOC			9c. COUNTY		
E E	NORTH ARUNDEL HOSPITAL AS	COCT NOT TON	GLEN BURN	TE		AARDO	ADIDI	NET.
DIRECTOR	RESIDENCE OF DECEDENT			117		ANNE	ARUNI)CTT
	10a. STATE 10b. COUNTY	10c.	CITY, TOWN OR LOCATION				100	I. INSIDE CITY LIMITS?
	MD ANNE ARUNDEL	P	ASADENA				1 [YES 2 NO
¥.	10e. STREET AND NUMBER		101. ZIP C	ODE		10g. CITIZEI	N OF WHAT	COUNTRY?
FUNERAL	3502 DAVENPORT COURT UNIT		211	22			USA	
5		EVER IN U.S. ARMED	13. WAS DECENDEN	IT OF HISPANIC C	RIGIN? (Specify Yes	s or No 14	. RACE -	American Indian,
BY	3 Widowed 4 T-Divorced IF YES, GIVE W	AR OR DATES	1 TYES 2 THE		derio Fican, etc.)		Specify:	men, arts,
	, W	V II				1		White
1	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind	T'S USUAL OCCUPATION of work done during most of wo T use retired.)	orking	16b. KIND OF BU	SINESS/INDUS	TRY	
2	Elementary/Secondary (0-12) College (1-4 or 5 +							
COMPLETED	12 17. FATHER'S NAME (First, Middle, Last)	1 Telebi	none Technic		C & P T		ne	
			12.5		First, Middle, Maiden			
BE	JAMES CARL HOFFMAN 190. INFORMANT'S NAME (Type/Print)				PH NOCTO			
2			ING ADDRESS (Street and Nurr					
H	Mrs. Colleen Smarton 20a. METHOD OF DISPOSITION		Dapple Cour	t, Ellic				
	1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	cemetery, crematory of	or other place)			CATION — City		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE A	HOLY RED	EEMER CEMETE 22. NAME AND ADD			TIMORE	MD	
j	Story Shittelian		McCully 1			Pasade	ena	
	Steven H. Williams		3204 Mou	ntain Ro	oad, Pasa	adena,	MD	21122
	 PART 1. Enter the diseases, or complications that shock, or heart fellure. Liet only one ceus 	ceused the death. D	o not enter the mode of	dying, such as	cerdiac or reap	ratory arrest	,	Approximata
	MANAGER AND AND AND AND AND AND AND AND AND AND		O					Interval Between Onset and Death
	disease or condition resulting in death)	marr cerr	Carcinoma of	reit r	ung			
		OR AS A CONSEQUENCE						
Z	Sequentially list conditions, 6. Metas	tatic Canc	er to Bone,	Pleura,	and Bra	in		
Ě	if any, leading to immediate	OR AS A CONSEQUENCE	115				1	
5	CAUSE (Diseese or Injury	ic Atrial	Fibrillation					
Ē			Infarction				i	
CERTIFICATION	d	y occur arar	11110110 01011					
AL	PART ii. Other algnificent conditions contributing to	leeth but not resultin	g in the underlying caus	e given in Part				E AUTOPSY FINDINGS
S	Congestive Heart Fai	Lure			PERFOR		COA	ILABLE PRIOR TO APLETION OF CAUSE
単川	Pneumonia Left Upper	Lobe				X		DEATH? YES 2 NO
-	DID TOBACCO USE CONTRIBUTE TO CAL		YES 🛛 NO 🗍 UN	NCERTAIN [n l		'	, 120 2 110
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL		EATH (Check only one)					
)S	Type Ingsellat:	ER/Outpatient 3 🗆 DOA	OTHER:	Rasidence 6 🗆	Other (Specify)			
₹	27. MANNER OF DEATH 28e. DATE OF I		TIME OF 28c, INJURY AT		I. DESCRIBE NOW I	NJURY OCCUR	ED	
84	1 Natural 5 Pending	, reary	M 1 YES	2 🗌 NO				
	3 Suicide 8 Could not be	INJURY — At home, farr tc. (Specify)	n, street, factory, offica	281	LOCATION (Street a	and Number or I	Rural Route	Number,
COMPLETED	4 Nomicide determined	те. (эрвску)			City or Town, State)			
2 1	29e. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the bast of n	ny knowledge, death occ	urred at the time, date and pic	ice, and due to th	e cause(s) and mar	Der es stated		
\ <u>\text{\tint{\text{\tin}\text{\tex{\tex</u>	one) 2 MEDICAL EXAMINER: On the basis of exa	mination end/or investiga	ition, in my opinion, death oc	cured at the time,	, date and place, an	d due to the c	ause(s) and	manner as stated.
	296, SIGNATURE AND TITLE OF CHITIFIER			ICENSE NUMBER				
8		Attending 1	Physician)	D141		≥ 01	/30/S	oth, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE							
	Harjit Singh, M.D. 5410	-A Ritchie	Highway Ba	ltimore	, Md. 21	225		
ŀ	31. DATE FILED (Month, Day, Year) 32. REGISTRAR							
	FFD A /	A CONTRACTOR OF THE PARTY OF TH						ì
	FEB U 1 1995 Julis Havelone	white						
	~							DHMH-t6 Rev 1/89



1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

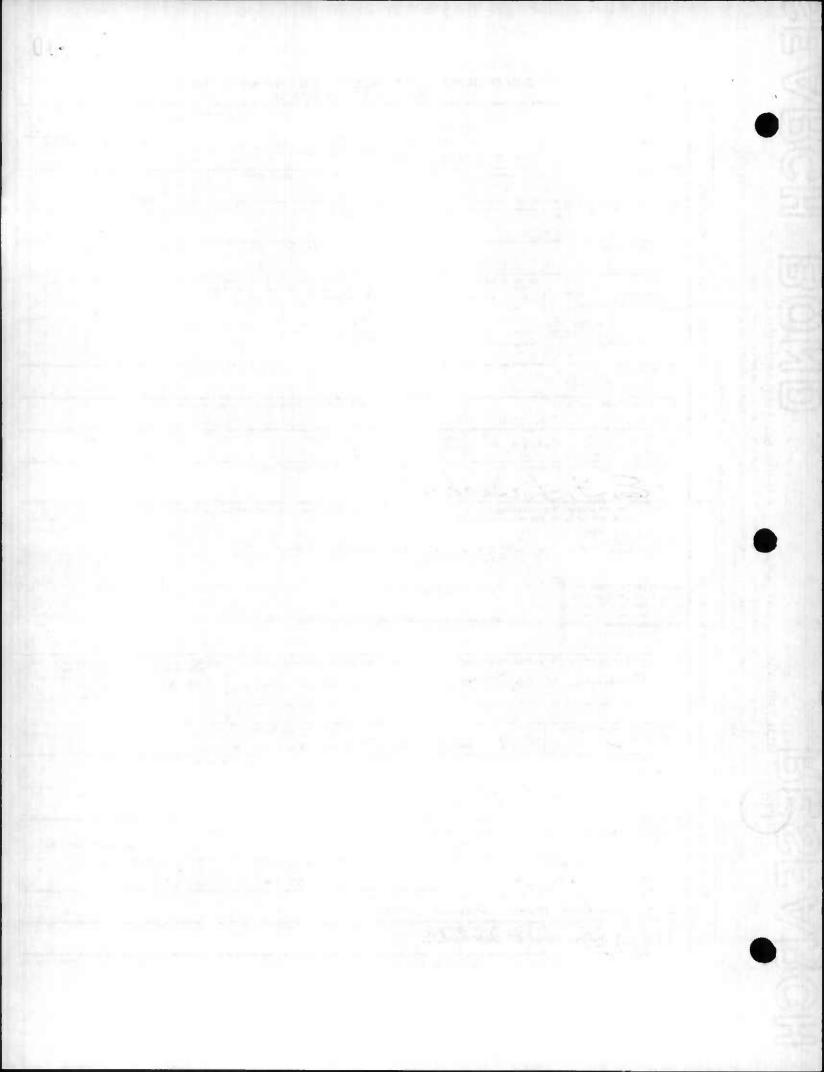
THE MECORDS, P.O. BO	TTENDING PHYSICIAN: The law requires that the death certificate
, T	e death
D W D	that th
Z Z Z	requires
AL	The law
>	NY.
5	PHYSIC
5	ENDING
94.	Am.

FEB 0 1 1995

	Clara May N			Haba						MONT	of DEATH	100E	YEAR	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMB	es Es	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH	1990	8. BIRT	THPLACE (State or Foreig
	220-54-311	2	1 🗆 M 2 💢 F	85	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mont)	h. Day, Year)	1910	Coun	timore, Md.
	80. FACILITY NAME (If not in:					96. CITY	Y, TOWN C	OR LOCATI	ON OF D				JNTY OF	
CTOR	9915 Marti		rt			E	Berl:	in				W	orch	ester
ш	10e. STATE	10b. COUNT			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
DIR.	Maryland	Bal	timore		8	Balti	imore							1 TES 2 NO
FUNERAL	9115 Belai	n Poo	٩				101	ZIP COD	236					WHAT COUNTRY?
ONE	11. MARITAL STATUS	I nua	12. WAS DECEDED	NT EVER IN U.S.	ARMED	13.	WAS DEC			NIC ORIGIN	f? (Specify Y		J.S.,	CE — American Indian.
ВУ	1 Never Married 2 3 Widowed 4 Divo		FORCES?	1 YES 2 () WAR OR DATES	ND ND			ecify Cube 2 X NO			Rican, etc.)		Spe	ck, White, etc.
ETED	15, DECI (Specify only	EDENT'S EDI	UCATION le completed)	1,253	DECEDENT'S (Give kind of	work done	during mo	ON asl of workli	g	16b	. KIND OF B	USINESS/IN	DUSTRY	
	Elementary/Secondary (0 10th.	-12)	College (1-4 or 5	+)	њ. <i>в</i> о мот и Homema						Homen	naker		
COMPL	17. FATHER'S NAME (First, MI							11111			Middle, Maide			
BE	George Con		MICH		405 1449 915		0.00				ret Sm			
2	Mr. Willia		Hotz		9915			Cour			Lin, Mo			
	20p, METHOD OF DISPOSITI	ON		20b.PLAC	EANDDATE	OF DISPO	SITION (Na	me of		OAT	E 20c. L	OCATION -	_	Town, State
	1 🖾 Burial 2 🗆 Crematio 4 🗆 Donation 5 🗆 Other		morel from State	St.M	1chae.	IS U	hurch	Cem.	lan.30	0,1995	Ba	altimo	ore/F	Perry Hall,Mo
	10 Burlal 2 Cremation 3 Removal from Stata 4 Donation 5 Other (Specify) St. Michaels Unurch Cem. Jan. 30, 1995 Baltimore/Perry Hall, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY E.F. Lassahn Funeral Home													
	21. SIGNATURE OF FUNERAL		CENSEE	1	1	22.			S OF FA					
	23. PART I. Enter the di shock, or he IMMEDIATE CAUSE (Fin	seeses, or part fellure	complications the	at caused the	deeth. Do i	E 1	.F. 175 r the mo	Las O Be	sah lai	n F	d. K:	al Ho	ome vill	Approximeta Interval Betw
RTIFICATION	23. PART I. Enter the di shock, or he	seeses, or serf fellure lal	complications the List only one can DUE TO DUE TO C.	at caused the	deeth. Do i	22. E 1 1 not enter	.F. 175 r the mo	Las O Be	sah lai	n F	d. K:	al Ho	ome vill	Approximeta Interval Betw
CERTIFI	23. PART I. Enter the dishock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list conditi if any, leading to immer cause. Entar INDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	seeses, or seart fellure lal	complications the List only one can a. Counce to DUE TO DUE TO d. DUE TO d.	at caused the suse on each if of the constant	deeth. Do inne.	22. E 1 1 not enter	.F. 175	Las 0 Be de of dy	sah lai ng, suc	In Fi	d. K:	al Hoings v	ome vill	Approximeta Interval Betw Onset and Di Onset and Di AMALABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL CERTIFI	23. PART I. Enter the dishock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list conditi if any, leading to immer cause. Entar INDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	seeses, or seart fellure lal	complications the List only one can DUE TO DUE TO DUE TO d	at caused the suse on each if of the constant	deeth. Do inne.	22. E 1 1 not enter	.F. 175	Las 0 Be de of dy	sah lai ng, suc	in Fi	d . K : diac or rea	al Hoings v	ome vill	Interval Betw Onset and Da
MEDICAL CERTIFI	23. PART I. Enter the di shock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list conditi if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or Injuithat initiated events resulting in death) LAST	seeses, or seer fellure lal	complications the List only one can be determined by the true of the can be determined by the ca	at caused the suse on each if of the constant	deeth. Do inne.	22. E 1 1 not enter	F. 175 of the mo	Las O Be de of dy	s a h lai	in Fi	24a. WAS A PERFO	al Hoings v	ome vill	Approximeta Interval Betw Onset and De Onset and De Amiliant Prior to Complete Prior to Complete Prior to Complete On to Complete On to Of Death?
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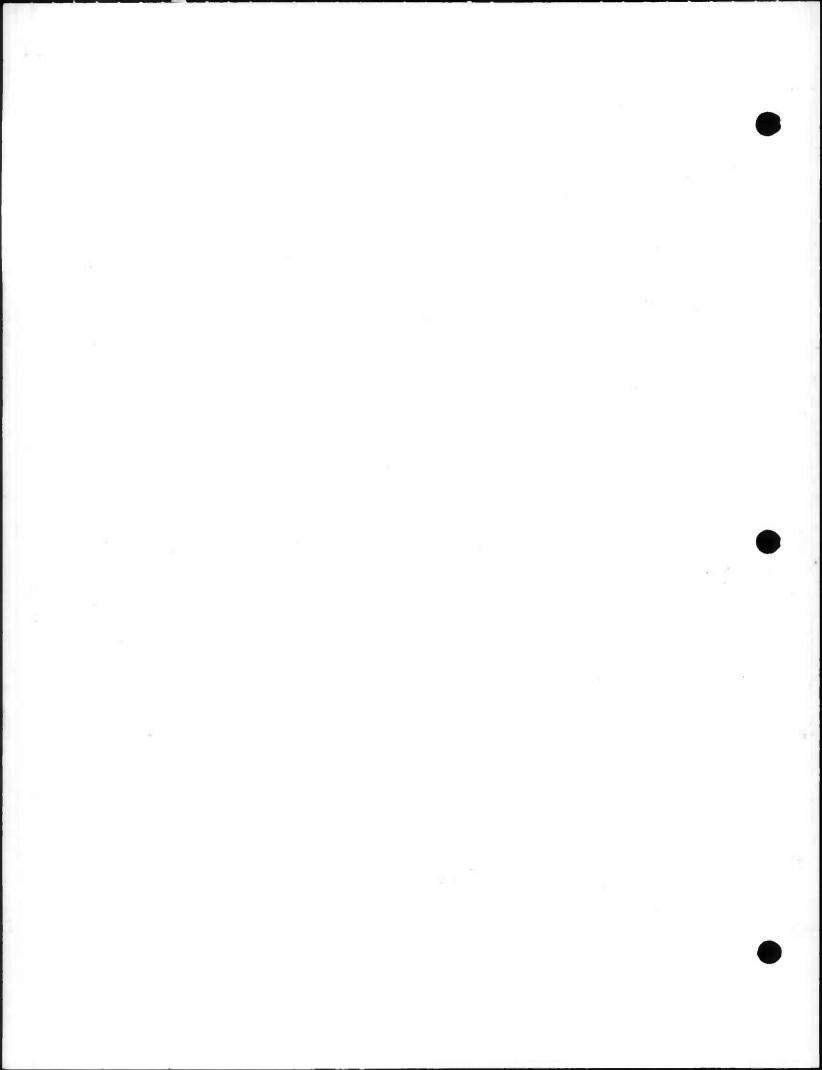
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



DIVISION OF VITAL RECORDS, P.O. BOX 68760

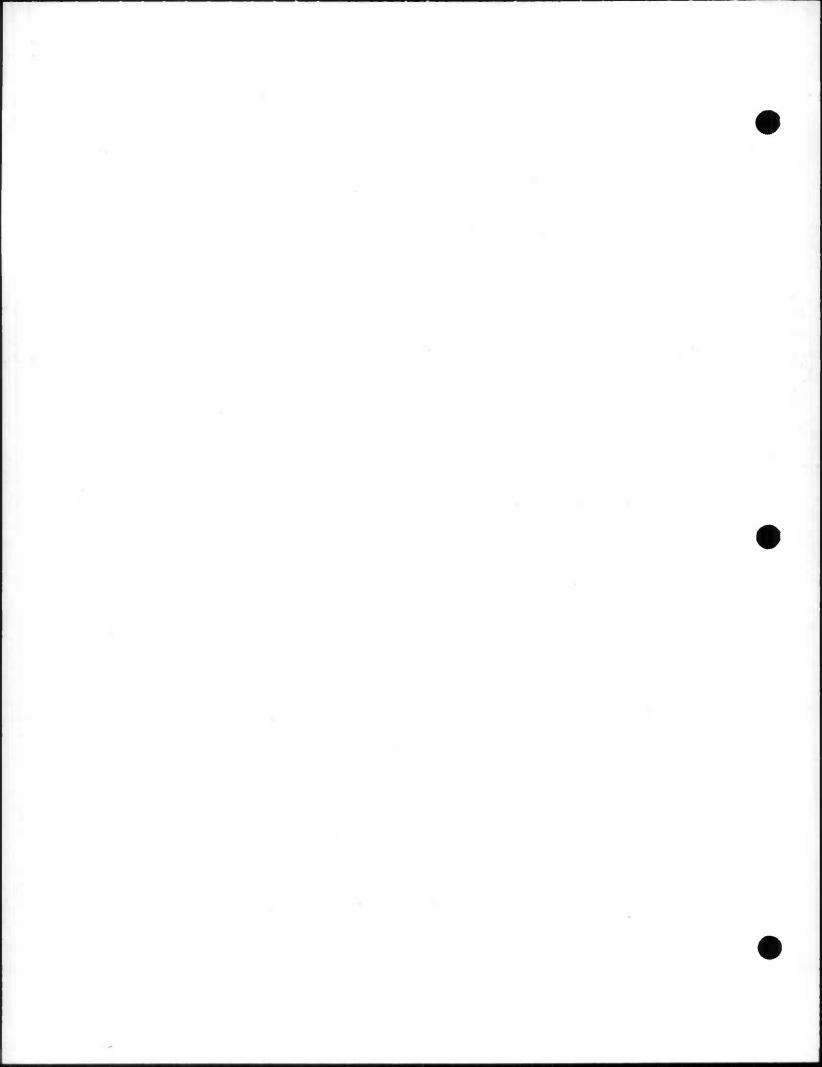
FOR STATE

_	REGISTRAR				CE	RITIF	CAI	E OF	DEA	IH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle Patricia	e, Last)				JO	SEY				2. DATE OF Janua	ry w	^w 29,	1*5*95	5:17 a _M	
	4. SOCIAL SECURITY NUMBER 218–28–1326	- 1	5. SEX 1 M 2 X F	8. AGE	(In yrs. les	t birthday) YRS.	IF UNDE	R 1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, D 12-1	BIRTH ay, Ybar)			LACE (State or Foreign	
E	9a. FACILITY NAME (If not institution Franklin Sq							Y, TOWN	WN OR LOCATION OF DEATH			sc. COUNTY OF DEATH Baltimore				
1 12	RESIDENCE OF DECEDE				_								Das	- CIMOI		
DIRECTOR		COUNTY Balt	imore			10c. CITY	, TOWN	OR LOCAT	ION				10d. INSIDE CITY LIMITS? 1 ☐ YES 2 M NO			
FUNERAL	100. STREET AND NUMBER 8875 Pennsb	ury :	PLace					101	ziP cod	€ 1237		-	10g. CIT	USA	SAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Marrie 3 Widowed 4 NO Divorced	ver Merried 2 Merried FORCES? 1 YES 2 NO					13.	If yes, sp	ENDENT Code	OF HISPAN In, Mexica Specify	NC ORIGIN? (5 in, Puerto Rice y:	Specify Yearin, etc.)	or No-	14. RACE — American Indian, Black, Whita, atc. Specify: White		
	15. DECEDENT	'S EDUCA	TION		16a, DE	CEDENT'S	USUAL C	CCUPATIO	DNI .		165 KI	ND OF BUS	INESS (IN	MICTRY		
COMPLETED	(Specify only higher Elementary/Secondary (0-12)		college (1-4 or 5 +)	(G/	Disa	ork done e retired.)	during mo	st of worldi	ng	100. Ki	ND OF BOS	DIVESS/INL	7051HT		
	17. FATHER'S NAME (First, Middle, L Hubert Red										ME (First, Midd Eichel					
TO BE	194. INFORMANT'S NAME (Type/Prin Ethel Redmon	n) d			198	7 Wev	ADDRES	S (Street a	nd Number	or Rural I	Route Number,	City or Town	n State 7in	Code)		
	20a. METHOD OF DISPOSITION 1 Separation 3		al from State	20k	. PLACEA	MDDATEO	F DISPO	SITION /Na	me of		DATE	29c. LO	CATION —	City or Town		
5	4 Donation 5 Other (Specif		ree .		Ga:	rdens				2-1-		Ba.	Ltimo	re M)	
848	21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY CVach/Rosedale Funeral Home 1211 Chesaco Ave.															
ממוני מום וומחום	23. PART I. Enter the disease ahock, or heart fit IMMEDIATE CAUSE (Final disease or condition resulting in death)	Mure. Li	Metabol	ic a	ach line.			r the mo	de of dy	ing, auci	h ss csrdiad	or reapl	ratory sn	rest,	Approximats interval Between Onset and Daath	
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Q	Endstag	e ci	consed	UENCE OF	witl	n as	cites	3						
	PART II. Other significant con	nditiona	contributing to	death b	ut not re	suiting in	the u	nderiying	cause o	iven in	Part i. 24	a. WAS AN	AUTOPSY	24b W	VERE AUTOPSY FINDINGS	
EDICAL	Pneumonia, se									,		PERFOR	MED?		MAILABLE PRIOR TO	
		_			JUILLE	зориг	CIII				- 1	YES 2	NO NO		F DEATH?	
Σ	hepatic ence		DEALTHY CA	ISE O	E DEAT	TH VE		NO TO	LIMIC	ERTAIN				1	YES 2 NO	
N N	25. WAS CASE REFERRED TO MEDI		BOIL TO CA			E OF DEAT			DIAC	EKIAII	4 L					
PHYSICIAN:	EXAMINER?		IOSPITAL:			_	OTHE	R:				14.0				
. ¥	27. MANNER OF DEATH		28a. DATE OF		Hatlent 3	28b. TIME	_	28c. INJ	_	sidence	8 Other (S)		I HIPW OO	MIDED.		
6 1	1 🔀 Natural 5 🗌 Pendin		(Month, De	ly, Ybar)		INJL	JRY M	WO	RK?	I NO	26G. DESCHI	DE NUW IN	IJUHY OCI	COHED		
B	2 Accident Investig		26a. PLACE OF	IN.HIBY	— At hor	no form et	met tee			J NO	001 1 001710	had other and	-1.11			
ETED	4 Homicide 8 Could detarm		building,	etc. (Spec	cify)	770, Talffil, 34	reet, tac	tory, orner			28f, LOCATIO City or R	on (Street a wn, State)	nd Number	or Rural Rou	rte Number,	
COMPLET			N: To the best of On the bests of ax												ind manner as stated.	
	29b. SIGNATURE AND PYPLE OF CE		71		_					NSE NUM						
TO BE	Eth	· 4	11	m									DATE OF THE PERSON OF THE PERS	L GIGHTEU (N	Aonth, Day, Year)	
	30. NAME AND ADDRESS OF PERS Peter Wiley,							Driv	e Rai	ltim	ore. M	D 21	237			
	31. DATE FILED (Month, Day, Year)		32_REGISTRAI	R'S SIGN	ATURE	- 1-0				IIII	-1-9 11	~ ~ 1				
	FEB 0 1 1995	Juli	diwder	arla	Ц											
															DHMH-18 Rev 1/89	



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, MARYLAND 2	be executed within a front after death. Page 6 may be retained by the hospital
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		REGISTRAR		CERTIF	ICATE O	F DEATH	REG. N	0.		
		1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH		3. TIME OF DEATN	
		ALBENTA	M iriam		KASPA	P		DAY YE	//	
		4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)		-	7. DATE OF BIRTH	30, 199		
					MONTHS DAY		April 7,	1000	SIRTHPLACE (State or Foreign Country) Saryland	
Pla		220-22-1247	1.	O THS.				1906 M	aryland	
of s	~	9a. FACILITY NAME (If not institution, give a				N OR LOCATION OF D		9c. COUNTY OF DEATN		
23	P	Good Samaritan Ho	Spital		Balti	more City		N/A	4	
	DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT								
ě	2			10c. CIT	TY, TOWN OR LO	CATION			10d, INSIDE CITY LIMITS?	
5			more County	Fre	eeland				1 TYES 2 1 NO	
per	4	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
020 physician. burial-transit permit, Pages 1, 2, 3 should	FUNERAL	20716 Keeney Mil.	l. Road			21053		U.S.A		
lician al-tra	3	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS D	ECENDENT OF NISPA	NIC ORIGIN? (Specify)			
D20 phys buri		1 Never Married 2 Married	FORCES? 1 YES	2 NO	It yes,	specify Cuban, Maxic	an, Puerlo Rican, etc.)		RACE — American Indien, Bleck, White, etc.	
å <u>a</u> -0	В	3 🔀 Widowed 4 🗌 Divorced	IF 1ES, GIVE WAN ON E	MIES	''''	ES 2 X NO Speci	ny:	V,	soody: hite	
15 trend	0	15. DECEDENT'S EDU		18a. DECEDENT'S	USUAL OCCUPA	TION	16h KIND OF B	USINESS/INDUSTR		
or after		(Specify only highest grade Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	work done during	most of working	TOO. KIND OF B	OSINESS/INDOST	"	
D pital	7	12th Grade	College (1-4 or 5+)	Secreta		4	Librar	CV.		
the hos detache	COMPLETED	17. FATHER'S NAME (First, Middle, Last)		beereas				-		
YLAND 21 by the hospital of be detached for at once.		Joseph Unknown We	Samo				AME (First, Middle, Maide Inknown Vic			
R YL	H		zigaria							
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be defached for use as the buriat-trannotffled at once.	2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or To			
	- 1	Albert Joseph Ka	spar	20716	Keeney	Mill Roa	d, Freela	nd, Mary	land 21053	
		20a. METHOD OF DISPOSITION 120 Burlel 2 Cremation 3 Rem	aumi deam State	b. PLACE AND DATE	OF DISPOSITION	(Name of	OATE 20c. L	LOCATION City of	or Town, State	
FOR e 6 ma ector, p		4 Donation 5 Other (Specify)	He He	netery, cramatory, or o	emer Ce	metery 2	/2/95 Bal	ltimore.	Maryland	
	d	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME	AND ADDRESS OF F	ACILITY		- LAL / Lasta	
ALTIN death. Pag e funeral dia 1.	1.1	× K TI	las No		John	C. Miller	, Inc.			
BA Ber de the fi		Jathleen	J111, 14	ysky	6415	Belair Ro	ad, Baltir	more, Ma	ryland 21206	
8 5 E 3		23. PART 1. Enter the diseases, or	complications that cause List only one cause on a	d the deeth. Do	not enter the r	node of dylng, aud	ch es cerdiac or res	piratory srrest,		
no or in		IMMEDIATE CAUSE (Final	Liet only one ceuse on e	ech line.					Interval Between Onset and Death	
the the		disease or condition		CAMBIA	01/1 110	A (A B) (A	MR 470 and 15 and			
68760 precuted within 24 and completely fills 5 burial, cremation, malic event, the		resulting in death)	B. DUE TO (OR AS	A CONSEQUENCE O	PULMO,	NARY A	RR 6 ST		MINUTES	
P 20 2 7 20	_ 1									
P.O. BOX 68 th certificate be execut anding physician and c Hygiene prior to buni or other traumatic	CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS	A CONSEQUENCE O	SEPS	15			TIDAY	
BOX cate be en hysician as prior to	F	if any, leading to immediate cause. Enter UNDERLYING								
O. B(certificate ding physi tygiene pri	윤	CAUSE (Disesse or Injury	C. DUE TO (OR AS	A CONSEQUENCE O	INANY	THACT	INFECTIO	N	>2 DA45	
P.O. th certification of Hygien or other	Ē	that initiated eventa resulting in death) LAST	202 10 (011 113	A CONSECUENCE O	rj.				i	
	ij l		d							
ORDS, F that the death hed by the atter fith and Mental any Injury, o	ايا	PART ii. Other aignificant condition	a contributing to death t	out not resulting	In the underly	Ing ceuse given in	Part I. 24a. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS	
A # 70 -	5						PERF	DRMED?	AWAILABLE PRIOR TO	
COR signed by Health and	EDICAL						1 TYES	2 (NO	OF DEATH?	
- Be e e	Σ					_/			1 TYES 2 NO	
	PHYSICIAN: M	DID TOBACCO USE CONT	RIBUTE TO CAUSE C	OF DEATH YE	S NO	UNCERTAL	Ν□			
ITAL V: The lancate has State Dep	8 1	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	11000	26. PLACE OF OEA		e)				
VITAL MN: The law lificate has State Dep	Sic	1 TES 2 NO	HOSPITAL:	patient 3 DOA	OTHER: 4 Nursing N	ome 5 🗆 Residence	6 ☐ Other (Specify)			
n 8 46	Ť	27. MANNER OF OEATN	28a. DATE OF INJURY	28b. TIM	E OF 28c. I	NJURY AT	28d. OESCRIBE NOW	INJURY OCCURE	D	
NG PHYS far this cast with with		1 Natural 5 Pending	(Month, Day, Year)	IN.		YORK? YES 2 NO				
O Sing	BY	2 Accident Investigation 3 Suicide a Could set be	28e. PLACE OF INJURY	- At home, term.			281 LOCATION (Com-	t and Number or O	12-4-4	
ISIC TIEND TIEND TIEN O		3 Suicide 8 Could not be 4 Homicide determined	building, atc. (Spe	cify)	across, toctory, or	nce	281, LOCATION (Street City or Town, State	e)	Iral Houte Number,	
> " E	<u> </u>	One OFFICIENCE								
D 8 8 9 7	COMPLETED		CIAN: To the best of my know							
	ő	2 MEDICAL EXAMINE	R: On the besis of exemination	n end/or investigation	on, in my opinion	, death occured at the	time, data and place,	and due to the cou	ise(a) and menner as stated.	
/ -4 F 1 3	S I	29b. SIGNATURE AND TITLE OF CERTIFIED				29c. LICENSE NU			NED (Month, Day, Year)	
FEE	0	BANBANA LED	GIALA SANIA	a alo					1AMY 30, 1975	
H H X E	2	30. NAME AND ADDRESS OF PERSON WIT	O COMPLETED CAUSE OF DE	ATN (ITEM 27) /7~~	Print)		8240	- OHIVO	77 79 1710	
	- [110 21	720		ĺ	
6		31. DATE FILED (MOPIL) POUR SIL	I I About the	10110	POKC,	MU 21	637			
		FEB 01 1995	CAN CO-COMMENSAN AND COMMEN	In the B						
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REG. NO

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

1. DECEOENT'S NAME (First, Middle, Last)

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2. DATE OF DEATH MONTH 3. TIME OF DEATH DIME JOLLA 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Dec. Year) 04-06-20 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS S.Carolina 1 M 2 17 F 74 220-18-5055 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH RECTOR permit. Pages 1, 2, 3 Sinai Hospital Baltimore RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. ō Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Apt.803 use as the burial-transit 3800 W. Belvedere Avenue 21215 U.S. after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 25 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE - American Indian, Black, White, etc. 1 Never Married 2 Married Specify: Black ВҰ 3 Widowed 4 Divorced ETED. 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest funeral director, page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) Retired COMPL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Jim Stevensons F Essie Wilds BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mary E. Preston Oakland Street Balto., MD. 4900 8 20a. METNOD OF DISPOSITION
1 ∰ Burlel 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stats DATE must Arbutus Memorial PK. 2/95 4 Donation 8 DOther (Specify) Arbutus, MD. the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1721-27 N.Monroe Toutho CFSP#281 Hector E.L.Phillips F/H St. Balto.MD.21217 the attending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or removal, 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate ahock, or heert fellure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) Ketoacidosis 2 d event. traumatic CERTIFICATION Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): or other that initiated events resulting in deeth) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS Health and I AVAILABLE PRIOR TO COMPLETION OF CAUSE tina Hemorrhage any Health a 1 TYES 2 T NO OF DEATH? Shipes 1 YES 2 NO has been a Dept. of P DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES ☐ NO 🗷 UNCERTAIN ☐ PHYSICIAN: 8 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATN (Check only one) Sette HOSPITAL: OTHER: 1 VES 2 NO Inpatient 2 - ER/Outpatient 3 -4 ☐ Nursing Nome 5 ☐ Residence 8 ☐ Other (Specify) 8 2 27. MANNER OF OEATN 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. OEŞCRIBE NOW INJURY OCCURED title with 1 Natural 5 Pending 1 YES 2 NO ВУ After Accident 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Nomicide determined 1 📝 CERTIFYING PNYSICIAN: To the beat of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and dus to the cause(s) and manner as stated. TO THE HOSPITO THE FUNE BE filed within 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 2 WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) M SiLAC 32 REGISTHAR'S SIGNATURE Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

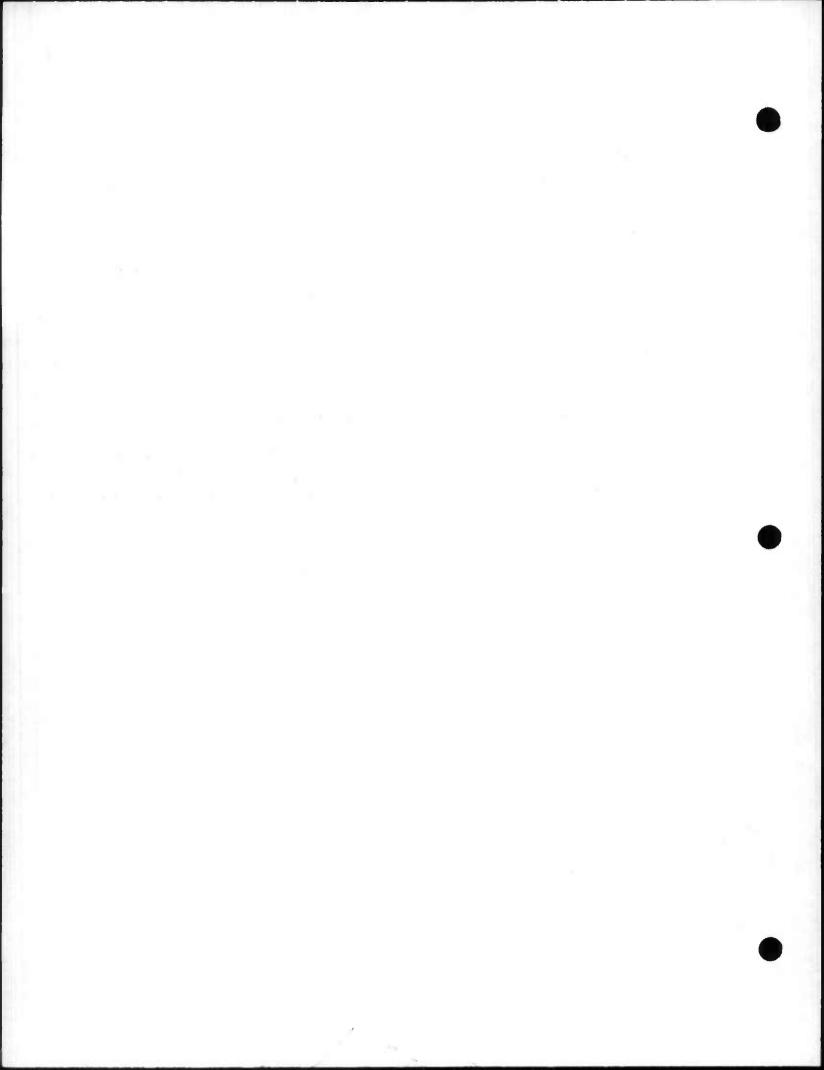
DHMH-16 Rev 1/89

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	Pages 1, 2, 3 should	
tending physician.	: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 st death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	
DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	should be detached for use	otified at once.
for death. Page 6 may be r	the funeral director, page 5 oval.	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
xecuted within 24 hours a	 After this certificate has been signed by the attending physician and completely filled in by the firefeath with the State Deot. of Health and Mental Hygiene prior to burial, cremation, or removal. 	latic event, the medic
the death certificate be	y the attending physician of Mental Hydiene prior to	Injury, or other traun
AN: The law requires that	ificate has been signed to State Dept. of Health at	r item 23 shows any
NDING PHYSICI	: After this cert r death with the	is marked, o

									70	U	2104
	1 - FOR STATE REGISTRAR	STATE OF MARY	YLAND / I	DEPAR	TMENT O	F HEALTH A	ND MEN	TAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)							ATE OF DEATH			TIME OF DEATH
		Marian Rosel					10	2/	Ö, 199	YEAR 25	M
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last	_	IF UNDER 1 Y	AR IF UNDER 24		NUARY 30			ACE (State or Foreign
	220 24 2399	1 M 2 M F	77	YRS.		1	MIN.	Month, Day, Year)	1017	Country)	, ,
	9s. FACILITY NAME (If not institution, give s		//					ine 30,	/9//	Mary	
DIRECTOR	108 Cromwell Avenue				Fern	wn or Location	OF DEATH		Anne Arundel		
	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			10e CIT	Y, TOWN OR L	OCATION					
<u>E</u>		e Arundel		_						10	d. INSIDE CITY LIMITS?
		e Arunael		re	erndal	_		1 TYES			
₹	10e. STREET AND NUMBER					10f, ZIP CODE					T COUNTRY?
9	108 Cromwell Av	'enue				2/06	51		l U	.S.A.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER			13. WAS	DECENDENT OF	HISPANIC OF	IIGIN? (Specify Yes		14. RACE -	American Indian,
	1 Never Merried 2 X Merried	FORCES? 1 YE	DATES	,		yes 2 X NO		erto Rican, etc.)		Specify:	/hite, etc.
B	3 Wildowed 4 Divorced									opeany.	White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	18e. DECI	EDENT'S	USUAL OCCU	PATION		16b. KIND OF BUS	SINESS/IND	JSTRY	
	Elementary/Secondary (0-12)	Coffege (1-4 or 5+)	life. E	Do NOT us	e retired.)	g most of working					
립	10th		Sa	lesp	erson			Hosch	ild		
0	17. FATHER'S NAME (First, Middle, Last)			1		18 MOTHE	R'S NAME (FI	rst, Middle, Malden			
	Į	rederick	Buckh	ai+		III. MOTTLE					
BE	19e. INFORMANT'S NAME (Type/Print)	recerecce						Reynol			
2	Vernon Lepson			MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
		170	108 Cromwell Avenue Ferndale, Maryland 21061						21061		
	20b. PLACE AND DATE OF DISPOSITION (Name of capetary, cranging or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of capetary, cranging or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of capetary, cranging or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of capetary, cranging or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of capetary, cranging or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of capetary, cranging or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of capetary, cranging or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of capetary, cranging or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of capetary, cranging or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of capetary, cranging or other place)								State		
	4 Donation 5 Other (Specify)		Glen 1	Tave	n Nemo	rial Pa	rk 2	12 61	en Bu	nnie.	Manuland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			1 22 NA	F AND ADDRESS	OF FACILITY				rangetou
1	D 79	m 2	*	. L	. 4e0	rge y.	ronce	Funeral	Home	. P.A.	
$\overline{}$	1 omana 11	12. Jan	urou	urk	コー400	/ Ritch	ie Hwy	1. Balt	imone	· Md.	2/225
	23. PART I. Enter the diseases, or of shock, or heart failure.	omplications that cause on	sed the deal	th. Do n	ot enter the	mode of dying	, such as	cardiec or respi	ratory arre	st,	Approximate
	IMMEDIATE CAUSE (Finei	1					Interval Between Onset and Death				
	disease or condition resulting in death)	aia	my france								
- 1	DUE TO (OR AS A CONSEQUENCE OF)										
z	sometime the carrier of the lung recurrent										
CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS	S A CONSEQU	ENCE OF	1:	1				(
¥	If any, leading to immediate cause. Enter UNDERLYING										
E	CAUSE (Diseese or Injury that initiated events	DUE TO (OR AS	S A CONSEQU	ENCE OF	7:						
E	resulting in death) LAST										
8	d										
- 11	PART ii. Other significant condition	contributing to death	but not res	sulting i	n the under	ying ceuse giv	en in Part i	. 24e. WAS AN		24b. WE	RE AUTOPSY FINDINGS
2								PERFOR			MILABLE PRIOR TO MPLETION OF CAUSE
유								1 TYES 2	□ NO		DEATH?
Σ	DID TODA COO LIST CO.							.		1[YES 2 NO
PHYSICIAN: MEDICAL	DID TOBACCO USE CONTR	RIBUTE TO CAUSE	OF DEATI	H YE	S NO	UNCER	RTAIN _				
ਹੈ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE	OF DEAT	H (Check only	one)					
S	1 D YES 2 NO	1 Inpatient 2 ER/Ou	utpatient 3	DOA	OTHER:	Home 5 Resid	lence 6 🗆 C	Other (Specify)			
ξI	27. MANNER OF DEATH	26e. DATE OF INJURY		28b. TIME	OF 28c	INJURY AT		DESCRIBE HOW II	NJURY OCCU	JRED	
	Netural 5 Pending	(Month, Day, Year,	7	INJ		WORK?	10				
B	2 Accident Investigation 3 Suicide 8 Could and be	28e. PLACE OF INJUI	RY — At home	e. ferm. s			_	LOCATION (Street o	and Alumbas o	Purel Book	Monthe
	4 Homicide B Could not be	building, etc. (Sp	pecify)	,,	,,,			City or Town, State)	no rember o	r norer nouse	r Namosi,
<u> </u>	an common . A				-						
필		CIAN: To the best of my kno									
COMPLETED	one) 2 MEDICAL EXAMINER	R: On the basis of examinat	tion end/or inv	restigation	n, in my opinie	n, death occured	at the time,	dets and place, en	d due to the	cause(e) en	d menner es stated.
- 11	29b. SIGNATURE AND TITLE OF CERTIFIER		4	/		29c. LICENS					onth, Day, Year)
B	Whoh-	ua lle	da	4			156	S	I I	. 21.0	2
임	10000	COMPLETED CAUSE OF I				レン	A 240	O	- 1	01.	1> .

30. NAME AND ADDRESS OF PERSON WIIO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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FOR STATE REGISTRAR

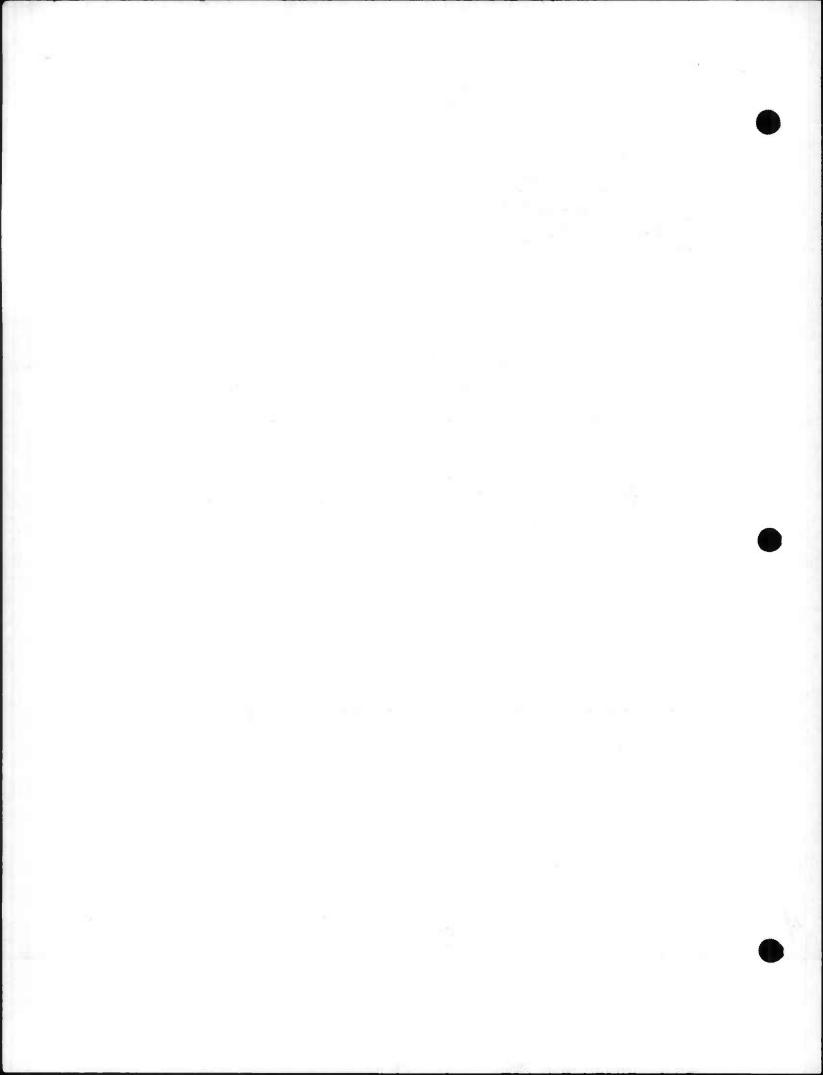
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 47 hours after death. Page 6 may be retained by the hospital or remaining physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE O	OF MARYLAND / DEPARTMENT OF HEALTH AND MEI	NTAL HYGIENE
	CERTIFICATE OF DEATH	REG. NO.

	1. DECEOENT'S NAME (First, Middle, Last) GEORGE THOMAS LAMAR, JR. 2. DATE OF DEATH MONTH JAN 30 1995 5. 15 Am									
	Jan. 30, 1333 3.13 A									
	4. SOCIAL SECURITY NUMBER 216-74-1437 5. SEX 1 M 2 F 35 1 VRS. 6. AGE (In yrs. lest birthday) 1 F UNDER 1 YEAR 1 F UNDER 14 HRS. 1 OAYS HOURS MIN. 7. DATE OF BIRTH (Month, Day, Year) OCt. 22, 1959 8. BIRTHPLACE (Stew or Foreign Country) Mary land									
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									
DIRECTOR	5120 Brookwood Rd., 21225 Baltimore (Brooklyn Pk.) Anne Arundel									
EC	10a. STATE 10b. COUNTY 10c. CITY, TOWH OR LOCATION 10d. INSIDE CITY									
E	Maryland Anne Arundel Baltimore (Brooklyn Park)									
FUNERAL	100. STREET AND NUMBER 5120 Brookwood Road, 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? USA									
3	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — American Indian, 15. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 15. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 16. RACE — American Indian, 17. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 18. RACE — American Indian, 19. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECEDENT OR HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECEDENT OR HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECEDENT OR HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECEDENT OR HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECEDENT OR HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECEDENT OR HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECEDENT OR HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECEDENT OR HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECEDENT OR HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECEDENT OR HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECEDENT OR HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECEDENT OR HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECEDENT OR HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECEDENT OR HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECEDENT OR HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECEDENT OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR									
B	1 Nover Merried 2 Married Married FORCES? 1 YES 2X NO If yes, specify: White Specify: Specify: White Specify: White Specify: White Specify: Specify									
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working									
COMPLETED	11th Grade College (1-4 or 5+) Real Do NOT use relied.) Quality Brands Liquor Distributor									
	17. FATHER'S NAME (First, Middle, Last) George Thomas LaMar, Sr. 18. MOTHER'S NAME (First, Middle, Maiden Surname) Helen Elaine Eidman									
TO BE	Mr & Mrs George T. LaMar, Sr. 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5120 Brookwood Rd., Baltimore, Maryland 21225									
	20s. METHOD OF DISPOSITION 1 Buriel 2XXCremetion 3 Removal from State cametery, crematory or other place!									
	22 NAME AND ADDRESS OF FACILITY									
	McCully Funeral Home of Brooklyn 237 E. Patapsco Ave., Balto., Md. 21225									
	23. PART/1. Ehter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reepiretory arrest, Approximate									
- 1	IMMEDIATE CAUSE (Final									
	resulting in death) . Neuroen docrere Carcinouna of									
_	DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
SA	Cause. Enter UNDERLYING CAUSE (Disease or Injury									
E	thet initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST									
Ä	d									
	PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY FINDINGS									
MEDICAL	PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE									
WE	1 TES 2 NO									
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO NO									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
ı,	1 YES 2 40 I Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Realdence 8 Other (Specify)									
ву Рн	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? 1 Accident Investigation 28d. DESCRIBE HOW INJURY OCCURED									
	3 Suicide 5 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
7	29a. CERTIFIER Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the sime, data and place, and due to the cause(a) and manner as stated.									
ᇤ	296. SIGNATURE AND TITLE OF CERTIFIER 296. DATE SIGNED (Month, Day, Year) 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 1/30/95									
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CADSE OF DEATH (ITEM 27) (Type, Print)									
1	Dr. Mayer Gorbaty, MMD., 795 Aquahart Rd., Suite 203, Glen Burnie, Md. 21061									
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE FR 0 1 1005 Sulia Studios Revolution									
- 1	FFR 0.1 1995 Julia attivation Kardall									



THE COMB. The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician.

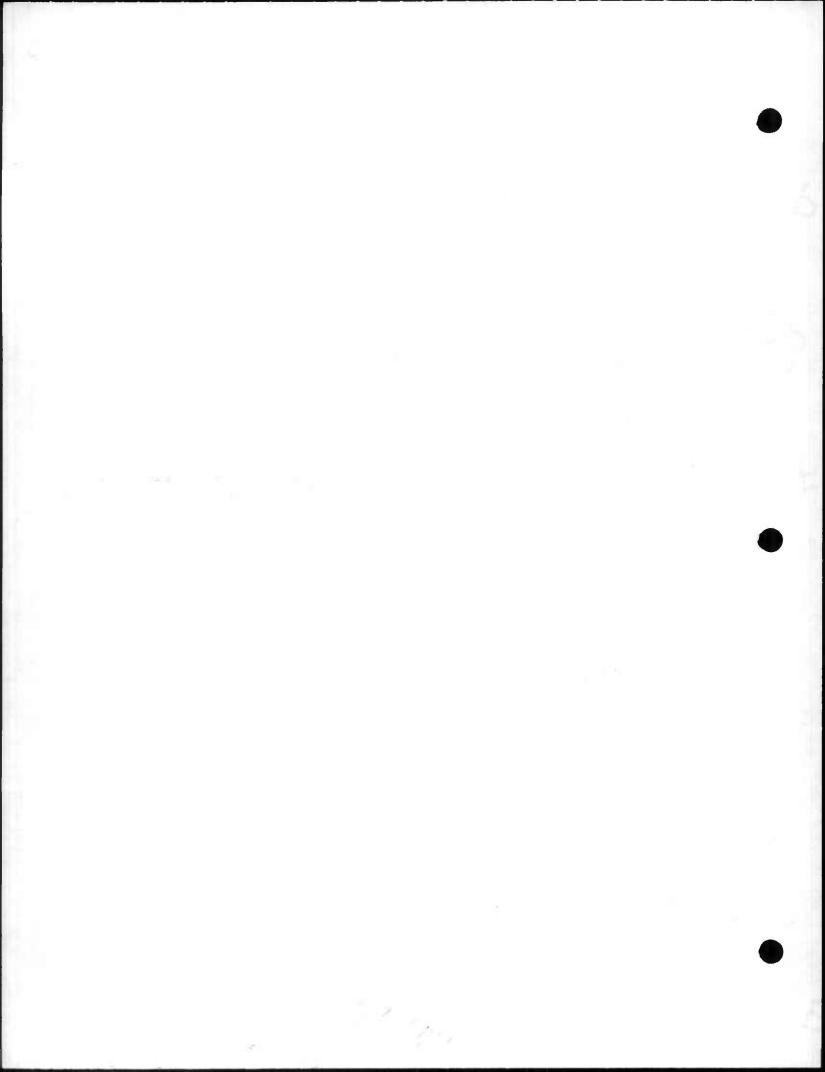
The farm the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be attended to the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

The manned, or flem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	icate be	physician	e prior t	IMPORTANT, IT THEN 28 is marked, or from 23 shows any injury, or other traumatic event, t
P.O.	ath certif	tending	al Hygier	or oth
ZDS,	if the de	by the at	nd Ment	/ Injury,
CO	uires tha	signed	Health a	ows any
AL RI	e law rec	has been	Dept. of	23 sh
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ON	B PHISI	ar this ce	th with th	narked.
SIOIS	DE POIN	frog Arts	3	28 is m
Š	THE STREET	L DIRECT	2 hours	
•	HOPIT	FUMPR	Mithing 2	STANT:
	TO THE HOS TRUCK STEEDING PHISICIAN: The law requires that the death certificate be executed within	TO THE FUNDMAL DIRECTOR AME THE CALIFICATE has been signed by the attending physician and completely	are fined within the fourth such that the State Dept. of Health and Mental Hygiene prior to burial, cremati	IMPOR

1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTMENT OF HEALTH AI CERTIFICATE OF DEATH	
1. DECEDENT'S NAME (First, Middle, Last)	Vathern	Cambrada T	2. DATE OF DEATH MONTH DAY

	7.20.011011					TOAT	_ 01	DLA			REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH DAY YEAR STIME OF January 28, 1995 Kathryn Gertrude Lund January 28, 1995								3. TIME OF DEATH					
	4. SOCIAL SECURITY NUME	ER	5. SEX 6. AGE (In yrs. last birt									PLACE (State or Foreign		
	215 36 343				YRS.	MONTHS	DAYS				ay, Year)	1911	Country	hington, D.C
_	9a. FACILITY NAME (If not in					1		OR LOCATI				-	NTY OF DE	
DIRECTOR	Bay Meadows Nursing Home				Gle	en B	urnie	=			Anı	ne Ar	undel	
S	10a. STATE	10b. COUNTY	,		10c. CIT	TY, TOWN	OR LOCAT	TION						10d. INSIDE CITY
						Pasadena					LIMITS? 1 ☐ YES 2 🔀 NO		LIMITS?	
FUNERAL										IZEN OF W	HAT COUNTRY?			
핗									J.S.A	•				
	11. MARITAL STATUS 1 Never Married 2	Married		YES 2 X	MED	13.	WAS DEC	ENDENT Cobs	OF HISPAN In, Maxical	HC ORIGIN? (S n, Puerto Rica	GIN? (Specify Yes or No— 14. RACE — Americal Black, White, atc.			— American Indian, White, etc.
ВУ	3 Widowed 4 Divo	rced	IF YES, GIVE V	MAR OR DATES			1 TYES	s M NO	Specify	r			Specif	White
COMPLETED	15. DEC (Specify only	EDENT'S EDU	CATION completed)	16a, DE	CEDENT'S	USUAL O	CCUPATIO	ON ost of working	na	16b. KI	ND OF BUS	SINESS/INI	DUSTRY	
빌	Elementary/Secondary (0	-12)	College (1-4 or 5	F)								16-1-		
ME I	12th 17. FATHER'S NAME (First, M.	iddle Leet			ouse	wire					_	Make	r	
BE CC	17. PAIRIER S NAME (FIRSt, MI	oole, Lest)	Benjami	n Krog	er			16. MOTI		ME (First, Midd therin				
TO B	Joann Sid			19	b. MAILING	ADDRES	S (Street a	ind Number		noute Number,				1100
	20s. METNOD OF DISPOSITI					ircl	_		Ра	sadena		-	nd 2	
	1 Buriel 2 Crematio	n 3 🗆 Reme	oval from State	cemetecy, cre	matory or o	of bishos other place) emate	ry,	Inc.		2/4				aryland
- 4	21. SIGNATURE OF FUNERAL	SERVICE LIC	TENSEE C	1						ce Fur				
	C. Ku	Kar	NA	onu	2	4	901 001	Ritc	hie				e, Mo	
	23. PART I. Enter the di	seeses, Dr c	omplications tha	t caused the de	eth. Do									Approximate
	ahock, or heart fellure. List only one ceuse on each line. Interval Between Onset and Death													
	disease or condition													
	OUE TO (OR AS A CONSEQUENCE OF):													
ON	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):													
CAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury													
Ē	that initiated events		DUE TO	(OR AS A CONSEC	DUENCE O	F):								
CERTIFICATION	resulting in death) LAST													
AF.	PART II. Other algoritical	nt condition	contributing to	death but not r	eaulting	In the ur	derlying	cause ç	given in I	Part I. 24	. WAS AN			WERE AUTOPSY FINDINGS
EDICAL	Healt onset diabet)						AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ME														OF DEATH? 1 YES 2 NO
	DID TOBACCO U		RIBUTE TO CA					UNC	ERTAIN	1 🗆				
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	26. PLAC	E OF DEA	TN (Check								
₹	1 YES 2 D-NO		1 Inpatient 2 I			4 Nur	sing Nom		eldence	6 Other (Sp				
	1 Natural 5 🗌	Pending	(Month, D	ay, Year)	28b. TIM	JURY M	28c. INJ WO	RK?	I NO	28d. DEŞCRI	BE NOW IF	NJURY OC	CURED	
BY	a Carteta	nvestigation Could not be	28e. PLACE O	F INJURY — At ho	me, ferm, :	street, fact			140	281. LOCATIO	ON (Street a	nd Number	or Rural Ro	oute Number
COMPLETED		letermined	building,	atc. (Specify)						City or To	wn, State)			Note that the same of the same
PLE	29a. CERTIFIER (Check only	FYING PHYSIC	CIAN: To the best of	my knowledge, de	eth occurr	ed at the t	lme, date	and place,	and due	to the cause(s) and man	ner es atal	ted.	
Š	one) 2 MEDI	CAL EXAMINE	II: On the beels of a	camination and/or i	nvestigatio	on, in my o	pinion, d	eath occur	ed at the t	time, data and	placa, and	d due to th	a cause(s)	and menner as stated.
w I	290. SIGNATURENAND THELE	OF CENTIFIER						29c. LIGE	NSE NUM	BER		29d. DAT	E SIGNED	Month, Day Year)
10 8	XXX	m/_							1419	177		•	1/30/	195
	30. NAME AND APDRESS OF	PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITE	1 27) (Type		.tui	W.	7 (1			1112	
	31_DATE FILED (Month, Day,)	, 0 - ,	32 REGISTRA	R'S SIGNATURE	VO 1	1/01 4	. 1000	- 1/10	-	hong	eny	M	LIIL	
	FEB 0 1 199		in Davolson								- '	,		



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BALTIMORE, MARYLAND 21215-0020	
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DIVISION OF VITAL REC

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-es hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last) ANN A ROS	SALIE MYSLINS	SKI			January 2	8. 1995 ^{ar}	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		HPLACE (State or Foreign	
	215-07-1688 9a. FACILITY NAME (If not institution, give st	1 M 2 TXF 89	YRS.		IOURS MIN.	April 10,	1905 Coun	Ohio	
Œ	1436 Dundalk Aver		1	b. CITY, TOWN OR		ATH	9c. COUNTY OF	DEATH	
DIRECTOR	RESIDENCE OF DECEDENT	iue		Baltime	re				
H.	10a. STATE 10b. COUNTY 10c.			c. CITY, TOWN OR LOCATION 10d. INS					
	Maryland	Baltimore						1 X YES 2 NO	
RAL N	10e. STREET AND NUMBER			10f. Z	IP CODE		10g. CITIZEN OF	WHAT COUNTRY?	
FUNERAL	1436 Dundalk Aver	42 MAR DECEDENT CHES IN		1	21222		States		
	1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, speci	fy Cuben, Mexicen	C ORIGIN? (Specify Yes , Puarto Ricen, etc.)	Blac	E — American Indian, ik, White, etc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 🗌 YES 2	NO Specify:		Spec	White	
once. COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION (ompleted)	16a. DECEDENT'S US	SUAL OCCUPATION	of working	16b. KIND OF BUSINESS/INDUSTRY			
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)	or working				
NP P	4 years		Seamstr						
5 8	17. FATHER'S NAME (First, Middle, Last)			1		NE (First, Middle, Melden	Surname)		
TO BE COM	Joseph Seckora		405 MARING A	22222		rbanski			
1 1	Roman C. Myslinsk	e i				oute Number, City or Tow		2	
2	20a. METHOD OF DISPOSITION	20h	PLACE AND DATE OF			ltimore, I	MD 2122: CATION — City or T		
Bus	1 St Burial 2 Cremation 3 Ramo 4 Donation 6 Other (Specify)	oval from State com	etery, crematory or other	r placel			·		
100	21. SIGNATURE OF FUNERAL SERVICE LIGHINGER 22. NAME AND ADDRESS OF FACILITY DUDGE 1								
Ex	Duda-Ruck Funeral Home of Dundlak, Inc. Brian T. Chisholm 7922 Wise Avenue, Baltimore, MD 21222								
8	Brian T. Chisholm 23. PART i. Enter the diseases, or c	complications that caused	I the deeth. Do not	enter the mode	vise Ave	nue, Balt:	imore, M	D 21222 Approximata	
vent, the med	ehock, or heert feilure. I	List only one ceuse on ea	nch line.			ankne		Interval Between Oneet end Death	
ry, or other traumatic event, the medical examiner must CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
걸	PART ii. Other algnificent conditions	s contributing to death by	ut not resulting in	the underlying o	ausa eluan la F				
	and agriculture soliditori	contributing to death bi	at not resulting in	the underlying c	euse given in F	Pert i. 24s. WAS AN PERFOR		AWAILABLE PRIOR TO COMPLETION OF CAUSE	
shows any						1 YES 2	□ №0	OF DEATH?	
S 2	DID TOBACCO USE CONTR	RIBUTE TO CAUSE O	F DEATH YES	Пиоп	UNCERTAIN	īn l		1 TYES 2 NO	
M 23	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH		OTTOEKT/AIT				
Sic	1 TES 2 NO	HOSPITAL: 1 ☐ Inpetient 2 ☐ ER/Outpe		OTHER: Nursing Home	5 🗆 Residence 8	Other (Specify)			
is marked, or item 23 s. D BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (Y WORK		28d. DESCRIBE HOW II	NJURY OCCURED		
60 III	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, term, stre	set, factory, office		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
tom 2	29a, CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowle	adea darth assumed		4				
ANT: If Item 2 COMPLET		Fi: On the basis of exemination						e) end manner as stated.	
BE	296. SIGNATURE AND TITLE OF CENTIFIER	Achenders		29	9c. LICENSE NUMI	951	29d. DATE SIGNED	(Month, Day, Year)	
일	30. NAME AND ADDRESS OF PERSON WAS	COMPLETED CAUSE OF DE	TH (ITEM 27) (Type, Pr	int)	0.0				
	~								
)	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	ATURE						
	FEB 01 1995	Jest Owas	Or. A Children						

30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) RADEEL GARG M.D. 716 Maidley Ch

32. REGISTRAR'S SIGNATURE

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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PRADEEL G.F.
31. DATE FILED (MONTH, Day, Year)
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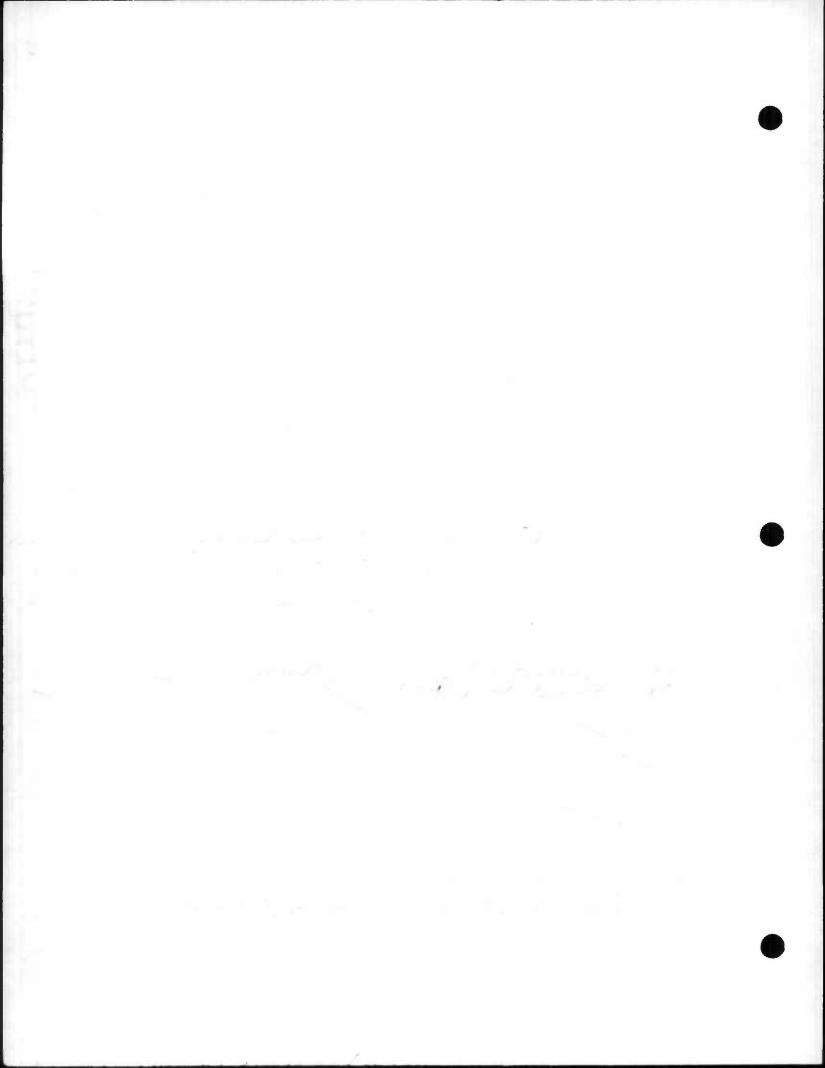
nours after death. Page 6 may be retained by the hospital or attending physician. At in he the formerst diseases a considerate of the set as the build-brane. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremating IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the

		Item9a 2-1-95 F:	ilmG720 W.H.Per	F/H			95	02188
		1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMEN ERTIFICAT	IT OF HEALTH AND E OF DEATH	MENTAL HYGIENE REG. NO.		
		1. DECEOENT'S NAME (First, Middle, Last) MILDRED	Morton	1		2. DATE OF DEATH DAY January 31	1995	3. TIME OF DEATH 10:27 A M
D.	1	220-46-1103	5. SEX 6. AGE (In yrs. lest	YRS. MONTHS	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) December 7, 189	8. BIRTH Country Maj	PLACE (State or Foreign
. rages 1, 2, 3 shound	DIRECTOR	96. FACILITY NAME Meridia	nn Nursing Center	96. Cr	TO DSVILLE	EATH 9c	Baltin	ore.
		100. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATION MOTE			10d. INSIDE CITY LIMITS? 1 YES 2 NO
III bai III	FUNERAL	100. STREET AND NUMBER 4406 HOOPEN	Avenue	4,30(11)	10f. ZIP CODE 2/220	1 Va	g. CITIZEN OF W	
UNG LAW INSTALL	B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARN FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	MED 1:	I. WAS DECENDENT OF HISPA II yes, specify Cuben, Mexico 1 — YES 2 NO Specifi		14. RACE Black Specif	- American Indian, White, atc.
101 noc 82	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	Conpleted) (Gh life.	TEDENT'S USUAL TO KIND OF WORK DON TO NOT use retired	e during most of working	Own H	ss/INDUSTRY	
d at once.	BE CON	17, FATHER'S NAME (First, Middle, Last) Richard H. Wh	itney		18. MOTHER'S NA Kathe	ME (First, Middle, Malden Surni	ner	,
be notified	5	190. INFORMANT'S NAME (Type/Print) Doris Mortor	196	MAILING ADORE	ss (Street and Number or Rural	Acute Number, City or Town, Ste PNUE, Baltiv		1D 21229
must		20e, METHOD OF DISPOSITION 1 Burlat 2 Cremation 3 Remo 4 Donetion 5 Other (Specify)	yal from State Competery, pren	nd DATE OF DISPO		101010	on - city or Ton	Maryland
medical examiner	4	21. SIGNATURE OF FUNERAL SERVICE (JC	THE STATE OF THE S		328 Sulphu	r Spring Rd	Funera . Arbut	1 Home, Inc.
medical		23 PART i. Enter the diseases, or o shock, or heart failure. I IMMEDIATE CAUSE (Final	omplications that caused the des.lat only one cause on each line.	ith. Do not ant	ar the mode of dying, suc	th ss cardiac or respireto	ry arrest,	Approximate Interval Between Onset and Death
event, the		disease or condition resulting in death)	DUE TO (OR AS A CONSECU	JENCE OF: ,	ion			3 day
to burial.	NOI	Sequantially list conditions, if sny, leading to immediata	OUE TO (OR AS A CONSEO	Ment OF):	ig			0
Hygiene prior to buria	RTIFICATION	cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEO	UENCE OF):				
-	2	PART ii. Other significant condition	a contributing to death but not re	eauiting in the	andariying causa giyen in	Part I. 24a. WAS AN AUTO	OPSY 24b.	WERE AUTOPSY FINDINGS
of Health and Ments shows any Injury,	MEDICAL	Hypothy soid	20 mg Hyps 2	ersion	, Dabel	PERFORMED 1 VES 2 D	12	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 PNO
State Dept.	PHYSICIAN:	DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE TO CAUS	E OF DEA	26. PLACE OF DEATH (CF			
the State	SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpatient 3	DOA 4 N				
with t	>	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJUR	Y OCCURED	
after d	ETED B	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — At hom building, etc. (Specify)	ne, lerm, street, le	ctory, office	261. LOCATION (Street end N City or Town, State)	lumber or Rural R	oute Number,
in 72 hours IT. If Item	OMPLE		CIAN: To the best of my knowledge, dea					end manner ee stated.
filed within PORTANT.	BE C	296. SIGNATURE AND TITLE OF CERTIFIER	A		29c. LICENSE NU			(Month, Day, Year)

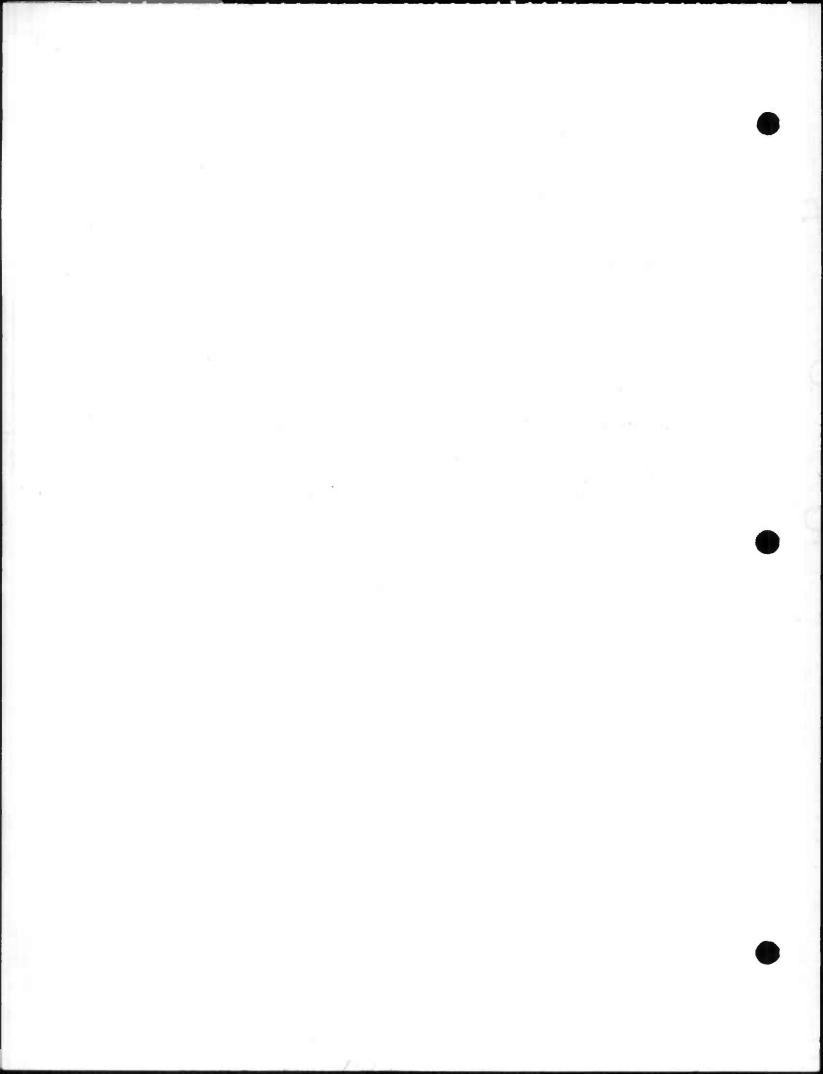
Catousville

State of the state

	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle	e, Last)			CERT			DEATH		REG. NO			4 Time or season	
	,		HARRY W	. MILI	JER				J.J	ANUARY 2	6. 1	995	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	- 1	5. SEX		yrs. last birthde	y) IF UNDER	1 YEAR	IF UNDER 24 HR	s. 7.	DATE OF BIRTH	.07 1	8. BIRTI	HPLACE (State or Foreign	
	163 05 9545		1 M 2 F	85	YRS	MONTHS	DAYS	HOURS MIN	"	(Month, Day, Year) July 23,	1909	Mar	yland	
1_	9e. FACILITY NAME (If not institution						9b. CITY, TOWN OR LOCATION OF DEA			EATH 9c. COUNTY C		NTY OF E	OF DEATH	
RECTOR	400 Townser		enue			Ba1	timo	ore			Ann	ne Ar	rundel	
EC		COUNTY			10c.	ITY, TOWN C	OR LOCA	TION					10d. INSIDE CITY	
౼	Maryland	Anne	Arunde	1	E	altim	ore						LIMITS?	
¥	10e. STREET AND NUMBER						10	f. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?	
FUNER	400 Townsend							21225			Ţ	J.S.A	1.	
<u> </u>	11. MARITAL STATUS 1 Never Married 2 Merrie		FORCES? 1	YES	2 X NO	13.	WAS DEC	CENDENT OF HIS	PANIC C	PRIGIN? (Specify Ye	s or No-	14. RACI Blac	E — American Indian, k, White, etc.	
B	3 Widowed 4 Divorced		IF YES, GIVE Y	MAR OR DATE	ES			2 NO Spe		120020000000000		Spec		
8	15. DECEDEN' (Specify only highe	'S EDUCA	TION	:1	6a. DECEDENT	'S USUAL O	CCUPATION	ON		16b. KIND OF BU	SINESS/tNI	DUSTRY	WILL DC	
4	Elementary/Secondary (0-12)		College (1-4 or 5	+)	life. Do NO	use retired.)		ost of working						
COMPLET	8th				Owner	_ Op	era	tor		Sunoc	o Gas	Sta	ation	
	17. FATHER'S NAME (First, Middle, I		la reeu M	M÷ 1.1	~~					First, Middle, Malden				
BE	19a. INFORMANT'S NAME (Type/Pri		larry W.	MILI	_						ibbor			
TO B	Hazel Miller	*						and Number or Rui Avenue		Number, City or Tox			3 21225	
B	20a. METHOD OF DISPOSITION		7 - 1000	20h PI	LACE AND DAT					-	CATION -		and 21225	
200	1 5 Buriet 2 Cremation 3 4 Donation 5 Other (Speci		al from State	camete	ory cremetory r	other place!			ا حا				Marylan	
Young	21. SIGNATURE OF FUNERAL SER	VICE LICE	ISEE	1 01	en nav	22.	NAME A	NO ADDRESS OF	FACILIT	Υ				
l l	> (Januar)	31		0	1					Funeral				
	23. PART I. Enter the disease	s of col	mplications the	at coused ti	ha deeth. De	not antar	the mo	RITCHIE ode of dying, 6	HW such as	y. Balt	inore	e, Mo	d. 21225	
	ahock, or heart f	éllyra? I.is	st only one cau	use on eaci	h line.						,		intarvai Betwe Onset and Dec	
	disease or condition resulting in death)		Care	0,2	one	20	: 2	sed		pon			3 200	
200		•••			ONSEQUENCE			1.1					20.00	
	Sequentially list conditions,	li.		nea	2	\	11	191	4				Mec	
CATION	if any, leading to immediate cause. Enter UNDERLYING		C \	OR AS A CO	ONSEQUENCE	- 5	1. 1	CC-80					6-10-5	
. 9	CAUSE (Disease or injury that initiated events	G			ONSEQUENCE	- 11	367	coap			-		0760	
ERTIF	resulting in death) LAST	d.	•										į	
S	PART II. Other algolificant co	nditions	contributing to	death but	not recultin	a la tha ca	doub do		I- D-					
DICAL	Allerace		otic	Co	Ch DV		C	d canse divau	In Part	I. 24a. WAS AN PERFOR		24b	AWAILABLE PRIOR TO	
EDI	FREET	RAI	Vesulcy Throng 1 yes					COMPLETION OF C						
. ME	DID TOBACCO USE C	ONTRI	BUTE TO CA	USE OF	DEATH	YES NO UNCERTAIN						1 YES 2 NO		
IAN	25. WAS CASE REFERRED TO MED		DOTE TO CA		PLACE OF DE			JOINCERIA	HIN L					
YSICI	EXAMINER? 1 YES 2 NO		OSPITAL:	ER/Outpatio	ent 3 🗆 DOA	OTHER	t: ing Hom	no 5' h Healdene	De 6 🗆	Other (Specify)				
- T	27. MANNER OF DEATH		28e. DATE OF (Month, D		28b. T	ME OF	28c. INJ		_	. OESCRIBE HOW I	NJURY OC	CURED		
BY PI	1 Nettural 5 Pendin 2 Accident Investi					М		YES 2 NO						
0	3 Suicide 8 Could 4 Homicide determ		28e. PLACE O building,	of INJURY — onto. (Specify)	At home, farm	, street, facto	ory, offic	•	281	City or Town, Stete)	ind Number	or Rural F	Route Number,	
LETE		_												
										e cause(e) end me				
. 0 1	2 MEDICAL E		On the baels of e	xamination er	nd/or Investige	ion, in my o	pinion, d	eath occured at t	the time,	, date end place, en	d due 10 th	e cause(e) end menner es stated.	
₹ E		RTIFIER						29c. LICENSE N	NUMBER		29d. DAT	E SIGNED	(Month, Day, Year)	
BE COMPI	296. SIGNATURE AND TITLE OF CE			0	inn	100)	17:	-			1	1	
СОМР	Reliat B	V.	SOM STED CALL	SE OF SEAT	CON_	- ACI	,),	DIA	7.	53	>	12	1155	
BE COMP	29b. SIGNATURE AND TITLE OF CE 30. NAME AND ADDRESS OF PERS	V.	COMPLETED CAUSE	SE OF DEATH	(ITEM 27) (Ty	PACI Do. Print)	7	DIA	75	10 N B	₩ 1	1/2-	1757	



		FOR 1 - STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIE		
		1. DECEDENT'S NAME (First, Middle, Last) ANNA ELI	ZABETH	MACZ	15	2. DATE OF DEATH MONTH	DAY 199	S. TIME OF DEATH
-		4. SOCIAL SECURITY NUMBER 215-05-6391		(In yrs. lest birthday) IF UND YRS. MONTHS	DER 1 YEAR IF UNDER 24 HRS. 8 DAYS HOURS MIN.	901		BIRTHPLACE (State or Foreign Country)
2, 3 should	OR				Baltimore	11 11 17 1	9c. COUNTY	1 100
Pages 1,	DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY Mary and Bal	1:	10c. CITY, TOWH				10d. INSIDE CITY LIMITS?
sit permit.	4	10e. STREET AND NUMBER	Circle	LUISU	101. ZIP CODE	7	10g. CITIZEN	1 VES 2 NO
215-0020 attending physician. se as the burial-transit	Y FUNER	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	3. WAS DECENDENT OF HISP. If yes, specify Cuban, Mexic 1 YES 2 NO Spec	can, Puarto Rican, etc.)	les or No. 14.	RACE — American Indian, Black, Whita, atc.
	rED BY	3 Wildowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a, DECEDENT'S USUAL			USINESS/INDUST	white
21 al or for c	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homemake	1.)	Own	Home	
YLA by the be del	BE COI	17. FATHER'S NAME (First, Middle, Last) Henry P. Whit	e			AME (First, Middle, Maide E, Hohr	en Surname)	
, MA be retain ge 5 sho e notifi	TO B		odwin	196. MAILING ADDRE	ss (Street and Number or Rura yerson Circl	al Route Number, City or To	own, State, Zip Coo	mD 21227
AORE e 6 may rector, pa		20a. HETHOD OF DISPOSITION 1 Suriel 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	ival from Stata	PLACE AND DATE OF DISPO petery, crematory or other place	OSITION (Name of	DATE 20c. L	OCATION — City	or Town, Stata Maryland
BALTIMOF ter death. Page 6 m the funeral director, oval.		21. SIGNATURE OF FUNERAL SERVICE LIC	ensel		2. NAME AND ADDRESS OF F	FACILITY Ambros	se F. H. C	of Lansdowne. downe, MD 21227
hours aft of in by or remo	j	23 PART I. Enter the diseases, or c shock, or heert fallure. I IMMEDIATE CAUSE (Final	complications that caused filst only one cause on ea	the daeth. Do not ente				
within 24 spletely fill cremation.		disease or condition resulting in deeth)	en. Cerelee DUE TO (OR AS A	O Vas Cul	las Accio	lent		3 days
executed and com o burial, matic en	LION	Sequentially list conditions, if any, leading to immediata	DUE TO (OR AS A	CONSEQUENCE OF):	in			5yrs
phys ne p	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c. DUE TO (OR AS A	CONSEQUENCE OF):	I failer	0 0 1	0	2 wks
S, P. death c e attenditental Hy or		PART II Other significent condition	s. A Cu	te con	gettive 1	Rout fa	live	aday
- 6 c	DICAL	PART II. Other significent conditions	a contributing to death bu	ut not resulting in the t	anderlying cause given in		IN AUTOPSY DRMED?	24b. WERE AUTOPSY FINDS OF AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AL RECOR e law requires that has been signed by Dept. of Health an	PHYSICIAN: MEDIC	DID TOBACCO USE CONTR	RIBUTE TO CAUSE O	F DEATH YES	NO UNCERTA	.in 🗆		1 YES 2 NO
	rsicia	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inputient 2 ER/Output	26. PLACE OF DEATH (Checo		6 Other (Specify)		
	ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUR	ED
ISIC TTENDI TTENDI TTENDI Affer d affer d		3 Suicide 8 Could not be datermined	28e. PLACE OF INJURY building, atc. (Speci	— At home, tarm, atreat, fa	ctory, office	28f. LOCATION (Street City or Town, State	t and Number or F a)	lural Route Number,
DIV OBPITAL OR A NERAL DIREC	COMPLET		CIAN: To the best of my knowle R: On the basis of axamination					use(s) and manner as stated.
The Ho	₩.	29b. SIGNATURE AND TITLE OF CERTIFIER		M.D	29c. LICENSE NL D263	UMBER		GNED (Month, Day, Year)
f = a =	0	30. NAME AND ADDRESS OF PERSON WHO RAN 1 S. KARIPIN					DEN	1/3
		31. DATE FILED (Month, Den, Year) FEB 0 1 1995	32 REGISTRAR'S MONA	ATURE SOLL	POLIS RD+	277 61 1190	KU,II.	D 21727,



1 - FOR STATE REGISTRAR

		FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC	MENT OF H	HEALTH AND	MENTA	L HYGIEN	E		
		1. DECEDENT'S NAME (First, Middle, Last)	T N	NASON			2. DATE	OF DEATH	AY .	YEAR 3.	TIME OF DEATH
	1	4. SOCIAL SECURITY NUMBER	THUMAS		F UNDER 1 YEAR	IF UNDER 24 HRS.	01	OF BIRTH	95		8:40 4
should		21.5-26-0973 98. FACILITY NAME (If not institution, give si	1 ♥ M 2 □ F 82	YRS.	ONTHS DAYS	HOURS MIN.	Sept	th, Day, Year)	L912	MD Country)	ACE (State or Foreign
1, 2, 3 sh	TOR	Western Maryland Cent				own, Maryl			Washir		TH .
permit. Pages 1	рінесто	10a. STATE 10b. COUNTY	rigton	196. CITY, 1	7 /Toll		NCOC	2K		100	H. INSIDE CITY LIMITS? VES 2 NO
permi	3AL	10e. STREET AND NUMBER	10.5%	1 2 12 1		ZIP CODE	age		10g. CITIZI	_	T COUNTRY?
020 physician. burial-transit	NE.	14547 Tollgate Ri	Cige 12. WAS DECEDENT EVER II	NIII C ADMED	V	21750			U.S.		
	FED BY FUNERAL	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR D.	2 NO	If yes, sp	ecity Cuban, Maxic 2 X NO Spec	an, Puerto	N? (Specify Yes Rican, etc.)		Black, W Specify:	American Indian, Vhita, etc.
1215-0 r attending use as the		15. DECEDENT'S EDUC (Specify only highest grade	ATION	16a. DECEDENT'S US (Give kind of work	k done durina ma	ON of working	166	. KIND OF BUS		White	2
D 21 pital or ed for u	PLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Dry Clea	etired.))			
the hospital detached for	COMPL	17. FATHER'S NAME (First, Middle, Last)		Dry Grea	ner	18. MOTHER'S N		arment			
1 2 2 X	ш	James WilliaM M	ason			Orint	ha H.	Exlin	ie		
MAR retained 5 should	must be notified TO BE	19a. INFORMANT'S NAME (Type/Print) James L. Mason				and Number or Rural					
BALTIMORE, after death. Page 6 may be by the funeral director, page noval. cal examiner must be		20a. METHOD OF DISPOSITION	206	PLACE AND DATE OF	TOTTEST	e Ridge	Han	COCK,	MD 2.	1.750	State
		1X Burial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	St.	PLACE AND DATE OF I	Catholk	THOLIC Cem. :	1/28/	95 Han	cock.	MD	V
		21. SIGNATURE OF FUNERAL SENTICE LIC	Breef H		Grov	re Funera	al Ho	me			
		23. PART I. Enter the diseases, pro	Dinplications that caused	the death. Do not	P.O.	Box 368	Ha	ncock,	MD	21750) Approximate
y filled abon, or the m		IMMEDIATE CAUSE (Fine)	SEPSIS	(Perit							interval Between Onset and Death
B 2 2 6	,		Reval	Failly ?							
× c	RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):							
icate be physicia re prior	FICA	CAUSE (Disease or Injury	G.I. BU	uding							
th certificate the certificate physical Hygiene prior or other the	E	that initiated eventa resulting in deeth) LAST	· ·	a Artu	y Di	seare.					
HDS, P it the death by the atten and Mental H	AL CE	PART ii. Other significant conditions		<u> </u>	U		Part I.	24a, WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
requires that requires that een signed b of Health ar	MEDIC						_	PERFOR		AW CO OF	AILABLE PRIOR TO MPLETION DF CAUSE DEATH?
AL has the Dept	IAN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (C)	heck only on	ne)			
SICIAN: The Certificate the State th	SICI	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outp		THER:	e 5 🗆 Residence					
PHYSIC this cer with the with the	PHY	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME O		URY AT RK?	28d. DES	CRIBE HOW I	JURY OCCU	RED	
ONG PHYS After this death with	B	2 Accident Investigation	28s. PLACE OF INJURY	At home term stee		res 2 NO					
TTEN TOR:	ETED	3 Suicide 6 Could not be determined	building, etc. (Spec	thy)	et, ractory, office			ATION (Street a or Town, State)	nd Number or	Runsi Routi) Number,
PITAL OR A	COMPL		CIAN: To the beat of my knowl R: On the basis of examination								d manner as stated.
A HIS	BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	Shalle	ſ		29c. LICENSE NU	MBER		29d. DATE S	IGNED (Mo	onth, Day, Year)
F-72	2	30. NAME AND ADDRESS OF BERSON WAS	stricion q	M		D465	-17		> \	241	95
3		30. NAME AND ADDRESS OF PERSON WHO SIRAT SIDO!	QUI, WES	TERN N		NTER	1500	PEN	NSYL	VAN	IA AVE
		FEB 0 1 1995	32 REGISTRAR'S MAN	dall,							

as point to but a control of the point of the second of th

23,1995

3. TIME OF DEATN

10d. INSIDE CITY

14. RACE — American Indian, Black, White, alc.

1 YES 2 | NO

White

8. BIRTNPLACE (State or Foreign

Canada

U.S.A.

Specify:

1:16P

2. DATE OF DEATH MONTH

January

7. DATE OF BIRTH (Month, Day, Year) 83 146-34-8055 1 - M 2XXF HOURS YRS. March21, 1911 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Rockville DIRECTOR Shady Grove Adventist Hospital Montgomery RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN DR LOCATION Maryland Montgomery Rockville permit. 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? funeral director, page 5 should be detached for use as the burial-transit 95 Dawson Avenue, #612 20850 retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuban, Maxican, Puerto Ri 1 TES 2 X NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced 8 15. DECEOENT'S EDUCATION 16e. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Spec Ш ndary (0-12) College (1-4 or 5+) COMPL 12 Homemaker own home Once. 17, FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Malden Surname 76 Ben Hershbain Rose Astrikan BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Dr. Sheldon Meltzer 2 Carnegie Court, Rockville, Md. 20850 Раде 6 тау be Pe 20a. METNOD OF DISPOSITION

1X Burlai 2 Cremation 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Stata must Judean Memorial Gdn.1-24 ☐ Donation 6 ☐ Other (Specify) examiner ²2. NAME AND ADDRESS OF FACILITY Tves-Pearson Funeral Homes 21. SIGNATURE OF FUNERAL SERVICE LICENSEE hours after death. Falls Church, Va. 22046 the attending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or removal. the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final disease pr condition Bilateral Pneumonia resulting in death) event, the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEDUENCE DE): traumatic CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEDUENCE DF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (DR AS A CONSEQUENCE DE): that initiated events resulting in death) LAST 0 Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a, WAS AN AUTOPSY PERFORMED? signed by the that any Emphysema 1 TES 27 NO Azotemia t, of h DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN A has be Dept. PHYSICIAN: THE THE ING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 28. PLACE DF DEATH (Check only one) certificate to the State HOSPITAL:
1 No inpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? this c marked, 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending M BY 1 YES 2 ND fter eath 2 Accident 28e. PLACE OF INJURY — At home, farm, streel, factory, office building, atc. (Specify) 3 Suicide 28I. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be R 4 Homicide determined 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the lime, date and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER On the beals of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. TO THE HOSPI TO THE FUNES THE MINITED 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 0 OF DEATN (ITEM 27) (Type, Print) 6 MO 69 31. DATE FILED (Month, Day,

32. REGISTRAR'S SIGNATURE

Davidson Randell

1995

1

FEB 0

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR

IF UNDER 24 HRS.

Meltzer

6. AGE (In yrs. last birthday)

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

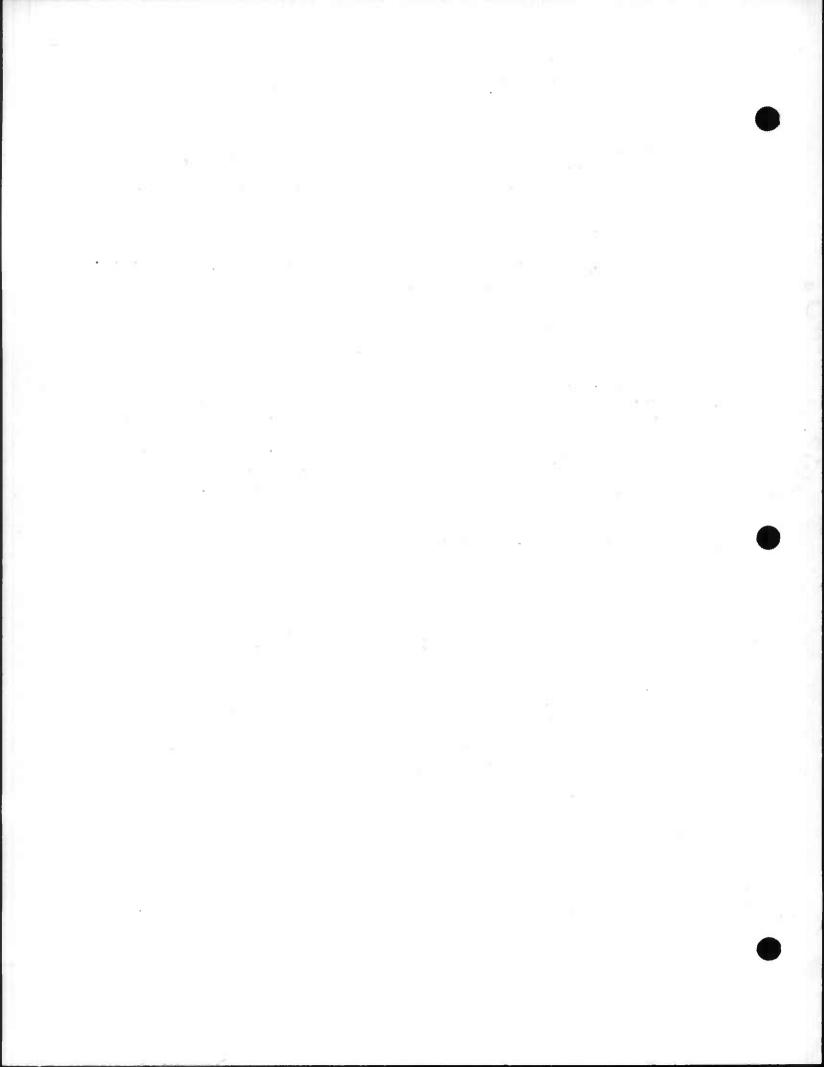
5. SEX

Kate

4. SOCIAL SECURITY NUMBER

Olney, Maryland Interval Between **Onset and Death** days 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 29d. DATE SIGNED (Month, Day, Year) January 123 19 00 don 1. DHMH-16 Rev 1/89

m



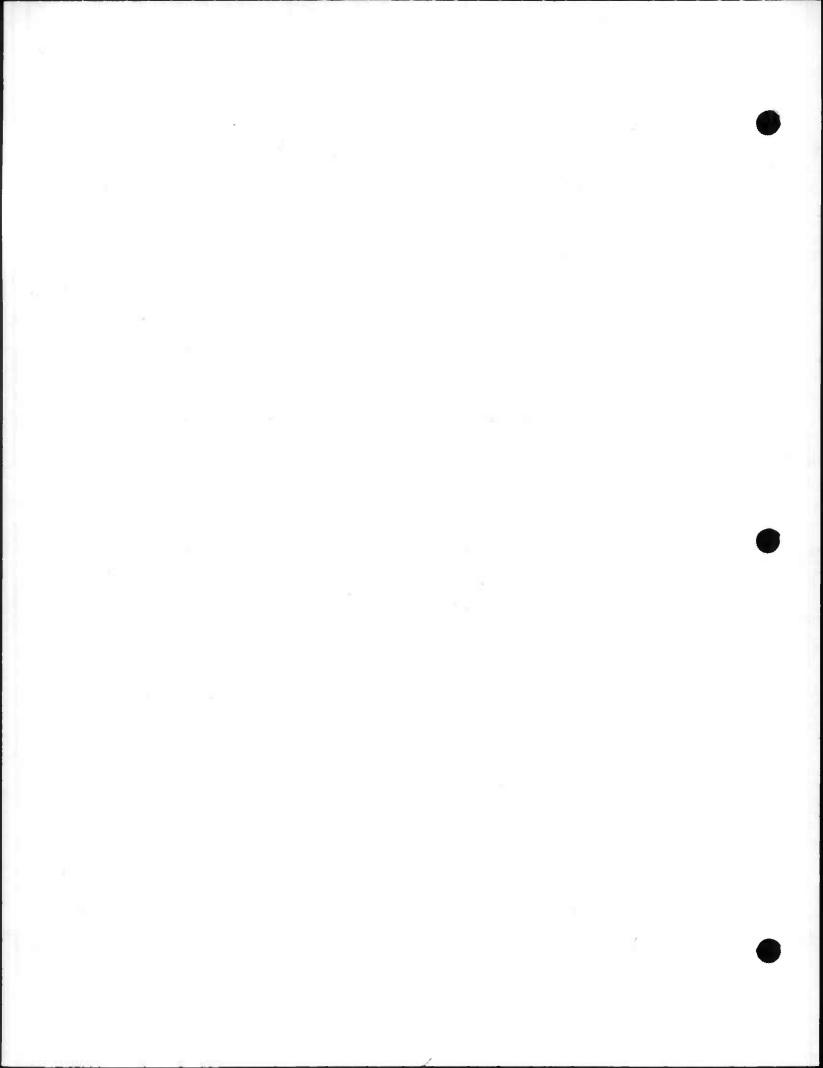
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compately find in the time function page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, committed, arminer must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

31. DATE FILED (Month, Day, Year) FEB 0 1 1995

2. REGISTRAR'S SIGNATURE

	D. N. D									9	5	02/9	3
	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND /		RTMENT OF				HYGIEN REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)				IOAILO	DEA		2. DATE OF		-	I	3. TIME OF DEATH	4
	MICHAEL	PETRO						JAN.	D/	9	95	0934	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF		. 9		PLACE (State or For	AM
	210 09 8150	1 ₂ □ M 2 □ F	83	YRS.	MONTHS DAY	HOURS	MIN.	8 - 17 -	ay, Ybar)	1	Country	7)	
	Sa. FACILITY NAME (If not institution, give a	-10	0,5		9b, CITY, TOW	I OR LOCATI	ON OF DE		171		INTY OF DE	rsylvan	la
TOR	603 SOUTH ANN ST		#220			IMOR				Jan. 000		na	
DIRECTOR	10a. STATE 10b. COUNT	(10c. CIT	TY, TOWN OR LO	ATION						10d. INSIDE CITY LIMITS?	
ā	Maryland no	<u> </u>		Ba	ltimor	e						1 YES 2 1	NO
FUNERAL	603South Ann	Street	# 2 2 0			2 1 2 .				10g. CIT		HAT COUNTRY?	
FUN	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS OECEDEN	T EVER IN U.S. ARI	MED	13. WAS D	ECENDENT C	F HISPAN	NC ORIGIN? (S	Specify Yea	or No-	14. RACE	— American India: , White, atc.	n,
ВУ	3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES			ES 2 NO			111, 416.)		Specif	White	
6	15. DECEDENT'S EDU (Specify only highest grade		16a. DE	CEDENT'S	USUAL OCCUPA	TION		16b. KI	NO OF BUS	SINESS/IN			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 -	+) (Gr life.	DO NOT U	work done during se retired.) hant	nost of workir	ng		Musi	c			
M	17. FATHER'S NAME (First, Middle, Last)					40 1407	AEDIO ALA	100 400 4 140 4					
	Michael Petr					77.77		ME (First, Midd		Surname)			
H	19a. INFORMANT'S NAME (Type/Print)	.0	401	50 5 M 1040				Fle					
임	Michael P. Do		190		AOORESS (Street								
	20a, METHOD OF DISPOSITION	inexxy	005 81 005 0				sta					IM87123	-10
	1 Burlat 2 Cremation 3 Ram 4 X Donation 5 Other (Specify)	oval from Stata	cemetery, crer		OF DISPOSITION other place)	Name of		OATE	20c. LO	CATION —	City or Tov	vn, Stata	
		ENSERT O 10 O	Pd Wada	ກ:	22 NAME	AND ADDRE	DO OF FA	OIL FTY O	<u> </u>				
	21. SIGNATURE OF FUNERAL SERVICE LIC	Malle	ea waae	, O.C.	6551	v.Bal	tio	rest,	tate Bal:	. And	atom 1D211	y Board 201	d
\Box	23. PART I. Enter the diseases, or o	omplications that										Approximat	
1 1	snock, or neart failure.	Liet only one ceu	ise on eech line.						, o. 100pi	ratory at	1000,	intervai Be	tween
1 1	iMMÉDIATE CAUSE (Final disease or condition	Name and a			a 7.		,					Onset and	Deeth
	resulting in death)	Arterio	OR AS A CONSEC			vasci	ılar	Disc	ease	;			
-	_		TOTAL PROPERTY.	OLINOL O									
ERTIFICATION	Sequentielly list conditions, if any, laeding to immediate	OUE TO	(OR AS A CONSEO	UENCE O	F):								
	cause. Enter UNDERLYING											İ	
Ē	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSEO	UENCE O	F):								
ᄩ	resulting in death) LAST	d											
O	DART II ON A LITTLE OF												
MEDICAL	PART II. Other eignificant condition	s contributing to	death but not re	esuiting	In the underly	ng ceuse g	lven in	Part i. 24	PERFOR			WERE AUTOPSY FIN	
1 2								_ 11	YES 2	NO X		COMPLETION OF CA	
ME									SPE	СТТ	- 1	t YE\$ 2 No	D
	DID TOBACCO USE CONTI	RIBUTE TO CA	USE OF DEAT	TH YE	S NO	UNC	ERTAIN	л 🗆 т.	1DI L	CII			
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACI	E OF OEA	TH (Check only on	9)							
Sic	XXYES 2 NO	HOSPITAL: 1 Inpatient 2	ER/Outpatient 3	□ DOA	OTHER:	me 5 🗆 Re	sidence	8 Other (Sc	pecify)				
PHYSICIAN:	27. MANNER OF OEATH	28a. DATE OF (Month, D		28b. TIM	E OF 28c. I	JURY AT		28d. OESCRI		VJURY OC	CURED		
ВУБ	1 Natural 5 Pending 2 Accident Investigation	(Morkii, D	ay, reer)	ING		YES 2	NO						
	3 Suicide 8 Could not be	28e. PLACE O	F INJURY — At hor	ne, farm,	atreet, lactory, of	Ice		28f. LOCATIO		nd Numbe	r or Rural Ro	oute Number,	
TED	4 Homicide determined	bullding,	etc. (Specify)						own, State)				
التا	29a. CERTIFIER CERTIFYING PHYSI	CIAN: To the best of	my knowledge des	th conver	ad at the time of	to and also							_
COMPLET	(Check only one) 2XXMEDICAL EXAMINE	R: On the beals of a	xamination end/or in	nveationtic	on, in my pololog	death occur	and due	time, data and	o and men	ner ea sta	he course.	and menner == : :	to d
8				Settle	,y opinion	-			, proce, and				red.
H	29b. SIGNATURE AND TITLE OF CERTIFIER	1 .	HAR			29c. LICE			I			(Month, Day, Year)	
0	wonald the	Dright] 0.	C.M	1.E		▶J₽	AN.	29,1995)
	30. NAME AND ADDRESS OF PERSON WH									-			
	Donald G. Wright	M.D.	111	Peni	n Stre	et, E	alt	imore	e, M	ary.	Land	21201	

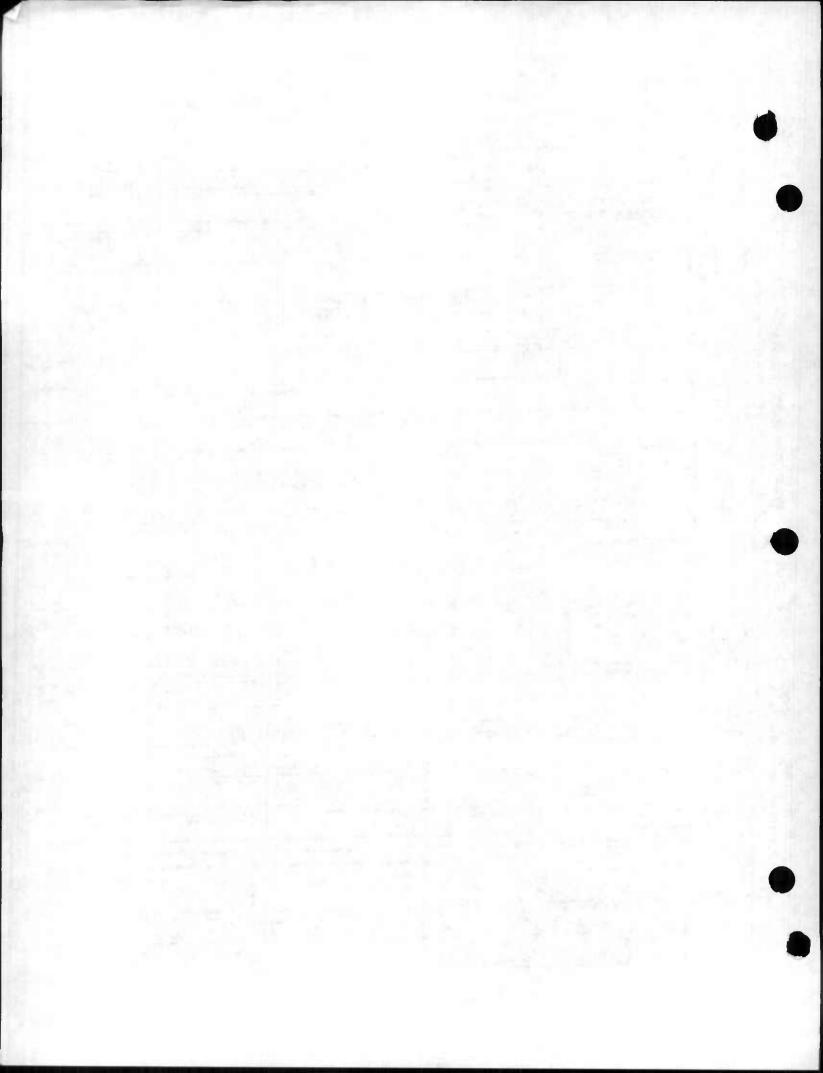


DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	IO THE FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flour death. Page 6 may be retained by the hospital or attending physician.	
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	1 - FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPAR	RTMENT OF	HEALTH AND		GIENE 3. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	ATH DAY		3. TIME OF DEATH
		llard Ramse	У			Jan. 2	9, 1995	YEAR	7 P. M
			n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR (Month, Day,		8. BIRTI	HPLACE (State or Foreign
	577 52 0754 1 9e. FACILITY NAME (If not institution, give street		5 YRS.						hington D.C.
Œ					OR LOCATION OF D	EATH	9c. COU		
[윤	8339 Peachwood Dri	.ve		Jess	up		Н	owar	a
DIRECTOR	10e. STATE 10b. COUNTY			Y, TOWN OR LOC	TION				10d. INSIDE CITY LIMITS?
	Md. Howar	·d	Je	ssup					1 YES 2XXNO
FUNERAL	8339 Peachwood Dr			1	Y. ZIP CODE		10g. CITI		WHAT COUNTRY?
1 2 1		2. WAS DECEDENT EVER IN	U.S. ARMED	13 WMC DE	20794 CENDENT OF HISPA	NIC ODIONO (C	No. Mar. and Mar.	U.S	
	1 Never Married 2 Merried	FORCES? 1 YES	2 NO	If yes, s	pecify Cuban, Mexico	en, Puerto Rican, e	etc.)		E — Americen Indien, k, White, atc.
) BY	3 Widowed 4 Divorced				Special Special	y.		Wh	ite
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con	TON mpleted)	16a. DECEDENT'S	USUAL OCCUPAT work done during n se retired.)	ON ost of working	16b. KIND	OF BUSINESS/IND	USTRY	
吊	Elementary/Secondary (0-12)	College (1-4 or 5+)							
MO	17. FATHER'S NAME (First, Middle, Last)		Salesma	111	16 MOTHER'S NA	ME (First, Middle, I	Marvel (lea	ners
BE C	Hershel Ramsey				Virgini				
10 B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	end Number or Rural			Code)	
F	Patricia D. Ramsey		8339 1	eachwoo	d Dr. Je	ssup, Mo	1. 20794	1	
	20a. METHOD OF DISPOSITION 1X Method 2 Cremation 3 Removal	il from State coppe	PLACE AND DATE	OF DISPOSITION (A	ame of	DATE 2	Oc. LOCATION -	City or To	rwn, State
	4 Donation 6 Other (Specify)	5]	pringile	eld Ceme	tery Feb	. 1, 199	95 Syke	svi	lle, Md.
	> 4/2) V	17. 12		22. NAME	NO ADDRESS OF PA		nt Funer	al I	Home
	AUMY TU. A	Hayra	P. Minneson	Р.	0.Box 19	5 Sykesy	ville, M	ld.	21784
	23. PART I. Enter the diseases, or com shock, or heart failure. Lial	t only one cause on as	ch lina.	not antar tha m	oda of dyling, suc	h aa cardlac or	reapiratory arr	est,	Approximata Intarvai Batween
	IMMEDIATE CAUSE (Final disease or condition	Para	P	P	1				Onset and Death
	resulting in death) a	DUE TO (OR AS A	CONSEQUENCE OF	dung	Cance	r			2 months
z		DUE TO (OR AS A O	· Lus	in Can	In				unknown
CERTIFICATION	Sequentially list conditions, If any, landing to immediate	DUE TO (OR AS A	CONSEQUENCE OF	1					
2	CAUSE (Disease or Injury	DUE TO (OR AS A	CONSEQUENCE OF	n.					
FE	that initiated events resulting in death) LAST	DOE TO (OR AS A T	CONSEQUENCE OF	r):					1
	PART II Ober desiliera								
SAL	PART II. Other algnificant conditions of	ontributing to death bu	t not reaulting	In the underlying	g cauae givan in		AS AN AUTOPSY ERFORMED?	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICA						101	ES 2 10		OF DEATH?
Σ.	DID TOBACCO USE CONTRIB	UITE TO CAUSE OF	DEATH VE	S P NO I	UNCERTAIL				1 YES 2 10
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		6. PLACE OF DEAT		UNCERIAN	<u>ч Ц</u>			
Sic		IOSPITAL:	tlent 3 DOA	OTHER:	ne 5 Residence	6 Other (Specif	(v)		
E	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN	JURY AT DRK?		HOW INJURY OCC	URED	
ВУ	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO	1/2			
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY - building, etc. (Specif	— At home, ferm, a	itreet, factory, offi	•	28f. LOCATION (S City or Town,	Street and Number Stete)	or Rural F	loute Number,
COMPLETED									
MP	(Check only 1 CERTIFYING PHYSICIAN	N: To the best of my knowle							
	2 MEDICAL EXAMINER: 0	n the best of examination	end/or investigatio	n, in my opinion,	eath occured at the	time, date end pla			
BE	99 Huntson				29c. LICENSE NUI	82	29d. DATE	SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type,	Print)	1 /			100	140
	I A II would a	KNOLL HOE	TH						
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAL	TURE						
	FEB 0 1 1995 July	Talmosoc Mars	ALC.						

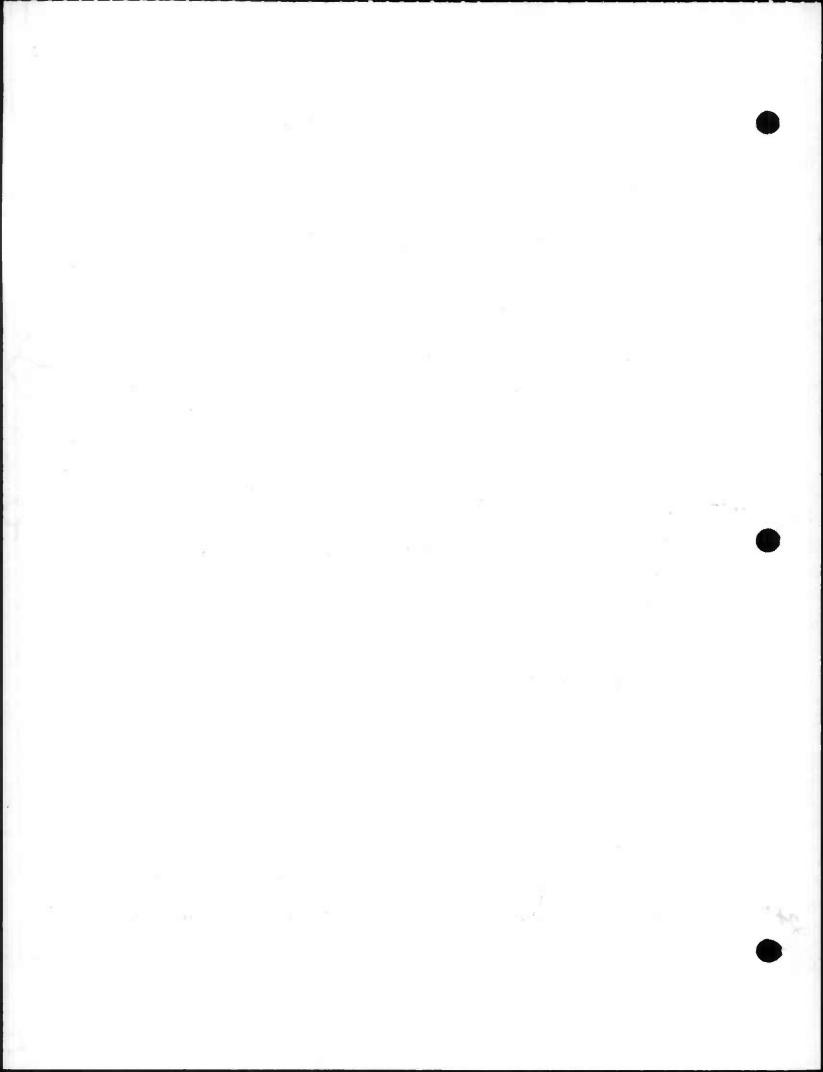
	1 - STATE REGISTRAR L DECEMBET'S HAME (FIX MARK)	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF	HEALTH AND N	TENTAL HYGIEN		
	4. SOCIAL SECURITY HUMBER	Jacque	line Ri			2 DATE OF DEATH MONTH		11:28 A
DIRECTOR	246-40-4183	# 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2	PH yrs. had birthday) 62 YHR.		on Location of DEA	Month, Dec 1007	B, Bart Coun	Carolina
	MD . 10h. c	OUNTY	He. CITY	TOWN OR LOCA	mon Ltimore			104. INSIDE CITY LBATE?
FUNERAL	1507 Argonne			10	21218		1 S YES 2 NO 100. CITIZEN OF WHAT COUNTRY? U.S.	
94	1 Never Married 3 Catarried 3 Widowed 4 Diverses	12. WAS DECEDENT EVER IN FORCER? 1 VES IF YES, GIVE WAR OR OA	9 A THA		ENDENT OF HISMANIC welly Guben, Musleen, 12 (*) NO Specify:	ORIGIN? (Specify You Puerte Rican, arc.)	or No. 14, RACI	I — American indien. L. White, etc. W Black
COMPLETED	SPECIFIC NAME FOR A AGENT LOS	(Dollage (I-4 or 6+)	Me. DECEDENTE & (Give bind of me Dietic	TRUME OCCUPATION OF SURE OF SU	on of all working	Md. Ge	NESS/MOUSTRY	p.Sch.Sy
TO BE C	Buddy Scales		100. MAILING A	DONESS (Street o	Mary 1	From Missen Melden S Jaughn		
muri be a	Lonnie Rice Sou, hervoe of disposition 1 @ Burlet 2 O Committee 5 D 4 Demoter 5 Demote (Specify)	Removal from Blate copy	1507 LACEANODATEOF	Argonn	e Drive	Balto., 1	MD. 212	rn, Glate
ical examino	21. GENERAL BERNO Doutha	Heiter CEST	P #281	22. NAME AN	D ADDRESS OF FACE	172	0.45	Monroe S
als event, the medical	23. PART I, Enter the diseases, shock, or heart falls iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	e. PDB DUE TO (OR AS A C	ALDIOPI ONSEQUENCE OF:	enter the mod	and such a	ALRES,	lory errest,	Approximate Interval Betwee Onset and Dea
CERTIFICATION	if any, leading to immediate course. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO FOR AN A CO	ONSEQUENCE OF:	EPENO	LENAC VENT 7	ALETES	ASE	
I: MEDICAL C	PART II. Other eignificant conditions DID TORACCO LISE CON				ceuse given in Pari	L 244. WAS AN AU PERFORMA	NO S	VERE AUTOPSY FINDING: MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Š	DID TOBACCO USE CON 26. WING CAME REFERENCE TO INCIDICAL EXAMINENT 1 () YES 2 () (6") 27. MAININGS OF QUARM	HOSPITAL:	PLACE OF DEATH (C	hock any cost	UNCERTAIN [
£ 6	1 Manuscol 6 Paneling Investigation 3 Southern 8 Content root in	25 a. DATE OF INJUST (Month, Dag Year) : She PLACE OF BLAURY a building, she (Specify)	INJUSTY	M I ARE	2 HO 244	LOCATION (Street and City or Term, Street		
COMPLET	CENTRER 1 CENTRYING PET	BICLAN: To the best of my knowledge	desti second a					
O BE	Sa. Sichustung Aug Tittle de CENTERS	7/ 1/2	10	my opinion, desti	D332	date and place, and is	DHITE SIGNED IN	
3	CONTE PILED (MONN), DIEK 1907) FEB 0 1 1995	ALL SEGISTRATS SIGNATURE A STATE OF DEATH 12. SEGISTRATS SIGNATURE A STATE OF THE SEGNATURE	inc so	SHILL	149 M	PSON TE	EL DI	ENE



and completely filled in by the funeral director, page 5 should be detach to burial, cremation, or removal. In the medical examiner must be notified at once.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
executed within 24 hours after death. Page 6 may be retained by the hos	TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hos
68760, BALTIMORE, MARYLANI	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPAI	RTMENT	OF H	IEALTH DEAT	AND P	MENTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM		J.		F	RIGG	INS	r.		му 3 О	YEAR	TIME OF DEATH : 32 Pv
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		IF UNDER	t YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)			ICE (State or Foreign
	219-28-4845 9a. FACILITY NAME (If not institution, give s	1 M 2 F	62	YRS.				ON OF DE	July 15,		Mary	
S.	HARBOR HOSPITA	,						CIT		9c. CO	UNTY OF DEAT	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	1		10c, CI	ry, town o	OR LOCAT	ION				100	1. INSIDE CITY
	Maryland	none			alto			Md.				LIMITS?
FUNERAL	10a. STREET AND NUMBER	-1	7.1			101	ZIP COD	1230)		TIZEN OF WHA	
UNE	1723 Ja	12. WAS DECEDEN	IT EVER IN U.S. A	RMED	13.	WAS DEC			IC ORIGIN? (Specify Ye		1	tates American Indian,
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE V	VAR OR DATES)NO	1 1	If yes, sp		n, Maxicar	n, Puarto Rican, etc.)		Black, W	white
TED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. C	ECEDENT'S	work done o	CCUPATIO	ON st of working	na	16b. KIND OF BU	SINESS/IN		
COMPLETED	Elementary/Secondary (0-12) 8th.Grade	College (1-4 or 5	+) #	ianag	ise retired.)				Luck	y"s	Store	9
	17. FATHER'S NAME (First, Middle, Last)	D	D	iggi	n				ME (First, Middle, Meiden	,	ters	
BE	Harry 19a. INFORMANT'S NAME (Type/Print)	D.				(Street a		lary or Rumal R				
2	William J.Rigg	in,Jr.							alto Ma			
	20a. METHOD OF DISPOSITION 1	oval from Stata	20b.PLACE Cometery, C Metr	AND DATE	of Dispos	tor (Na	_{me of} y, Ir	nc.2	/1/95 Ca	ton:	City or Town, SV111	State, Md .
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	/	9*	22.1	NAME AN	D ADDRE	SS OF FAC	JUTY D.	140	MA 2	1230
Ш	1/Edw	and L	we	0		McC	u113	, Fu	neral Ho	me,	130 E	.Fort Av
CERTIFICATION	23. PART I. Enter the diseases, prospective for the condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	n.Arteri DUE TO	ise Dri aach lin	OTIC	c Cai				ar Disea		reat,	Approximate interval Between Onset and Death
CERTI	resulting in death) LAST	1										
MEDICAL	PART II. Other significant condition Diabetes Mel		death but not	resulting	in the un	derlying	cause ç	given in I	PERFOI	MED?	AVA COI OF	RE AUTOPSY FINDINGS (LABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
	DID TOBACCO USE CONTI	RIBUTE TO CA	USE OF DEA	ATH Y	ES 🗆 N	10 L	UNC	ERTAIN	_ INQU	TKI		
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 (X YES 2 \sum NO	HOSPITAL:		CE OF DEA	OTHER	t:						
PHYSICIAN:	27. MANNER OF DEATH 15 Natural 5 Pending	28a. DATE OF (Month, D.	INJURY	26b. TIN		28c. INJU	URY AT RK?		Other (Specify) 28d. DESCRIBE HOW	NJURY OC	CURED	
ED BY	2 Accident Investigation 3 Suicide S Could not be 4 Homicide datarmined	28a. PLACE O building,	F INJURY — At h	ome, farm,			'E\$ 2 _	NO	28f. LOCATION (Street City or Town, State)	and Numbe	or Rural Route	Number,
COMPLET									to the cause(s) and me			
	2% Medical Examine 29b. SIGNATURE AND TITLE OF CERTIFIER	H: On the basis of a	camination and/or	Investigation	on, in my o	pinion, de						
TO BE	30. NAME AND ADDRESS OF PERSON WHO	Chute	(M)	M 277	Die			C . M			AN 31,	
	Dennis Chute M	.D.	11			Str	eet,	Ba	ltimore,	Mai	cyland	21201
	31. DATE FILED (Month, Day, Year) FEB 0 1 1995		R'S SIGNATURE									



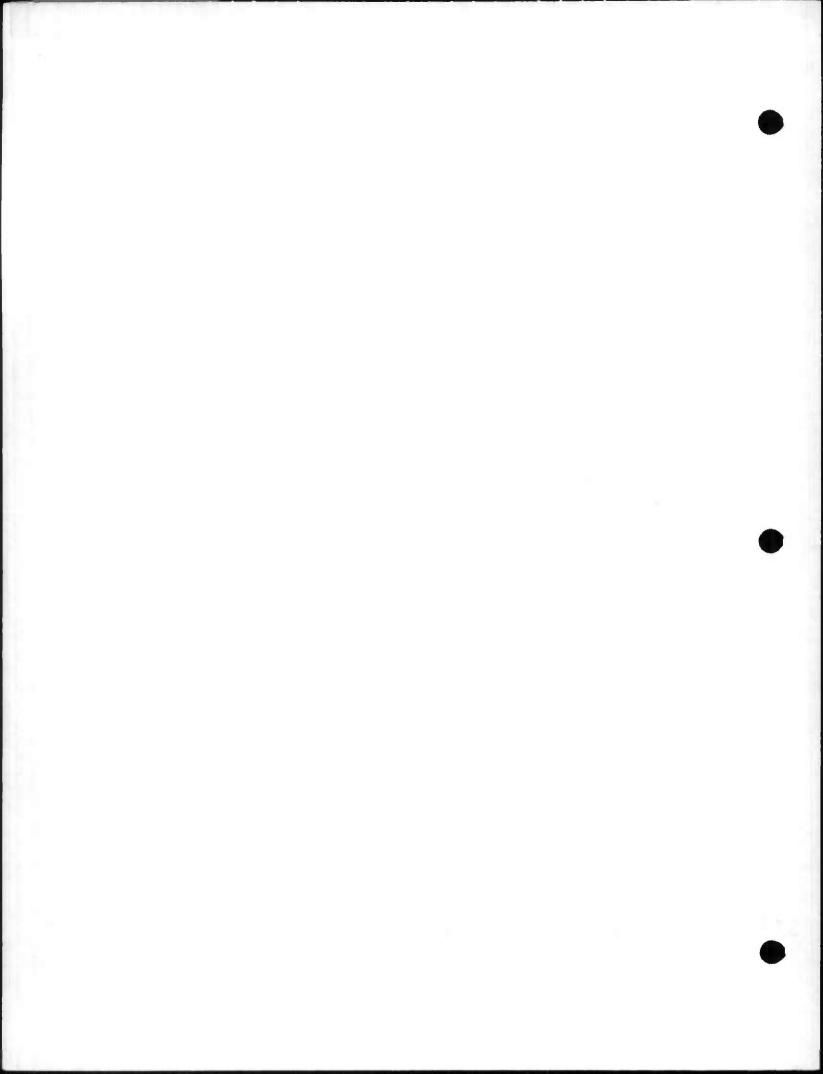


hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

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90	WITH	
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-	
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	REGISTRAR		CERTIFIC	MENT OF HEALTH AP CATE OF DEATH	ID MENTAL HYGIE REG. N		
	1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER	Henry 5. SEX 6. AGE	Seu	se//	2. DATE OF DEATH	04/9	3. TIME OF DEATH
ľ	2/2 4/2 7960 Da. FACILITY NAME (If not institution, give a	1 🗗 M 2 🗆 F	49 YRS.	IF UNDER 1 YEAR IF UNDER 24 HOURS M	MAY 7, 1	.945 M	BIRTHPLACE (State or Foreign Country) IARYLAND
CTOR	CHURCH HOM			BALTIMORE	CITY	9c. COUNTY	1/a
DIRE	MARYLAND 10b. COUNTY	n/a	10c. CITY,	BALTIMORE			10d. INSIDE CITY LIMITS? 1) YES 2 NO
VERAL		TTERSON PAR	K	101. ZIP CODE 21213		UNITE	D STATES
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1)(X) YES IF YES, GIVE WAR OR D	N U.S. ARMED 2 NO ATES	13. WAS DECENDENT OF H If yes, specify Cuben, M 1 YES 2 WNO S	exicen, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: BLACK
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12 TH		ilfe. Do NOT use i	rk done during most of working retired.)		BUSINESS/INDUS	TRY
COMPL	17. FATHER'S NAME (First, Middle, Last)	CHOLS	MAINI	111777	S NAME (First, Middle, Maid ILLE SEWE	en Sumame)	S&ELECTRIC
TO BE	19a. INFORMANT'S NAME (Type/Print)	OYD	19b. MAILING AI	DDRESS (Street and Number or F	lural Route Number, City or I	lown, State, Zip Co.	ORE, MD # 1
	204, METHOD OF DISPOSITION Y A Burtal 2 □ Cramptony 2 □ Remote 4 □ Donetton 5 □ Other (Specify)	20b	GARRISO	DISPOSITION (Name of	OATE 20c.	LOCATION — City	
	21. SIGNATURE OF PONERAL SERVICE LIC	E Her	up.	22. NAME AND AOORESS C			
CERTIFICATION	IMMEDIATÉ CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF):	PAILVA	? E		Interval Betw Onset and D
MEDICAL C	PART II. Other algorificent condition	a contributing to deeth b	ut not resulting in	the underlying ceuse give		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
SICIAN:	DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH	(Check only one)	AIN 🗆		
у РНУ	1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)			28d. DESCRIBE HOW	INJURY OCCUR	ED
ETED B	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, atre	et, fectory, office	281. LOCATION (Stree City or Town, Stat		Burst Route Number,
LU I				at the time, date end place, end			
COMPL	2 MEDICAL EXAMINE	-		29c, LICENSE NUMBER 29d, DATE SIGNEO (Month, Day,			

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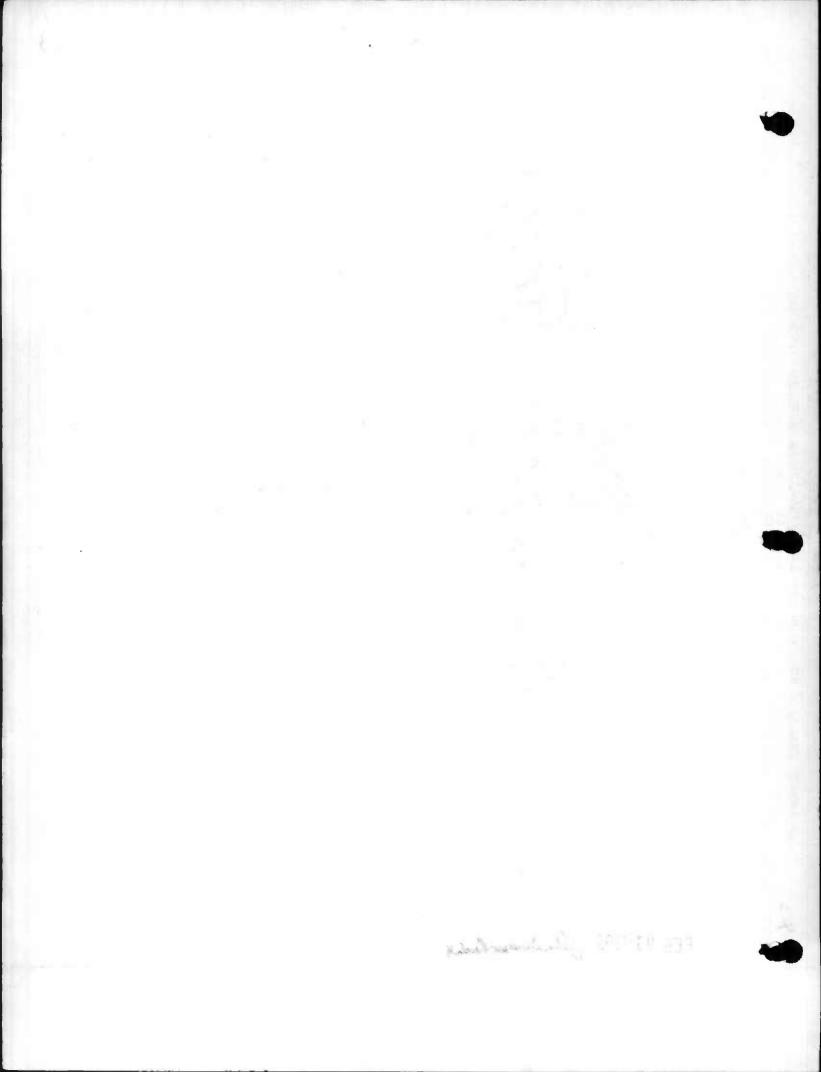


1 - FOR STATE REGISTRAR

BALTIMORI	urs after death. Page 6 m	in by the funeral director, n, or removal.	the state of second second
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	JERAL DIRECTOR: After this certificate has been signed by the attending physician and completely with in by the funeral director, and the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	FT. IS the manufact of them 20 about many latings on adding formally manufact the specifical accompany

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR JAN 27 95 7									EATH						
	4. SOCIAL SECURITY NUMBER	5. SEC 8. AGE (In yrs. last birthday)			hirthdau)	IF UNDER 1 Y	EAD	IF UNDER	24 MD0	7. DATE O		/	95	ACE (State or	A	
	218-03-7638		1 X M 2 - F	o. AGE (III)	95		MONTHS (AYS	HOURS	MIN.	12-C	5-189	_	Country)	MARYL	
B	99. FACILITY NAME (If not institution, give street and number) CHAPEL HILL CONVALESCENT HOME						9b. CITY, TO	WN OF	I LOCATI	ON OF DE	EATH			TTMOR	E COU	YTY
CTOR	RESIDENCE OF DEC	CEDENT														
DIREC	MARYLAND	BAL	TIMORE C	OUNTY	,		TOWN OR								Od. INSIDE CI LIMITS?	
A A	104. STREET AND NUMBER 107. ZIP CODE 10g. CITIZEN OF WHAT									AT COUNTRY	?					
E	4511 ROBOSSON ROAD 21133 U.S.A.															
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced 12. WIS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES						13. WAS DECENDENT OF HISPANIC ORIGIN? (Speif yes, specify Cuban, Maxican, Puarto Rican, 1 ☐ YES 2 ☐ NO Specify:									
0	15, DEC	EDENT'S EDI	UCATION		16a. DEC	EDENT'S L	SUAL OCCI	PATIO	N		16b.	(IND OF BU	SINESS/IND			
once. COMPLETE	(Specify online Elementary/Secondary (I	ly highest grad	completed)	+)	(Gh	re kind of w Do NOT use	ork done dun retired.)	ng mos	t of workli	ng						
교	10th grade			"	0P	ERATO)R				RU	BBER	PLAN'	Т		
OOM	17. FATHER'S NAME (First, M	fiddle, Last)						T	18. MOT	HER'S NA	ME (First, Mi	ddle, Maiden	Surname)		-	
20 m	WILLIAM A.	SMITH	I SR.						MA	GGIE	SMIT	H				
2 0	19a. INFORMANT'S NAME (1	Type/Print)			19b	MAILING .	ADDRESS (S	treet an	d Number	or Rural I	Route Numbe	r, City or Tow	m, State, Zip	Code)		
	DELORES HA	WKINS	GWYNN		5	706 N	larcis	su:	s Av	enue	, Bal	timor	re Ma	rylan	d 212	15
medical examiner must be	20s. METHOD OF DISPOSITION 1 Or DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION — City or Town, Blata other place)															
Jer I	21. SIGNATURE OF FUNERAY SERVICE LICENSEE RANGE AND ADDRESS OF FACILITY Ring Memorial Park Baltimore, Maryland 22. NAME AND ADDRESS OF FACILITY															
exami	1/1/	Jugar	Degueur	U			W	11	iam W	C. B	rown	Commu	unity	F/H		
the state of	23. PART K-Effer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ehock, or heart feliure. List orly one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of):															
ry, or other traumatic event,	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):															
	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i, 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDING															
ows any injury, MEDICAL CR	PART ii. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. PREMIMENTALY PERFORMED? 1 YES 2 JMO 1								WAILABLE PRICOMPLETION COF DEATH?	OF CAUSE						
9 = 1	Dem-	ent									_					
Item 2	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL						26. PL/	ACE OF D	EATH (Ch	eck only one)				
or He	1 TYES 2 NO		HOSPITAL:	☐ ER/Outpe	tient 3	□ DOA	OTHER:	Home	5 🗆 R	asidenca	6 🗆 Other	(Specify)				
is marked, or item 23 s D BY PHYSICIAN:		Pending Investigation	28a. DATE Of (Month, L	F INJURY Day, Year)		28b. TIME INJU	IRY	WOF		NO	28d. DESC	RIBE HOW I	INJURY OC	CURED		
W W	a Castata	Could not be detarmined	28a. PLACE (building	OF INJURY - , etc. (Specif	— At hor	ne, farm, s	reet, factory	, office			261. LOCA City of	FION (Street Town, State)	and Number)	or Rural Roo	rte Number,	
울리	one)		SICIAN: To the best o												and manner a	a stated.
IMPORTANT: IF TO BE COMF	296. SIGNATURE AND TITLE	t	A. Men						29c. LIC	S S	BER PPZ	,	29d. DAT	E SIGNED (Month, Day, Ye	er)
-	9 . (Bysin-	err Ct	enfor		De y	Print)	Re	,,,	hen	100	· M	11 :	2/13-	6	
	FEB 01 19	95	all shows	ARTS BIGHA	LIK	.5140										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

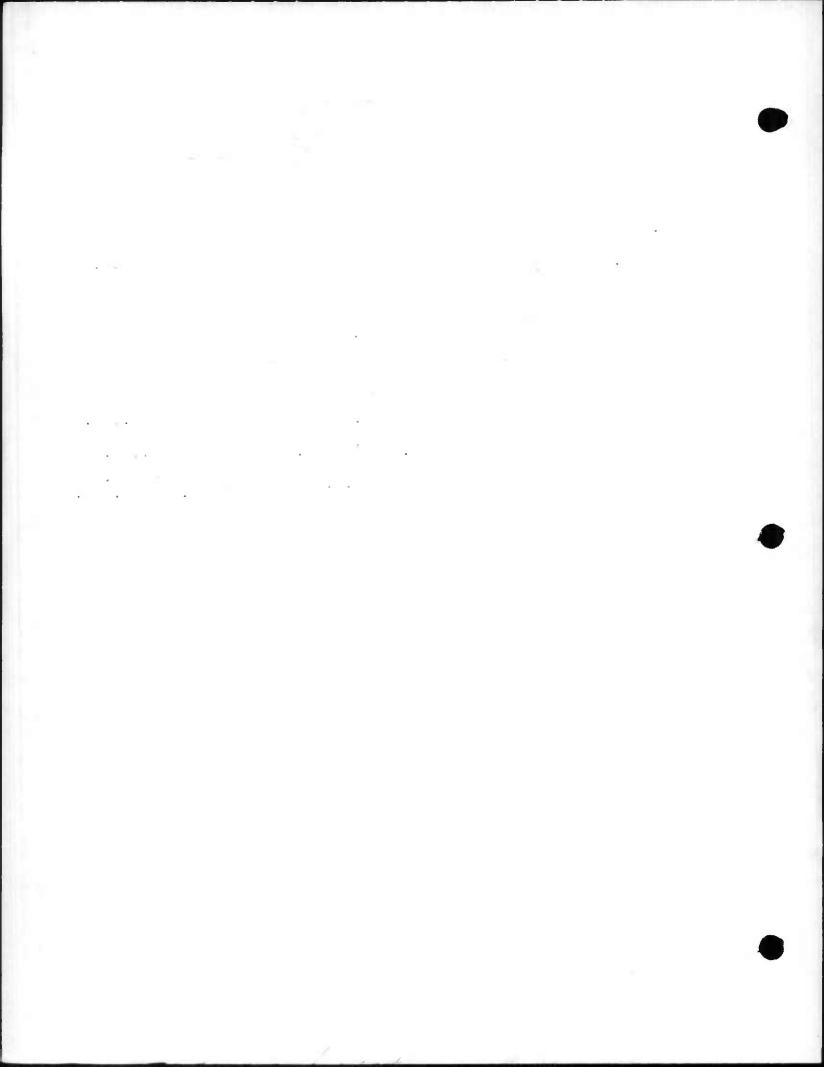


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LER ATTENDING PHYSICIAN: The law requires that the death certificate be executed with 724 hours after death. Page 6 may be retained	PECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shot	
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		1 - FOR STATE REGISTRAR	STATE OF MARYLA			TMENT				MENTAL HYGIEI				
		1. DECEDENT'S NAME (First, Middle, Last)	-				<u> </u>	O E/A		2. DATE OF DEATH	<i>.</i>		3. TIME OF DEATH	
		Jerome	Sterre	\mathcal{M}	2						DAY CI	YEAR	11.5	SA
		4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (h	n yrs. lest	birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	1	A BIRTHS	PLACE (State or For	217
		218-16-098	1 0 M 2 D F 6		YRS.		DAYS	HOURS	MIN.	(Month, Day, Year) 09-21-	25	Country)	ingri
		9e. FACILITY NAME (If not institution, give stre				9b. CITY, T	TOWN C	OR LOCATIO	ON OF DE			TY OF DE	yland	
	E		votig20			B	\bigcirc	A 8 1		Ne	12	C) F	timo	No
	5	RESIDENCE OF DECEDENT				10				-	042			
	DIRECTOR	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR	LOCAT	TION					10d. INSIDE CITY	
	<u>-</u>	MD.				Ва	11t	imor	re .				LIMITS?	10
	A	10e. STREET AND NUMBER					101	. ZIP CODE	E		10g. CITIZ	EN OF WI	HAT COUNTRY?	
	FUNERAL	4032 W. Cold Sp	ring Lane					2121	.5			U.S	S.	
	5		12. WAS DECEDENT EVER IN	U.S. ARM	ED	13. W	S DEC	ENDENT O	F HISPANI	C ORIGIN? (Specify Ye	e or No-	14. RACE	- American Indias	1,
		1 Never Merried 2 Married	FORCES? 1 TYES)	,ff.y	yes, spe	2 PV NO	n, Mexican	, Puerto Rican, etc.)		Black, Specify	White, etc.	
	ВУ	3 Widowed 4 Divorced							.,,	Black				
	COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or	TION empleted)	(Gh)	e kind of v	USUAL OCC	UPATIO	ON at of workin	a	16b. KIND OF BI	JSINESS/IND	USTRY		
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6	M M	llth		OLO	1711	oper	ati	OL		Americ	an S	meri	cing	
OUC	ᅙᅵ	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surname)												
, m	ш	Thomas Sterret	:te					Ma	aggi	ie Patton				
e e	10 8	19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
be notified at once	-	Geraldine Ster	rette	4	+032	W.	Co	1d S	pri	ng Lane	Balt	01	ID. 2121	5
2	- 1	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remove	20b.f	PLACEAR	NODATEC	TIPORPITA					OCATION — C			
Ē		4 Donation 6 Other (Specify)	Ba	alto	atory or of	lat 1	C	em.	2/9	5 Ba	ilto.	MD		
examiner must	į	21. SIGNATURE OF FUNERAL SERVICE LICES	YSEE				AME AN	D ADDRES	S OF FAC	ILITY				
жащ		► h) metho 2	leita CFSI	2 #2	281	E.	L.	Phi1	lip:	s F/H _{C+}			Monroe	
	\dashv	23. PART i. Enter the diseases, or col	20000							. DI.	Bal	to.	MD 212	
medical		shock, or heart fellure. Lit	st only one cause on es	ch line.	un. Do n	ot enter th	ie ino	us or ayı	ng, such	se cardiac or resp	oratory sm	981,	Approximation interval Bet	
2		IMMEDIATE CAUSE (Final disease or condition									Death			
		resulting in death) - s. Wrong Ouslase												
6	DUE TO (OR AS A CONSEDUENCE OF):													
ig	CATION	Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF):												
in the	¥.	cause. Enter UNDERLYING												
9	윤	CAUSE (Disesse or injury that initiated events	DUE TO (DR AS A	CONSEDL	JENCE OF	7:							-	
or other traumatic event,	RTIF	resulting in death) LAST				•							Ì	
3	8	d											+	
클	¥ ∥	PART II. Other significent conditions	contributing to death bu	t not ra	suiting i	n the unde	riying	cause g	iven in P	Part I. 24s. WAS AI			WERE AUTOPSY FIN	
any	EDICAL									1 D YES			COMPLETION OF CA	
shows	ME											1	TES 2	5
23 sh		DID TOBACCO USE CONTRI	BUTE TO CAUSE OF	DEAT	H YE	S NO	οП	UNC	ERTAIN					
E .	<u> </u>	25. WAS CASE REFERRED TO MEDICAL		6. PLACE	DF DEAT	H (Check onl)	y one)							
T Item	PHYSICIAN:		HOSPITAL:	tlent 3	DOA	OTHER:	a Home	6 Re	aldence 6	Other (Specify)				
d, 0r	<u> </u>	27. MANNER OF DEATH	28e. DATE OF INJURY		28b. TIME	E OF 26	lc. INJL	URY AT		28d. DESCRIBE HOW	INJURY OCC	URED		
	8	Militural 5 Pending	(Month, Day, Year)		INJ		1 Y	RK? 'ES 2 🗌	NO					
	- m	2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE OF INJURY -	- At hom	e, farm, s	treet, fectory	, office		_	28f. LOCATION (Street	end Number o	or Runal Ro	ute Number,	
798	E I	4 Homicide determined	building, etc. (Specif	ly)						City or Town, Stets)		·	
<u>ا</u> ا	COMPLETED	290. CERTIFIER CERTIFYING PHYSICIA	N: To the heat of our knowle	den de-t	h accur	ad and allow Allo	4	22457	and a second					
=			AN: To the best of my knowle On the beele of examination										HO SHOWS HELDOW	
-	- 18	29b. SIGNATURE AND TITLE OF CENTIFIER				., my opin	viviti, DE							ied.
208	쀪	296. SHUMATUME AND TITLE OF CERTIFIER	Pa	YT	الما			29c. LICE	NSE NUME	BER	29d. DATE	SIGNED (Month, Day, Year)	
Ξ	0	W	100	L	-1		1	9	/ /	//	10	1 3	9170)

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1995

DHMH-16 Rev 1/89



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DIVISION OF VITAL RECORDS, P.O. BOX 68760

lending physician.	as the burial-transit	
y the hospital or att	5 should be detached for use	
ge 6 may be retained by the I	ge 5 should	
Page 6 may	al director, page 5	
s after death.	by the funer	emoval.
ithin 24 hours after de	etely filled in	bunal, cremation, or removal.
executed w	in and comp	to burial, cr
V: The law requires that the death certificate be executed within a	nding physicia	Hygiene prior
hat the death	d by the after	ealth and Mental Hygiene price
aw requires t	s been signed	ept. of Health
SICIAN: The	er this certificate has been signed by the attending physician and completely filled in by the funeral director, p	Are not after death with the State Dept. of Health and Mental Hygiene prior to
ENDING PHY	IRECTOR: After this	er death with
TAL OR ATT	THE PRECTO	Thours aft
HOSPI	FURES	within

95 02800 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 95 YEAR 3. TIME OF DEATH OI Alfred H. Saunders 5:05 AM 26 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 08-13-16 12 M 2 | F 226-36-7924 78 Virginia 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1827 N. Appleton Street Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. Baltimore 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1827 N. Appleton Street 21217 U.S. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 2NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)
1 ☐ YES 2 ☑ NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced **Black** COMPLETED 15. DECEDENT'S EDUCATION 16a DECEDENT'S USUAL OCCUPATION (Glow kind of work done during most of working life. Do NOT use refired.)
Steel Worker 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) Tin Side 6th 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Richard Saunders BE Anna Crawley 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Dorothy Saunders Appleton Street Balto., MD. 21217 20a. METHOD OF DISPOSITION
172 Burlel 2 Cremation 3 Removal from State
4 Donation 8 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE Druid Ridge Cemetery 1/95 Balto., MD. 21. SIGNATURE OF FUNERAL SERVICE LICIINSEE 22. NAME AND ADDRESS OF FACILITY 1721-27 N.Monroe St outho CFSP #281 E.L. Phillips F/H Balto. MD. 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. interval Between **IMMEDIATE CAUSE (Finel** Onset and Death disesse or condition_ hronic remal resulting in death) DUE TO (OR AS A CONSEQUENCE OF) wheter ellite CERTIFICATION Sequentisity list conditions, DUE TO (OR AS A CONSEQUENCE OF) if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury

DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST

PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?

1 TES 3 NO

DID TOBACCO USE CONTI	RIBUTE TO CAUSE OF DEA	TH YES	NO UNCERTA	IN 🗆					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (Check only one)							
1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	□ DOA 4 □ Nu	e 6 ☐ Other (Specify)						
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED					
3 Suicide 6 Could not be	26s. PLACE OF INJURY — At he building, atc. (Specify)	me, farm, street, tec	tory, office	26t. LOCATION (Street end Number or Rural R City or Town, State)	loute Number,				

9a. CERTIFI	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
(Check o	inly PHTSICIAN: to the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated,
one)	a Company was a second of the

	ABITITION BINDO HIVESTIGHTON, III III	ly opinion, death occured at the time, data and	place, and due to the cause(a)	and manner as stated.
SIGNATURE AND TITLE OF CERTIFIES				

30. NAME AND ADDRESS OF PERSON

FEB 0 1 1995 34 REGISTRAR A SIGNATURE

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Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within chours after death. Page 6 may be retained by the hospital or attending physician.	IN THE FUNKEAL LINECHT. After this serthricate has been signed by the attending physician and competely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit be filled within 72 house after death with the State Debt. of Health and Mental Hygiene prior to buriat, cremitation, in the form the state Debt. of Health and Mental Hygiene prior to buriat, cremitation.
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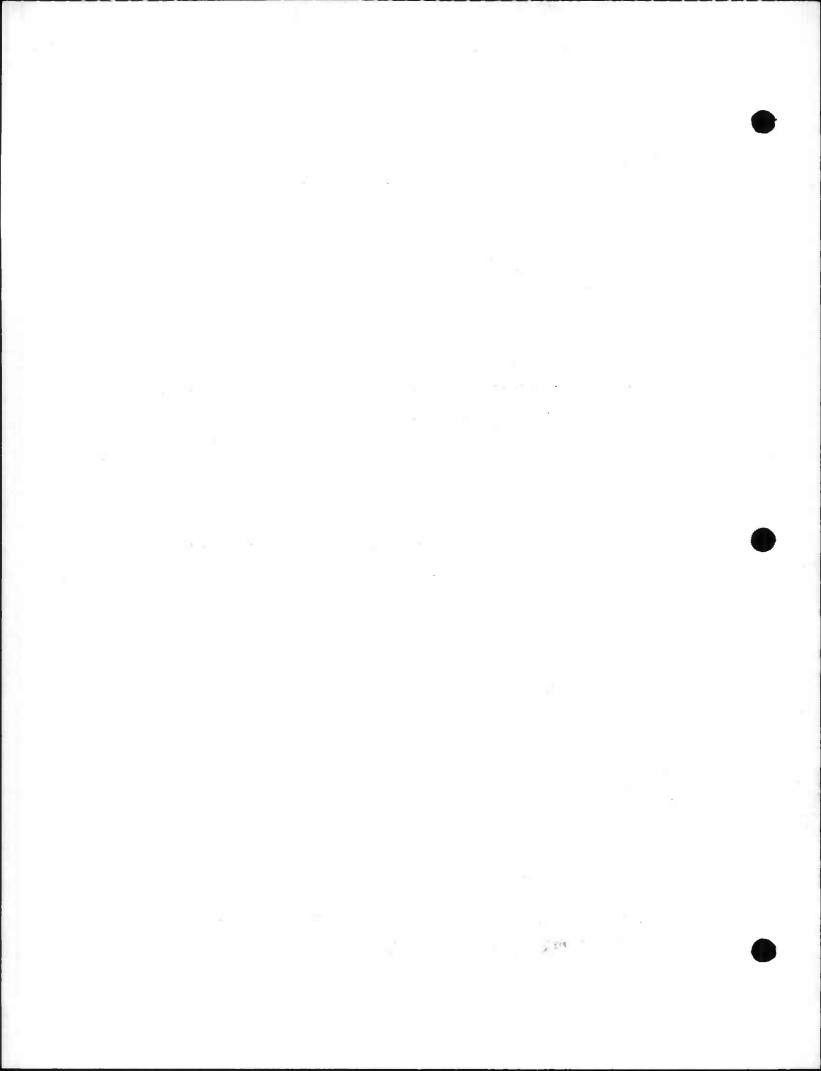
Larry

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH -26-95 SEAR Mary Smith 8:33 A Susan 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year, IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign 213-26-DAYS HOURS 1 🗌 M 2 🖫 YRS. nou. 23 maryland 9e. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEAT MaryLAND Hospital DIRECTOR encral Baltimore RESIDENCE OF DECEDENT 10h. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore marylano YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Ethland 4202 ()5H AUCHUE 21207 11. MARITAL STATUS "2. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried If yes, specify Cuben, Mexican, Pu 1 ☐ YES 2 ☐ NO Specify: BY 3 Widowed 4 Divorced BLack COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) MaryLAND YEARS BRARIAN OF STATE 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) SR. E. EURANKS ā JOHN BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number mary land 2 Battimore Smith 4202 AUC arence and pe 80s. METHOD OF DISPOSITION

1 ■ Burlel 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of SANE COCATION -- City or Tow must ings milk Arrison 4 Donetion 5 Other (Specify) Em. 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY 52 40 RETSTENSTE LAN ROYALD CHATMAN-Homis F.H. Baltimore turis 12/21215 23. PART I. Exter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or reapiratory arrest, shock, or heart fallure. List only one cause on each line. Approximate Interval Batween IMMEDIATE CAUSE (Final Onset and Death disease or condition Basilar Cerebral Vascular Accident 1 day resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Accelerated Hypertension 1 day CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated avants resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Angina Pectoris, Seizure Disorder, Diabetes, 1 TYES 2 NO Old Cerebral Accident 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) 1 TES 2 NO OTHER: 4 ☐ Nursing Home 5 ☐ Reeldence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending В 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide determined 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner ee stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d, DATE SIGNED (Month, Day, Year) D22031 1 - 26 - 952 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) M.D.

c/o Maryland General Hospital

Jahr Shudson Randall



DIVISION OF VITAL RECORDS, P.O. BOX 687604

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with chours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	DECEDENT'S HAME (First, Middle, Last)	SEBRALY	NN SOL	TAR		2. DATE OF DEATH DA	- 9°	3. TIME OF OEATH 4.15 1 M	
	4. SOCIAL SECURITY NUMBER 214-66-1094 215-54-2458	Z14-00-1094 (Month, Day, Year)							
OR	9a. FACILITY HAME (If not institution, give str North Arundel Con		EATH	9c. COUHTY	of DEATH Arundel				
DIRECTOR	10a. STATE 10b. COUNTY	Glen Bi	u u						
	10e. STREET AND NUMBER	nne Arundel Pasadena 101. ZIP CODE					1 TYES 2 THO 10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	2917 Crystal Pal	ace Lane 12. WAS DECEDENT EVER IN U	S ARMED	13 WAS DEC	21122 ENDENT OF HISPAL	NC ORIGIN? (Specify Yes	US		
В	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 XHO	Il yes, sp	2 NO Specif	n, Puarto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	COTION 11 Completed) College (1-4 or 5 +)	(Give kind of wo life. Do NOT use	ork done during mo	OH st of working	16b. KIHD OF BUS			
ОМР	12 17. FATHER'S HAME (First, Middle, Last)	<u>[C</u>	ustomer	Service		Banking ME (First, Middle, Maiden:	g Industry		
BE C	Billy Lee Parton				Mary Pa	auline Thom	npson		
TO	David Soutar, Jr	•	19b. MAILING /	Crystal	Palace 1	Aoute Number, City or Town Lane, Pasac	i, State, Zip Cod lena , N	MD 21122	
	20s. METHOD OF DISPOSITIOH 1 127 Burlal 2 Cremation 3 Ramo 4 Donalion 5 Other (Specify)	real from State cemete	LACEAHD DATEON	er place)		1/28 Gler	CATION — City		
	21. SIGHATURE OF FUHERAL SERVICE LICE	will wife	m-	22. HAME AF	D AODRESS OF FA	al Home of		·	
\dashv	23. PART I. Enter the diseasee, or co	H. Williams	he death. Do no	3204 N	Mountain	Road, Pasa	adena M	/d 21122	
	ehock, or heert fellure. L	Ist only one cause on eech	HTIC C					Intervel Between	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A COHSEQUENCE OF): DUE TO (OR AS A COHSEQUENCE OF): DUE TO (OR AS A COHSEQUENCE OF):								
PHYSICIAN: MEDICAL (PART II. Other significant conditions PREVIOUS CA	contributing to death but	not resulting in	the underlying	Cause given in	Part I. 24a, WAS AN PERFORI	MEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? t YES 2 HO	
AN:	DID TOBACCO USE CONTR				UNCERTAIL	v 🗆			
SICI		HOSPITAL: 1 Inpetient 2 ER/Oulpetic		OTHER:	5 Rasidenca	8 Other (Specify)	1+05 P1	CE	
	27. MANHER OF DEATH 1 Hetural 5 Pending	28a. DATE OF IHJURY (Month, Day, Year)	28b. TIME IHJU	OF 28c, IHJI	JRY AT RK?	28d. OEŞCRIBE HOW IH			
TED BY	2 Accident Investigation 3 Suicida 8 Could not be 4 Homicide datarmined	28a. PLACE OF IHJURY — building, atc. (Specify)	At home, farm, str			28t. LOCATION (Street at City or Town, State)	nd Number or Ri	ural Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAH: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(s) and manner as stated. 1 MEDICAL EXAMINEFI: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.								
BE	296. SIGNATURE AND TITLE OF CENTIFICA	- /1/11	dus.		29¢ LICEHSE HUN	807	29d. DATE SIG	ZS SS	
2	30. HAME AND ADDRESS OF PERSON WHO	COMPLETED PAUSE/OF DEATH	(ITEM 27) (Type, F	GLEN	BURN	E MD	210	6/	
	FEB 0 1 1995" July	LA PARESTA ARES SIGNATU	RE						

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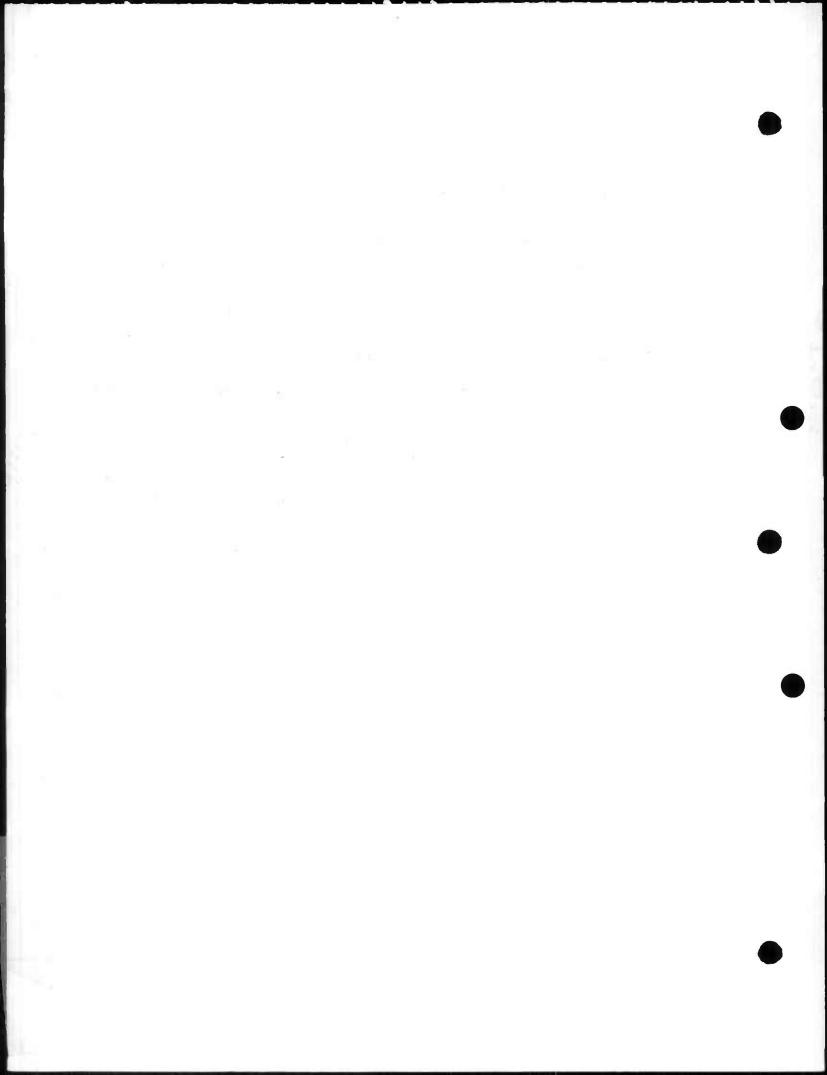
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENI	E
		CE	RTIFICATE	0	F DEAT	TH		REG. NO.	

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA			MENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last) SLANCHE	E.	SE	YMO	UR	2. DATE OF DEATH	0 9	YEAR // 20 M		
9	213-03-9467	S. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH MONTHS DAYS HOURS MIN. 7. DATE OF BIRTH MONTHS DAYS HOURS MIN.						Country		
OR	90. FACILITY NAME (If not institution, give street North West Hospi							y of Déath ' lto.Co.		
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY, TO	WN OR LOCAT	ION			10d. INSIDE CITY LIMITS?			
L DII	MD Bal	lo	Ba	Balto.City, Md.				1 💢 YES 2 🗌 NO		
FUNERAL	1706 Ja		21230				United States			
BY	11. MARITAL STATUS 12. 1 Never Merried 2 Married 3 X Widowed 4 Divorced	. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	It yes, spe	ENDENT OF HISPAN Holfy Cuben, Maxica 2 NO Specify	or No 1-	- 14. RACE - American Indian, Black, Whita, atc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com	pleted)	16a. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working				STRY		
MPLE		None	Homema)	,		Own	Home	9		
8	17. FATHER'S NAME (First, Middle, Last)	adrich Fi	limoro			ME (First, Middle, Maiden	Sumame)	Acton		
) BE	19a. INFORMANT'S NAME (Type/Print)	edrich Fil		RESS (Street a		garet M. Route Number, City or Town				
2	Mr.Earl L.Seymo	ur	1820 I	East 1	Rd. Pas	adena,Md				
	20a. METHOD OF DISPOSITION 1/2 Burial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State Come	PLACE AND DATE OF Di	SPOSITION (Ne	ne of	/3/95	CATION — CI	ty or Town, Stata		
	21. SIGNATURE OF FUNERIAL SERVICE LICENS	iEE 0 0	dal nii	22. NAME AN	D ADDRESS OF FA	CILITY				
	1 HEder	and Le	wis	McCu:	lly Fun			id.21230 D E.Fort Ave.		
	23. PART I/Enter the diseases, Dr com ahock, or heart failure. List	plications that ceused only one cause on ea	the daeth. Do not a ch line.	ntar tha mo	de of dying, auci	h es cerdiac or reepi	ratory arres	Approximeta		
	IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Due To (or As A CONSEQUENCE OF): Onset and Death DAYS Onset and Death									
TION	Sequantially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	cause, Entar UNDERLYING CAUSE (Disease or injury that initiated evants resulting in daeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
	PART II. Other algorificent conditions co	ontdbuting to death bu	t ant regulting in th	o madadulas		Book I as mass		T		
PHYSICIAN: MEDICAL	HTW, SEIZ	URB D	SORDE	2	ceuse givan in	Part i. 24a. WAS AN PERFOR 1 TYPES 2	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES NO		
AN:	DID TOBACCO USE CONTRIBI				UNCERTAIN	N/E				
SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1	QSPITAL: Impetient 2 ER/Outpa	8. PLACE OF DEATH (C	HER:	5 - Residence	8 Other (Specify)				
	27. MANNER OF DEATH 1 SONetural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJI	JRY AT	28d. DESCRIBE HOW II	NJURY OCCU	RED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Specif	— At home, term, street		ES 2 NO	281. LOCATION (Street a City or Town, State)	and Number or	Rural Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: Or							i. ceuse(s) and manner se stated,		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIED	mil	W		29c. LICENSE NUN	ABER 7373	29d, DATE S	SIGNED (Month, Day, Year) N 30, 1991		
	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEA	TH (TEM 27) (Type, Print	" BR	HTO.	MD 2	113	3		
	FEB 0 1 1995 Julia	32. REGISTRAR'S SIGNA								



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After	hours after death with the State Dept. of Health	tem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examine
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTME			MENTAL HYGIEN REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER	5 SPJ	EGE!	DER 1 YEAR	AN IF UNDER 24 HRS.	2. DATE OF DEATH MONTH DATE OF BIRTH	(7 18	3. TIME OF DEATH
		1.2¥M 2.□ F 79	YRS. MONTH	MS DAYS	HOURS MIN.	(Month, Day, Year) July 22, 1	1915	Country) Poland Y OF DEATH
TOR	Carriage Hill Nurs				Spring			ntgomery
DIRECTOR	Maryland Montg	omery	10c. CITY, TOW Silve	n on Locate er Spr				10d. INSIDE CITY LIMITS? 1. YES 2 NO
FUNERAL	10e. STREET AND NUMBER 2225 Osborn Drive			27-11	20910		10g. CITIZEN	N OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 ☐ Never Married 2 ☒ Married 3 ☐ Widowed 4 ☐ Divorced	12: WAS DECEDENT EVER IN U.S. FORCES? 12 YES 2 IF YES, GIVE WAR OR DATES	ARMED NO	If yes, spe		IIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)		I. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	ts. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12) 12 Yrs	(College (1-4 or 5 +)	DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire Lesman	ne durina mos	N st of working	Crown I		Company
BE COM	17. FATNER'S NAME (First, Middle, Last) Jacob Spiegelman	, , , , , , , , , , , , , , , , , , ,	E O MICE			ME (First, Middle, Malden Raplan		oomp y
TO B	190. INFORMANT'S NAME (Type/Print) Frances Spiegelman					Route Number, City or Tow		
	Frances Spiegelman 2225 Osborn Drive, Silver Spring, Maryland 20910 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Neme of 1/30/1995) 20c. LOCATION — City or Town, State cametery, crematory or other place) 4 Donation 5 Other (Specify) 4 Donation 5 Other (Specify) Falls Church, Virginia							
	21. SIGNATURE OF FUNERAL SERVICE LICEN	NSEE 7!	S	TEIN	HEBREW M	EMORIAL F	UNERAL	HOME, INC. N, DC 20012
	23. PART i. Enter the diseases, or conshock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)		de in. Do not en					
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A CONS	SEQUENCE OF):	nis				Yeary
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions of the partie	contributing to death but no	ot resulting in the	underlying	cause given in	Part I. 24a. WAS AN PERFOF	RMED?	24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 (VMO
rSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO							
ED BY PH	27. MANNER OF DEATN t Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	(Month, Day, Year) INJURY WORK? 1 YES 2 NO 28e. PLACE OF INJURY — At home, ferm, street, factory, office 2af. LOCATIO				DESCRIBE HOW INJURY OCCURED OCATION (Street and Number or Rural Route Number, fly or Town, State)		
COMPLETE		f.N: To the best of my knowledge, Do the best of sxaminstion end/				to the cause(e) end mar	nner as stated.	
TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER 20 NAME AND ADDRESS OF PERSON WAY OF	Gran an	h)	29c. LICENSE NUN			GIGNED (Month, Day, Year) -28 -95

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CAUSE OF DEATH (ITEM 27) (Typy, Print) -

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N. THE IGW TEQUIES	tificate has been signed by the attending physician and completely filled in by the funeral of	death with the State Dept. of Health and	ked, or item 23 shows any injury, or other traumatic event, the medical examin
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JING PRINCIPLY	After this certi	vith t	ed,
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DIRECTOR

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CERTIFICATION

MEDICAL

PHYSICIAN:

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2 DATE OF DEATH 3. TIME OF DEATH 23 DAY 1995 AR Jan. 7:45 PM Abraham Sosnowik 4. SOCIAL SECURITY NUMBER S SEY 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Dec. 15, 1904 country oland DAYS 579-42-6527 1 🔀 M 2 🗌 F 90 YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Holu Cross Hospital Silver Spring Montgomery RESIDENCE OF DECEDENT 10a. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 ND Silver Spring Maryland Montgomery 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1111 University Blvd. West 20902 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married specky White 3 Wildowed 4 Divorced 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) Food Service Self-employed 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Michael Sosnowik Masha Unknown 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20902 Lewis Sosnowik Monticello Avenue, Silver Spring, Md. 29a_METHOD OF DISPOSITION
A|\[\text{ABurtal} \] 2 \[\text{Crematton} \] 3 \[\text{Removal from State} \]
4 \[\text{Donatton} \] 5 \[\text{Other (Specify)} \] 20b. PLACE AND DATE OF DISPOSITION (Name of 1-25 20c. LOCATION - City or Town, State National Capitol Hebrew Capitol Heights. Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY
IVES - PEARSON FUNERAL HOMES Eni Falls Church, Va. 22046 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate shock, or heart feliure. List only one ceuse on each line. Interval Between **IMMEDIATE CAUSE (Finel Onset and Death** disease or condition more than Pneumonia reaulting in death) DUE TO (DR AS A CONSEDUENCE OF): 2 days Sepsis Sequentially liet conditions, DUE TO (OR AS A CONSEDUENCE OF): If any, leading to immediate cause. Enter UNDERLYING Respiratory failure CAUSE (Disease or injury DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 XNO OF DEATH? 1 TES 2 ND DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 XNO 1X Inpetient 2 ER/Outpetient 3 DOA ng Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural М 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)

COMPLETED 296. SIGNATURE AND TITLE OF CERTIFIER BE 223 0

3 Sulcide

4 Homicide

29a. CERTIFIER 1X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINETI: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data end place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER

1 Stember 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print)

MOHAMMAD 31. DATE FILED (Month, Day, Year ,32. REGISTRAR'S SCHATURE FEB 0 1 1995

6 Could not be

29d. DATE SIGNED (Month, Day, Year)

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

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may be retained by the hospital or attending physician.

page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

DALLIMORE, MARTLAND	s after death. Page 6 may be retained by the hosp	by the funeral director, page 5 should be detached	emoval.	dical examiner must be notified at once.	
STATE OF STA	TO THE MONTH OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within frouts after death. Page 6 may be retained by the hosp	IN THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be The second after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HY	
I. OECEDENT'S NAME (First, Middle, Last)		2. DATE OF DE	EA

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYGIE REG. N		
	1. OECEDENT'S NAME (First, Middle, Last) MINNIE 4. SOCIAL SECURITY NUMBER	REDECCA	TRO	TT			30/995	5 0200 AM
	212-26-3064 9e. FACILITY NAME (If not inetitution, give	1 □ M 2 🗷 F	(In yrs. lest birthday) 93 YRS.	MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) AUG- 20 DEATH	G	IRTHPLACE (State or Foreign ountry) ARYLAND DE DEATH
CTOR	SAINT AGNES	HOSPITAL		В	ALTIMOR	E		
FUNERAL DIRECTOR	MARYLAND BA	LTIMORE BARE HILL				10d. INSIOE CITY LIMITS? 1 YES 2 1 NO		
ERAL	100. STREET AND NUMBER 6236 FALLS RO.	IOI. ZIP CODE					OF WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC C If yes, specify Cuben, Maxican, P 1 YES 2 NO Specify:			an, Puerto Rican, etc.)	ORIGIN? (Specify Yea or No— 14. RACE — American Indian, Black, White, etc. Specify B L A C K		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12) N/A	(Give kind of work done during most of working life. Do NOT use retired.)				SELF EMPLOYED		
BE CON	17. FATHER'S NAME (First, Middle, Last) JAMES TAYLOR	SCOTT			18. MOTHER'S N. LOUI	SA THOMA	Surname)	
0	19a. INFORMANT'S NAME (Type/Print) MRS. CAROLYN	S. Le VERF	19b. MAILING 210-	ADDRESS (Stree	end Number or Rural ERS LAN	Route Number, City or R. E CATONS	Wn, State, Zip Code	MD. 21228
	20e, METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	ioval from State 20b	PLACE AND DATE OF SET O	DGE CE	M.2/3/9	5 PIKESV	OCATION — City of	D. BALTO. C
	21. SIGNATURE OF FUNERAL SERVICE LI	LEWIS Hury	o I. GW	LEWI	S T. GW	YNN FUNE	RAL HO	ME 21215
CALION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequantially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	OUE TO (OR AS A	CONSEQUENCE OF	tory l	failure	ar accid		Approximata interval Between Onset and Death 12 hour 1 day
CEHIIFICATION	that initietad events resulting in death) LAST oue TO (OR AS A CONSEQUENCE OF):							
MEDICAL	PART II. Other aignificent condition	i. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMEO? 1 □ YES 2 □ NO					24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHTSICIAN: MEDI	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)							
200	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 ER/Outp			me 5 🗆 Residence	6 Other (Specify)		
15Y PH	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY M 28c. INJURY AT WORK? 1 YES 2 NO			28d. OEŞCRIBE HOW INJURY OCCURED			
E III	3 Suicide 6 Could not be determined	City or Foun State)						ral Route Number,
COMPLEIED		ICIAN: To the best of my knowless: On the basis of examination						ne(s) and menner as stated.
H	29b SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NU	MBER	29d. DATE SIGN	IED (Month, Day, Year)
2	SAMIH JAR JOUR 900 Cater Rue BALTIMERE MP. 21229 STAGNES HOSPIE							
	FEB 0 1 1995	R. REGISTRAR BIGH			-			,



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iR: After this certificate has been signed by the attending physician and completely filled in by the funeral director	al Hygiene
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32 REGISTRAR'S SIGNATURE

	REGISTRAR		CI	ERTIFIC	ATE O	HEALTH AN	D MEN	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	Mazie	II Ma	vemo 1 1			2. D	ATE OF DEATH	YEAR 3	. TIME OF DEATH	
	4 000111 000111111111111111111111111111			ormoli	Lan		J	an.28,	199		8:00 a.
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. les	MO	UNDER I YEAR		- (1	ATE OF BIRTH fonth, Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
	213-10-1897	1 M 2 X F	83	YRS.				ay 9,1	911	Mary	land
~	9e. FACILITY NAME (If not institution, give s		Lar		CITY, TOW	N OR LOCATION O	F DEATH			TY OF DEA	
0	Meridian Nurs	Home, Ham	monds	5 E	Brook	lyn Pa	rk		A	.A.C	o.Md.
DIRECTOR	10e. STATE 10b. COUNT	γ		10c. CITY, TO	OWN OR LOC	CATION					
DH	Maryland No	one				City, M	1.2				Od. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			1 100		tof, ZIP CODE	iu.		140- OIT		AT COUNTRY?
H	1832 By	and St.			- 1	2123	0				States
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. AR	MED	13 WAS D	ECENDENT OF HIS		OMP 19M- M-			
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 []	YES 2	ю	If yes,	specify Cuban, Me	exican, Puar pecify:	rio Rican, atc.)	s or No—	Black, \	American Indian, Whita, atc. White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION	18a. DE	CEDENT'S USU	IAL OCCUPA	TION		16b. KIND OF BU	SINESS/IND	USTRY	
ш	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	ve kind of work Do NOT use rel	done during i tired.)	most of working					
MP	12th.Grade	None		Homen	aker			Own I	Home		
Ö	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	NAME (Fin	st, Middle, Maiden			
BE (Clare	ence H	ollan	dshad	le	Re	becc	ca	Ruc	do1pl	h
TO B	19e. INFORMANT'S NAME (Type/Print)		191	MAILING ADD	ORESS (Stree	t and Number or Re	ural Route N	umber, City or Tow			
F	Mrs.Lois E.Nel	son									
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City of Town, State									, State	
	4 Donatton 5 Other (Specify) Glen Haven Memorial Dr 2/1/05 Clen Burnia Md										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Balto. Md. 21230										
	+ ATEAnn	end L	ull		Mac	11 7 T	11	salto.	Ma. 2.	1230	
_	23. PART I. Enter the diseases or o	complications that on									Fort Av
	Inter-										Approximate Interval Batween
	IMMEDIATE CAUSE (Final disease or condition	r Acci	dent						Onset and Death		
	resulting in death)										
	DUE TO (OR AS A CONSEQUENCE OF):										
S	Sequantially list conditions,	b	AS A CONSEC	HENCE OF							
4	if any, leading to immediate cause. Enter UNDERLYING	50E 10 (OR	NO A CONSEC	OENCE OF):							
5		DUE TO (OR	AS A CONSEQ	LIENCE OF:							
	resulting in death) LAST	(oenoe or j.							
CERTIFICATION		d									
AL	PART ii. Other significant condition	s contributing to dea	th but not re	sulting in th	a underlyi	ng cause given	in Part i.				ERE AUTOPSY FINDINGS
MEDICA								1 TYES 2		CC	AILABLE PRIOR TO DMPLETION OF CAUSE
								1	X		DEATH?
× I	25. WAS CASE REFERRED TO MEDICAL. EXAMINER?				26. 1	PLACE OF DEATH	(Check only	one)			
HYSICIAN:	1 TES 2 KNO	HOSPITAL: 1 Inpatient 2 ER/	Outpatient 3	DOA OT	HER: Nursing Ho	me 5 🗆 Residen	co 8 🗆 O	ther (Specific)			
È	27. MANNER OF DEATH	28s. DATE OF INJU	RY .	28b. TIME OF	28c. IN	JURY AT		DESCRIBE HOW II	NJURY OCCI	URED	
0.	1 Natural 5 Pending	(Month, Day, Ye	ar)	INJURY		YES 2 NO					
> [3 Suicide 8 Could not be	3 Suicide 2 Could get b. 28e. PLACE OF INJURY — At home, ferm, street, factory, office						OCATION (Street a	nd Number o	or Rumi Bout	n Number
	o Could Not be	building, atc. (specify)				C	ity or Town, State)			
ED	4 Homicide datermined										
ED		TAN: To the feet of a	navdad i								
ED	29e. CERTIFIER (Check only	IAN: To the best of my k	nowledge, dea	th occurred at	the time, dat	te and place, and	due to the	cause(a) and man	ner as atate	d.	
COMPLETED BY	29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINET	I: On the beels of examin	nowledge, dea	th occurred at	the time, dar	death occured at	the time, d	cause(a) and man	d due to the	d. cause(a) an	d menner as stated.
COMPLETED	29e. CERTIFIER (Check only	On the beels of examin	ation and/or in	weatigation, in	my opinion,	death occured at	the time, di	ste and place, and	d dua to the	cause(a) an	
ED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINET	(At	tendin	g Phys	ician	29c. LICENSE	the time, di	ste and place, and	29d. DATE	cause(a) an	nd menner as stated. anth, Day, Year)

nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL CHESTIAN CHEST 1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAR	OF DEATH	REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last) ROOSEVELT LOUIS Thom.	40	2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF OEATH						
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1		7. DATE OF BIRTN	6. BIRTHPLACE (State or Foreig						
	216-32-1949 IEM 2 0 F 57 YRS. MONTHS	DAVE HOUSE MAN	NOV. 25, 1937	mary land						
œ		TOWN OR LOCATION OF DE	ATH 9c. COU	NTY OF DEATH						
010	RESIDENCE OF DECEDENT			234111701						
L DIRECTOR	And the second s	imore		10d. INSIDE CITY LIMITS? 1 YES 2 NO						
FUNERAL	4 N. Woodington ROAD E8	2122	.9 10g. CIT	SA						
В	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES	AS DECENDENT OF NISPAN yee, specify Cubin, Mexicer YES 2 NO Specify		14. RACE — American Indian, Black, White, etc. Specifying Lack						
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCC (Give kind of work done du		16b. KIND OF BUSINESS/IN	DUSTRY						
COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+) Hite. Do NOT use retired.) Painter		General	Motora						
		16. MOTHER'S NAM	ME (First, Middle, Meiden Surname) Ma£ CL	AY						
3 BE	190. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural R	oute Number Sing of Town Stan Ch							
2	Edith Homis 40.00	adington	KOAD Bal	tincore, Mary						
	206. METNOO OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify)	morith Park	A-RIST	City or Town, State						
	21. SIGNATURE OF FUNERAL SERVICE LICEUSEE 22. N/	AME AND ADDRESS OF FAC	HITY 5240 REIS	TErstown Re						
	Jerray Houris Ch		arrisf. H. Ba	Howars Md 2						
	23. PART I. Effer the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.									
	IMMEDIATE CAUSE (Final									
	resulting in death) a	7 0 3/6 2		HRS						
NO	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury									
RTIF	that initiated eventa DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST									
			N-1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -							
EDICAL	Lipkets	errying cause given in i	PERFORMEO?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAL						
MED			1 TYES 2 NO	OF DEATN?						
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 7 YES 2 NO 1 Input lent 2 ER/Outpet lent 3 OOA 4 Murph	26. PLACE OF DEATN (Che								
PHYSICIAN:	27. MANNER OF DEATH 28e. OATE OF INJURY 28b. TIME OF 2	g Nome 5 - Residence	B ☐ Other (Specify) 26d. OEŞCRIBE NOW INJURY OC	CURED						
ВУР	1 Netural 5 Pending (Month, Day, Year) INJURY M	WORK? 1 YES 2 NO								
	3 Suicide 6 Could not be determined 26e. PLACE OF INJURY — At home, farm, street, factor building, etc. (Specify)	y, office	261. LOCATION (Street end Number City or Town, State)	r or Rural Route Number,						
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time one) MEDICAL EXAMINER: On the best of exemination end/or investigation, in my opinions.									
	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUM								
38 C	HEN WEEK UND	DII	266	E SIGNED (Month, Day, Year) WAT 1 3 U 95						
5	30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	0. 4.	danieli							
	31. DATE FILED (MONTH, Day, Year) July of awarded Signature FFR () 1 1995 July of awarded Signature	en Ar H	Agersichen	US.						
	FEB 01 1995 Julia d'avalent hardelle									

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEMENT After this criticate has been at afterding physician and completely physician and completel	TO BE ADMINISTED BY THE TOWN THE WAS UPSET OF THE TOWN TH
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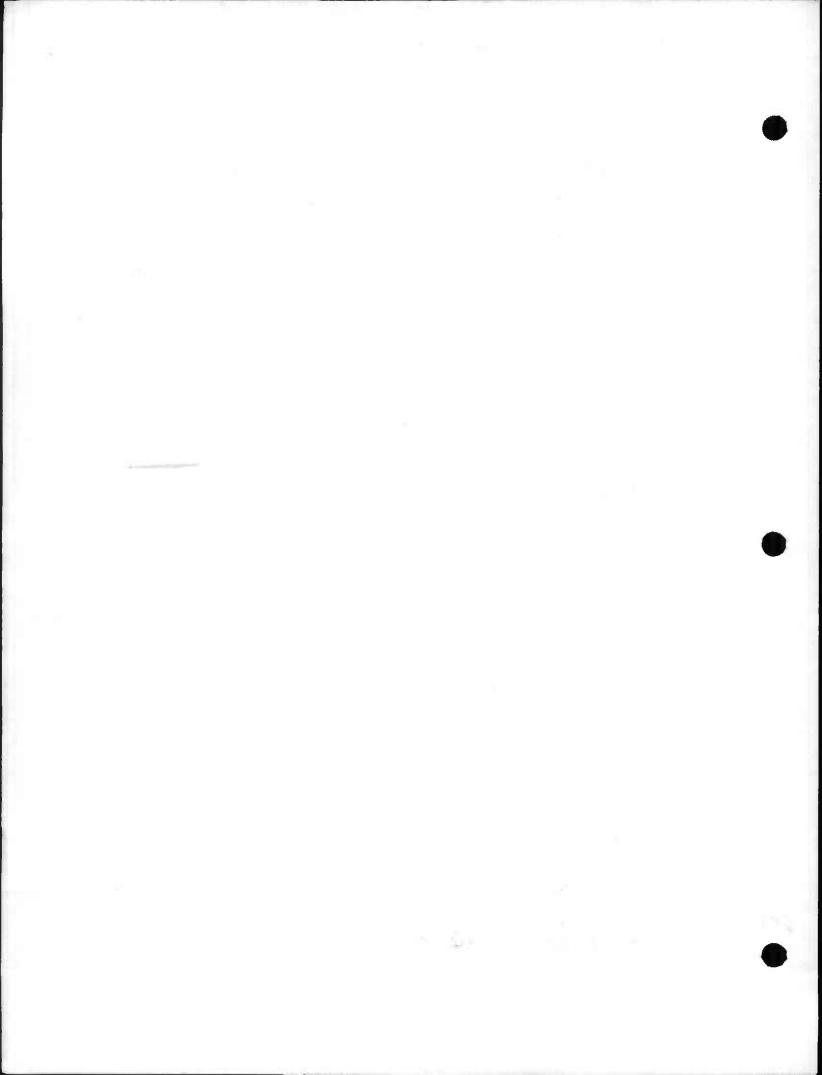
31. OATE FILED (MONTH).

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN JAMES HAUG WARNER JANUARY 1416 1995 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. lest birthday IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 1.X M 2 - F 215-03-0980 A 83 YRS 04/ 24/ 1911 MD. 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR St. Agnes Hospital Baltimore RESIDENCE OF DECEDENT 10a, STATE 10c, CITY, TOWH OR LOCATION 10d. INSIDE CITY Md. Baltimore Catonsville 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 313 Gralan Rd. 21228 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Mexican, Puarto Rican, etc.)

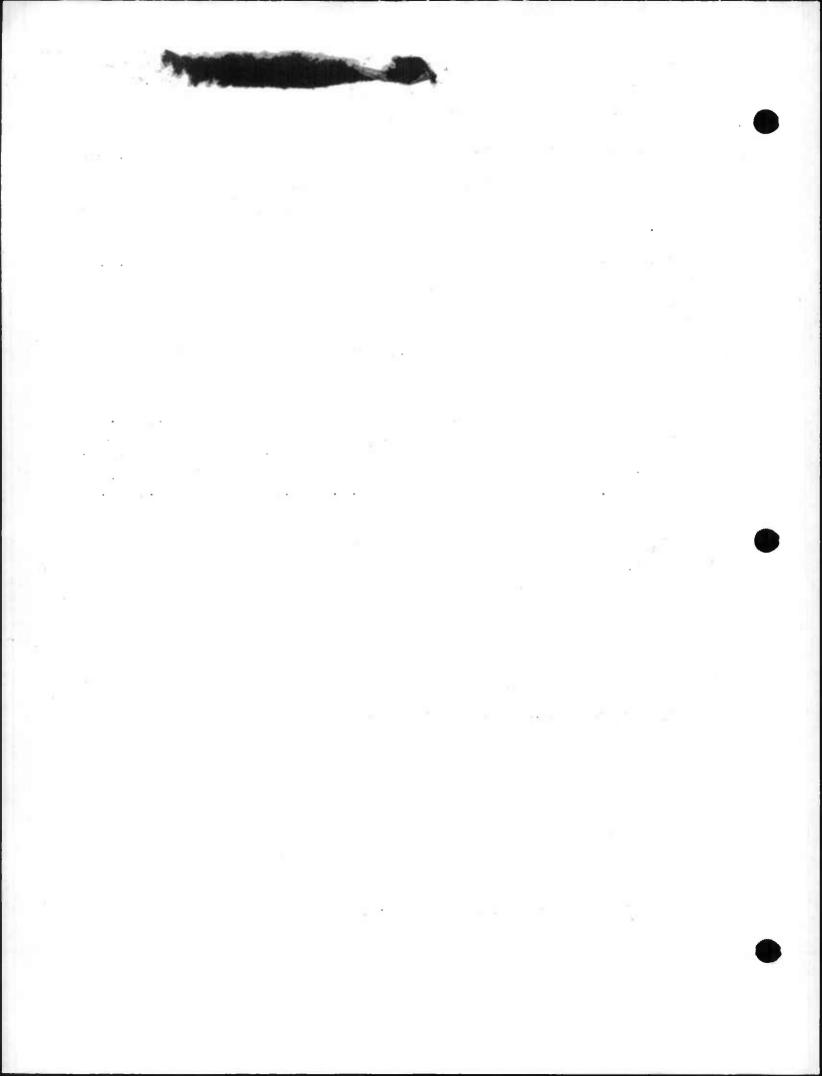
1 YES NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES В Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 6 Furniture Finisher 17. FATNER'S NAME (First, Middle, Last) 1a. MOTHER'S NAME (First, Middle, Maiden Surname) James Warner Dora Haug BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Pauline VanEssen 5503 Laurelton Ave. Baltimore, Md. 21214 20e. METHOD OF DISPOSITION
1 M Burlel 2 Cremetion 3 Removal from Stata
4 Donation 6 Other (Specify) 20b. PLACE ANO DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State OATE Baltimore Baltimrre, Md akeview Memorial Park 01 21. SIGNATURE OF FUNERAL SERVICE LICIINSEE 22. NAME AND ADORESS OF FACILITY David J. Weber Funeral Home 5311 Edmondson Ave. Baltimore, Md. LOON 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or haart failure. List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition Attleytamia Ventriculou resulting in death) hour DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): rilated ping CERTIFICATION Sequantially list conditions, If any, leading to immediate cause. Enter UNDERLYING Herry tailure 5 months enges tive CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE DULL 1 YES 2 4NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 AO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATN 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 4 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, dash occurred at the time, data and place, end due to the cause(e) and menner ee stated. 2 MEDICAL EXAMINEF: On the besis of axaminstion and/or investigation, in my opinion, death occurred at the time, data end placa, end due to the cause(e) end manner ee stated. 295-MENATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c LICENSE NUMBER BE 46 Dec Wel Besident 1590 1-27-95 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 5. Bultimore Denjamin Agnes tespital 900 Are Caton

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		1 - FOR STATE REGISTRAR	STATE OF MARYLA	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1	1. DECEDENT'S NAME (First, Middle, Last) David	W	hite			2. DATE OF DEAT	30 - 9	YEAR	:55 P	м	
D		4. SOCIAL SECURITY NUMBER 213-09-9474	1 M 2 - F	3 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	-11	N. Ca	ce (State or Foreign Prolina		
2, 3 should	OR	96. FACILITY NAME (If not institution, give street end number) Maryland General Hospital 96. COUNTY OF DEATH Baltimore										
permit, Pages 1,	DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY MD		16c. CITY, TOWN OR LOCATION Baltimore						10d. INSIDE CITY LIMITS? 1 YES 2 NO		
nsit permit	ERAL	100. STREET AND NUMBER 1234 Peach Lea	af Court	101. ZIP CODE				10g. CITIZ	EN OF WHAT	COUNTRY?		
215-0020 attending physician, use as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 INO	If yes, sp		NIC ORIGIN? (Specify in, Puerto Rican, etc. y:		Black, Wh	American Indian, hite, etc. Black		
2 9 2	LETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		life. Do NOT use	ork done during mo retired.)	st of working		BUSINESS/INDU				
y the hospital be detached to at once.	COMPL	8th 17. FATHER'S NAME (First, Middle, Last)		Steel	Worker		Bet	hlehee	em St	eel		
MARY retained to 5 should notifiled	TO BE	190. INFORMANT'S NAME (Type/Print) Terence White					Route Number, City or Ourt Ba			21202		
e 6 may rector, pa		20aLMETHOD OF DISPOSITION 1 CRBurlel 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	A CONTRACTOR State	PLACE AND DATE OF	FDISPOSITION (Na Memori	ial PK.	2/95 20c	LOCATION — C	ity or Town.	State		
		21. SIGNATURE OF FUNERAL SERVICE LIC	11.	'SP #281		ho address of FA	s F/H B	721-27 alto.,	N.M MD.	onroe S 21217	St	
with hours at note that the period of the pe		23. PART I. Enter the diseasea, or can shock, pr heart failura. If iMMEDIATE CAUSE (Final disease or condition resulting in death)	Bilatera	ich Ilna.	onia	de of dying, suc	h aa cardlec or n	sapiratory arre		Approximate interval Betwee Onset and Date 5 days		
P.O. BOX 687 h certificate be execute anding physician and co Hygiene prior to buria or other traumatic	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		CONSEQUENCE OF								
E GE E	MEDICAL C	PART II. Other significant condition	s contributing to death bu	ut not reaulting in	the underlying	g cause givan in	PEF	S AN AUTOPSY REORMED?	AVA	RE AUTOPSY FINDING ILABLE PRIOR TO MPLETION OF CAUSE DEATH?		
L KE law requi as been s bept. of H 23 shov	SIAN: MI	DID TOBACCO USE C 25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PL	ES NO			1 [YES 2 NO	_	
NTSHON OF VITA NTENDING PHYSICIAN: The ECTOR: After this certificate In after death with the State C 28 Is marked, or item	PHYSICIAN:	1 YES 2 XNO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: inpetient 2 ER/Outpa 28e. DATE OF INJURY (Month, Day, Year)		OF 28c. INJ		6 Other (Specify) 28d. DESCRIBE HO		JRED			
DIVISION OH NTTENDING OHECTOR: After The after death	ETED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, etc. (Special	— At home, ferm, at			281. LOCATION (St. City or Town, S		r Rural Route	Number,	_	
Tal. Off	COMPLE		CIAN: To the best of my knowled							d manner ee stated.		
TO THE HOSPI TO THE DIVEL De filod IMPORTANT	TO BE C	290. SIGNATURE AND TITLE OF CERTIFIER	hi Samon			29c. LICENSE NUI 89234	MBER		SIGNED (MO)	nth, Day, Year)		
		30. NAME AND ADDRESS OF PERSON WHO Shakir Sarwa	ar, M.D. c/	o Maryl	_{Print)} Land Ge	eneral	Hospita	1				
2		FEB 0 1 1995	32. REGISTRAR'S SIGNA									



TO THE HOS TIAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FULERAL DINCTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hour after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT I item 26 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	FOR
1	STATE
_	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICALE	- DEATH	RE	G. NO.		
3	1. DECEDENT'S NAME (First, Middle, Last) JESSIE	WAI	LKER			2. DATE OF OF MONTH	DAY 28	3. TIME OF OEATH 95 2:29 A M	
	4. SOCIAL SECURITY NUMBER 249-46-5684	5. SEX 6. AGE	(In yrs. lest birthday) 64 yrs.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIF	TH	8. BIRTHPLACE (State or Foreign Scouply) S. Carolina	
	Sa. FACILITY NAME (If not institution, give a	street and number)		9b, CITY, TOW	OR LOCATION OF I			JNTY OF DEATH	
E E	GOOD SAMARITA		E.R.		IMORE C		J 001	own or beam	
DIRECTOR	RESIDENCE OF DECEDENT								
1	10a. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR LO				10d. INSIDE CITY LIMITS?	
	MD.			Balt	imore			1 A YES 2 NO	
FUNERAL	100. STREET AND NUMBER 542 Winston A	venue			21212		10g. CIT	U.S.	
3	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. WAS D	ECENDENT OF HISPA	NIC ORIGIN? (See	city Yes or No.—		
В	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	DATES	If yes,	Specify Cuban, Maxic ES 2 St NO Spec	an, Puerto Rican,	atc.)	14. RACE — American Indian, Black, White, etc. Specify: Black	
E	15. DECEDENT'S EDU (Specify only highest grade	CATION	184. DECEDENT'S	USUAL OCCUPA	TION	16b, KIND	OF BUSINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	House	vork done during of retired.) eWife	nost of working				
N N	17. FATHER'S NAME (First, Middle, Last)				18 MOTHED'S N	AME (First, Middle,	Maldan Company)		
	Mac Sanders				Flo	ra Macl	C		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS /Street	and Number or Rura			In Code)	
2	Clinton Walke		542 V	Vinsto	n Avenu	e Balto	o., MD	. 21212	
	(0e, METHOD OF OISPOSITION 1 ☐ Burlel 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 8 ☐ Other (Specify)	aval from State	ME Z 101	r disposition of the Ceme	tery 2/	95 DATE	Balto	City or Town, Stata , MD .	
	21. SIGNATURE OF FUNERAL SERVICE LIC	14	CD #201		AND ADDRESS OF F		1721-2	7 N.Monroe St.	
\vdash	23. PART I. Enter the diseases, or	40000	SP #281	F.L.	Phillip	s F?H I	salto,	MD. 21217	
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
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EDICAL	PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. DIABETES 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEAT								
≥	DID TOBACCO USE CONTI	RIBLITE TO CALISE (DE DEATH VE	SINO	UNCERTAI		SPECTIO	ON 1 VES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	TO CAUSE (26. PLACE OF DEAT			17 🗀]			
Sic	EXAMINER?	HOSPITAL:		OTHER:		In West In			
¥	27. MANNER OF DEATH	28a. DATE OF INJURY			me 5 Residence		HOW INJURY OC	Clara	
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	M t	ORK?	200. DESCHIBE	HOW INJURY OC	COMED	
	3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, ferm, a ocify)	treet, fectory, of	Ica	281. LOCATION City or Town	(Street and Number , State)	r or Rural Route Number,	
١٣١	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my know	eledge death occurre	d at the time, de	to and place, and du	to the severals) o			
COMPLETED								he cause(s) and menner as stated.	
ш	29h SIGNATURE AND TITLE OF CERTIFIES	06 19 10			29c. LICENSE NU	MBER	29d. DAT	'E SIGNED (Month, Day, Year)	
TO B	MONALE & W.	o completed cause of D		Print)	0.C.I	M.E		AN.28,1995	
	Donald G. Wrigh	nt M.D.	111 Penr		et, Bal	timore	, Mary	land 21201	
	FEB 0 1 1995	A REGISTRAR COIG			-				

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n 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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30. NAME AND ADDRESS OF PERS Kathleen W 31. DATE FILED (Month, Day, Year) FEB 0 1 1995

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	FOR	STATE OF I	MARYLAND /	DEPAI	RTMEN"	TOFF	4FAITH	AND	MENTA	TI HAGIEN	E		
	1 - STATE REGISTRAR				ICATE				MENTA	REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last)		, , , ,						2. DATE	E OF DEATH	AM	WF AD	3. TIME OF DEATH
		lise (Villiar	1							5	95	1028 PM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER	DAYS	IF UNDER	R 24 HRS.		E OF BIRTH		6. BIRTHE	PLACE (State or Foreign
	228-64-9750	1 M 2 X F	92	YRS.	MONTHS	DAYS	HOURS	Min.		uarv15	1902		rginia
~	9e. FACILITY NAME (If not institution, give st	,			9b. CITY	/, TOWN C	OR LOCATIO	ON OF DE	EATH			INTY OF DE	
6	Frederick Memoria	ıl Hospit	.a1	'	Fr	reder	rick			= - <u></u>	Fre	ederi	ck
DIRECTOR	10e. STATE 10b. COUNTY	Y		10c. CI	TY, TOWN O	OR LOCA	TION						10d. INSIDE CITY
DIR	Virginia Lou	ıdoun			ovett								LIMITS?
	10e. STREET AND NUMBER	1000		110	VCLL		1. ZIP CODE	E			10g. CIT		HAT COUNTRY?
ER/	38 N. Berlin Pi	ke					2208				"		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. AR	MED	13.	WAS DEC			NIC ORIGI	IN? (Specify Yee		S. 0:	
	1 Never Merried 2 Merried	FORCES? 1 IF YES, GIVE W	YES 2 WN	10	1	If yes, spe	ecify Cuber	ırı, Mexicai	nn, Puerto	Ricen, atc.)		Black, Specify	- American Indian, White, etc.
ВУ	3x Widowed 4 Divorced						· UA.	ор ,	/-				casian
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16e. DE:	CEDENT'S	work done o	CCUPATIC during mc	ON ont of working	na	168	b. KIND OF BUS	SINESS/INC	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5 +	+)		1000000	Junia	A or Roman	9					
COMPLETED		4	Ноп	nemak	ter					own H			
	17. FATHER'S NAME (First, Middle, Last)					1	18. MOTH	HER'S NA	ME (First,	Middle, Maiden	Sumame)		
H	Harry W. Bea	tty								na Rich			
၉	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code)												
'	A. Bernard Williams (son) 111 9th Avenue, Brunswick, Maryland 21716												
Į	XXSuriet 2 Cremetion 3 Remarks from State Commetery, cremetory or other place)												
		21. SIGNATURE OF FUNERAL SERVICE DICHNSEE											
	2/11	111	//							Brown			
	Mary	M.	tuen	4	P	.0.	Box	320,	Lov	<i>r</i> ettsvi	ille,	Virg	ginia 22080
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reepiretory arrest, abook, or heart fajfura. List only one cause on each line.												
	IMMEDIATE CAUSE (Final												Intarval Between Onset and Desth
	disease or condition resulting in deeth)	Cara	hac a	arrythma							hours		
		DUE TO	(OR AS A CONSEC	DUENCE OF	F):		,	0					
Z	disease or condition resulting in deeth) II. Cardiac arrythma Due to (or as a consequence of): Sequentially list conditions, If any, leading to immediate Due to (or as a consequence of):										hours		
AT	If any, lesding to immediate cause. Enter UNDERLYING	/ DUE TO	(OR AS A CONSEQ	IUENCE OF	F):			,					
ERTIFICATION	CAUSE (Disease or Injury	e	(OR AS A CONSEC	OUENCE O	·								
Ē	thet initieted events resulting in death) LAST	DOL TO	(UN AS A CONSEC	UENCE OF	·):								
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	PART II. Other eignificent conditions	s contributing to						given in	Part I.	24s, WAS AN A			WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	Closed wad II	yeury,	diabl	eres.	mell	litte.	2,			1 TES 2	-		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	hyper tension	2. he	perten	sion	V								1 YES 2 NO
z	DID TOBACCO USE CONTR	RIBUTE TO CA	USE OF DEA	TH YF	es 🗆 i	NO P	UNC	ERTAIN	N D				
S S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLAC	E OF DEAT	TH (Check o								
KS	1 TYES 2 NO		ER/Outpetient 3	□ DOA	OTHER 4 Nurs		e 5 🗆 Res	sidence	8 🗆 Othe	er (Specify)			
H	27. MANNER OF DEATH	28e. DATE OF (Month, De	INJURY lay, Year)	28b. TIM	AE OF JURY	28c. INJU	URY AT		28d. DE!	SCRIBE HOW IN	NJURY OC	CURED	
B	1 Netural 5 Pending 2 Accident Investigation				М	1 🗌 Y	YES 2] NO					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE Of building,	ACE OF INJURY — At home, term, street, fectory, office fiding, etc. (Specify)					261. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED													
틸		CIAN: To the best of											
Š	2 MEDICAL EXAMINER	A: On the bests of ex	camination end/or in	nvestigatio	in, In my or	pinion, de	eath occurr	ed at the f	time, dete	and place, end	d due to th	ne cause(e)	end manner ee stated.
ш I	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICF	ENSE NUM	4BER		29d. DAT	E SIGNED (Month, Day, Year)

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WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
SHUN MO GIO NINTH

JULY D'AUGUSTRAN'S MENATURE

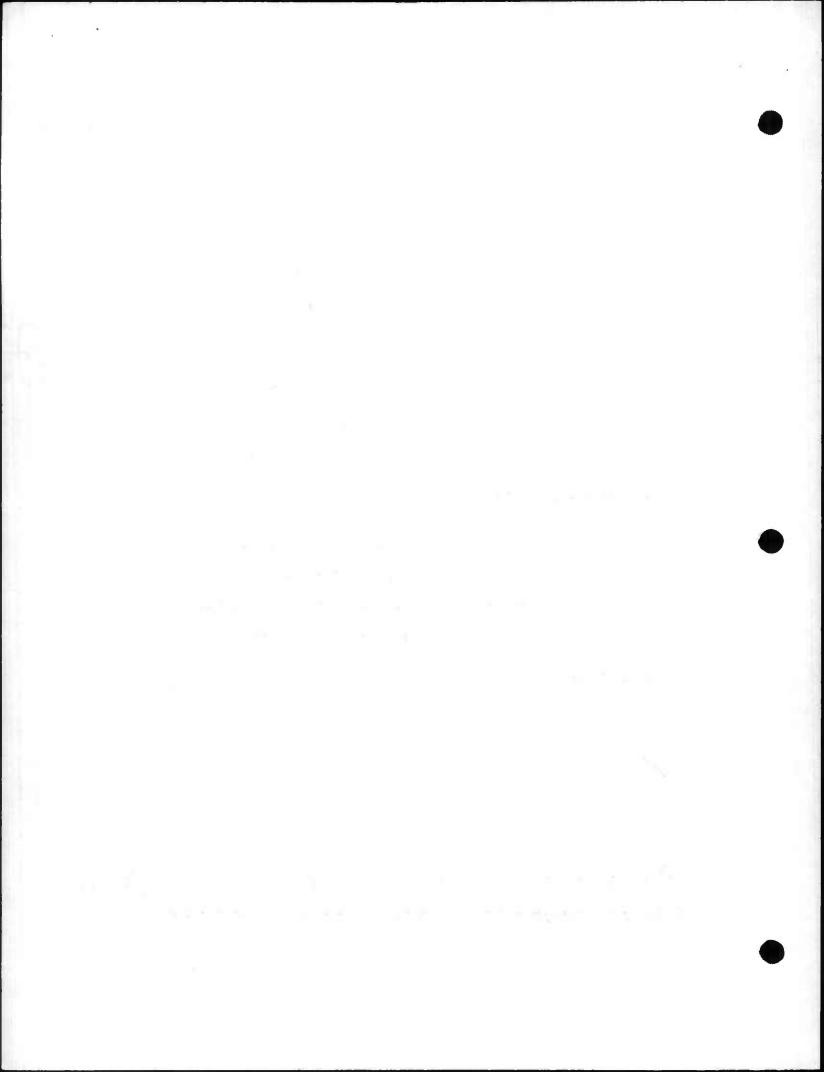
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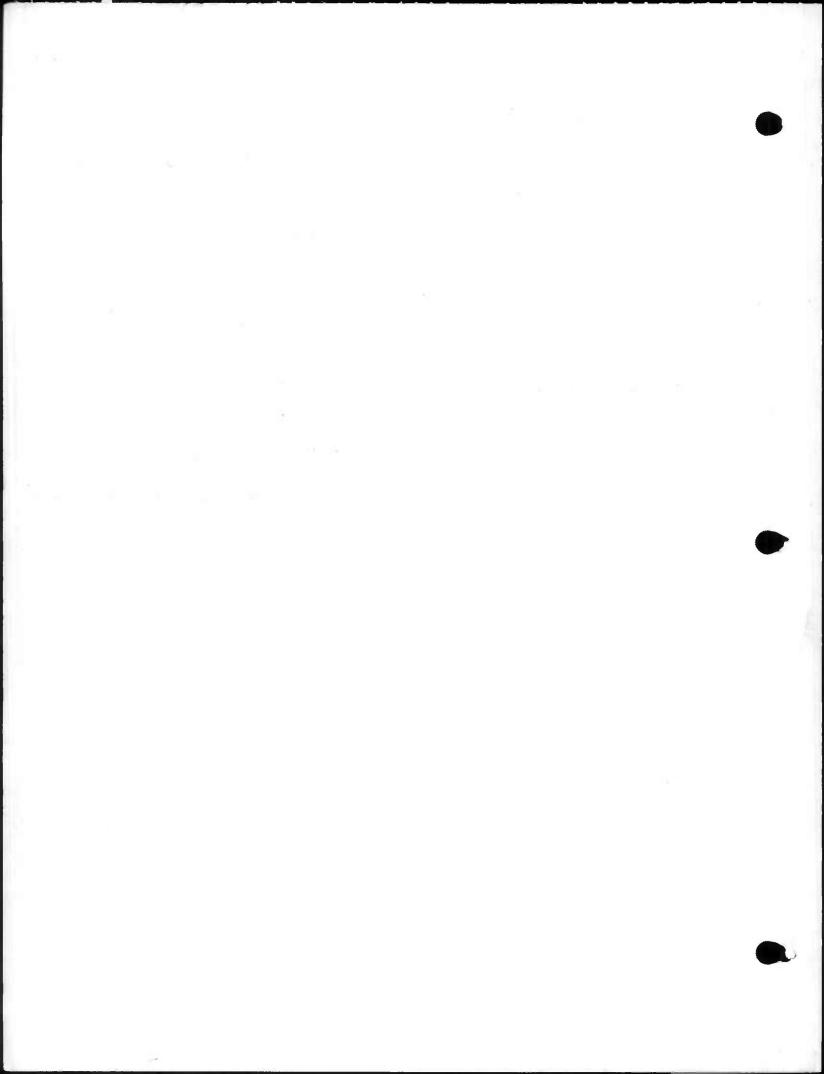
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2 2	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24
5	R
_	E.

		1 - FOR STATE REGISTRAR	TE STATE OF MARTLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIEN INSTRAR CERTIFICATE OF DEATH REG. NO.							
		DECEDENT'S NAME (First, Middle, Last) KENNETH JAMES	WOLF				2. DATE OF DEATH MONTH JANUARY 29	1995 °	YEAR 4:30 A	
Pir		4. SOCIAL SECURITY NUMBER 215-09-0781	1 X M 2 □ F 84	In yrs. last birthday) YRS.	MONTHS DAYS	HOURS MIN.			BIRTHPLACE (State or Foreign Country) ALTIMORE, MD.	
2, 3 should	стов	9a. FACILITY NAME (If not inetitution, give s 7425 GUMSPRING ROAD	itreet and number)			OR LOCATION OF D	EATN	BALTIN	Y OF DEATH MORE	
Pages 1,	DIREC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT MARYLAND BALTIM			TY, TOWN OR LOCALTIMORE OC				10d. INSIDE CITY LIMITS?	
sit permit. Pages	ERAL (100. STREET AND NUMBER 7425 GUMSPRING ROAD	71.0			01. ZIP CODE			1 TYES 2XX NO N OF WHAT COUNTRY? USA	
the burial-tran	BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, s	ECENDENT OF HISPA	NIC ORIGIN? (Specify Year, Puarto Rican, etc.)		I. RACE — American Indian, Black, White, etc. Specify:	
filled in by the funeral director, page 5 should be detached for use as the burial-transit on, or removal. he medical examiner must be notified at once.	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)				16b. KIND OF BU		WHITE		
uld be detach	BE COM	17. FATHER'S NAME (First, Middle, Last) CHARLES FREDERICK WOL 19a. INFORMANT'S NAME (Type/Print)	F			LENA EC	ME (First, Middle, Maiden MEYER	Sumame)	- L	
be notified	5	BEATRICE MAGSAMEN		1143 R	EAMS ROAD	BALTIMORE,	MARYLAND 212	20		
director, p		209. METHOD OF DISPOSITION 1 X Burial 2 Cremetion 3 Rem 4 Donetion 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	GA			JANUARY 3:	1,1995 BALT	IMORE, N	y or Town, State MARYLAND	
he funeral dir al. examiner		Manaba Fina		nc.	LASSAH	AND ADDRESS OF FA IN FUNERAL I RELATE BOAD		IARYI AND	21236	
completely filled in by the ial, cremation, or removal event, the medical		IMMEDIATE CAUSE (Fine)	Editional that caused List only one cause on each control of the cause on each control of the cause on each control of the cause of the	ach iina.	not enter the m	ode of dying, suc	h ss cardiec or reep	iratory srrest	t, Approximate Interval Batween Onset and Death	
and con burial,	LION	Sequentially list conditions, Due to (or as a consequence of):								
inding ph Hygiene or other	CERTIFICATION	couse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated evente resulting in death) LAST CARD VASCULAR DREAM CARD VASCULAR DREAM d. CARD VASCULAR DREAM								
문문	MEDICAL CE	PART II. Other algnificent condition						RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
icate has been State Dept. of Item 23 sh	HYSICIAN: N	DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER?			TH (Check only one		NO		, , , , , , , , , , , , , , , , , , , ,	
o the	0	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ER/Outpi	28b. TI	AE OF 26c. IN	JURY AT ORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE NOW I	NJURY OCCUR	IED	
DIRECTOR: After this c hours after death with Item 28 Is marked,	TED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined	28s. PLACE OF INJURY building, etc. (Speci	— At home, ferm,			261. LOCATION (Street City or Town, State)	and Number or I	Rural Route Number,	
	COMPLET		CIAN: To the best of my knowledge. R: On the basis of examination						suse(s) and manner as stated.	
be filed with 72 IMPORTANT: If	TO BE	29b. SANA UNIT AND TITLE OF CERTIFIES AND ADDRESS OF PERSON WH	O COMPLETED/CAUSE OF DEA	7		29c. LICENSE NUI	ABER	29d, DATE S	GNED (Month, Day, Year)	
20		8552 PHILADEL 31. DATE FILED (Month, Day, Your)	PHÍA PD.	BAL	TIMOR	E, N	102/23	7	,	
		FEB 0 1 1995	ula d'aution						DHMH.18 Day 1/8	



	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
9	1. DECEMENT'S NAME (First, Middle, Lest) Elvina Elsie				2. DATE OF DEATH	9 95	3. TIME OF OEATH 4.45 pm		
	214-01-1090 1 D M 2 2 F 83	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		Cou	THPLACE (State or Foreign ritry) Yland		
TOR	9a. FACLITY NAME (If not institution, give street and number) Johns Hopkins Bay View Medical Center RESIDENCE OF DECEDENT		96. CITY, TOWN O Baltimor	e City	ATH	th 9c. county of death N/A			
DIRECTOR	10e. STATE 10b. COUNTY Maryland N/A	,	TOWN OR LOCAT	ATAL			10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER	Dal	Ltimore	ZIP CODE		10- CITIZEN OF	1 X YES 2 □ NO WHAT COUNTRY?		
ERA	4204 Parkside Drive			1206		U.S.A			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 2 Married 12. WAS DECEDENT EVER FORCES? 1 YES 15 YES, GIVE WAR OR (2 NO	If yes, spe		IC ORIGIN? (Specify Yes n, Puarto Rican, etc.)	Bla	CE — American Indian, sick, White, atc.		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of wo life. Do NOT use	EDENT'S USUAL OCCUPATION Is kind of work done during most of working DO NOT use retired.)						
통	8th Grade 17. FATHER'S NAME (First, Middle, Last)	Bookkeer	er				e Company		
	Charles Unknown Grupp			Unknow	ME (First, Middle, Maiden : N	Surname)			
TO BE	19m. INFORMANT'S NAME (Type/Print) Clifton Lee Willis	19b. MARLING / 8542 Ha	ADDRESS (Street at	nd Number or Rural R	t, Ellicot	t City,	21043 Maryland		
	20s. METHOD OF DISPOSITION 1X Burlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	b. PLACE AND DATE OF metery - crematory or oth Dreland Me	osposition (National Propincy of Piace)	Te of Park 2/2	1	imore,	Town, State Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1	22. NAME AN	. Miller	CILITY		*		
	Mathleen M. Me	upsky/	6415 B	elair Ro	ad, Baltim	ore, Ma	ryland 21206		
	23. PART I. Enter the diseases, or complications that cause shock, or heart failure. List only one cause on a IMMEDIATE CAUSE (Final disease or condition resulting in death)	A CONSEQUENCE OF)		da of dylng, such	n aa cardlac or respli	retory arrest,	Approximate interval Batween Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evants resulting in death) LAST b. OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): d.								
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death MYOCARDIAL INFARC		the underlying	cause givan in i	Part I. 24s. WAS AN / PERFORI	MED?	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES NO		
Z	DID TOBACCO USE CONTRIBUTE TO CAUSE O	OF DEATH YES	□ NO □	UNCERTAIN	1 12				
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	28. PLACE OF DEATH	(Check only one)	11-1					
HYS	1 YES 2 NO 1 Inpetient 2 ER/Out 27. MANNER OF DEATH 288. DATE OF INJURY	patient 3 DOA 2		5 🗆 Residence (8 Other (Specify) 28d. DESCRIBE HOW IN	ILLEY OCCURED			
à l	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation 3 Suicide 2 Could not be 28e. PLACE OF INJUR	INJU	M 1 Y	RK?					
ETED	4 Homicide detarmined building, etc. (Spe	celly)	- tactory, ornea		281. LOCATION (Street as City or Town, State)	nd Number or Hure.	i Houte Number,		
COMPLETED	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beat of examination						o(s) and menner as stated.		
TO BE (296. SIGNATURE OF CERTIFIER MD			9401		29d, DATE SIGNE	19 95 19 95		
		1940 Ea		Aue Ba	eltinore	no	21224		
	31. DATE FILED (Month, Dey, Year) 32. REGISTRAR'S SIGN FEB 0 1 1995 Julia Studion Rev								



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FOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a found and certificate of the hospital or attending physician.

TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

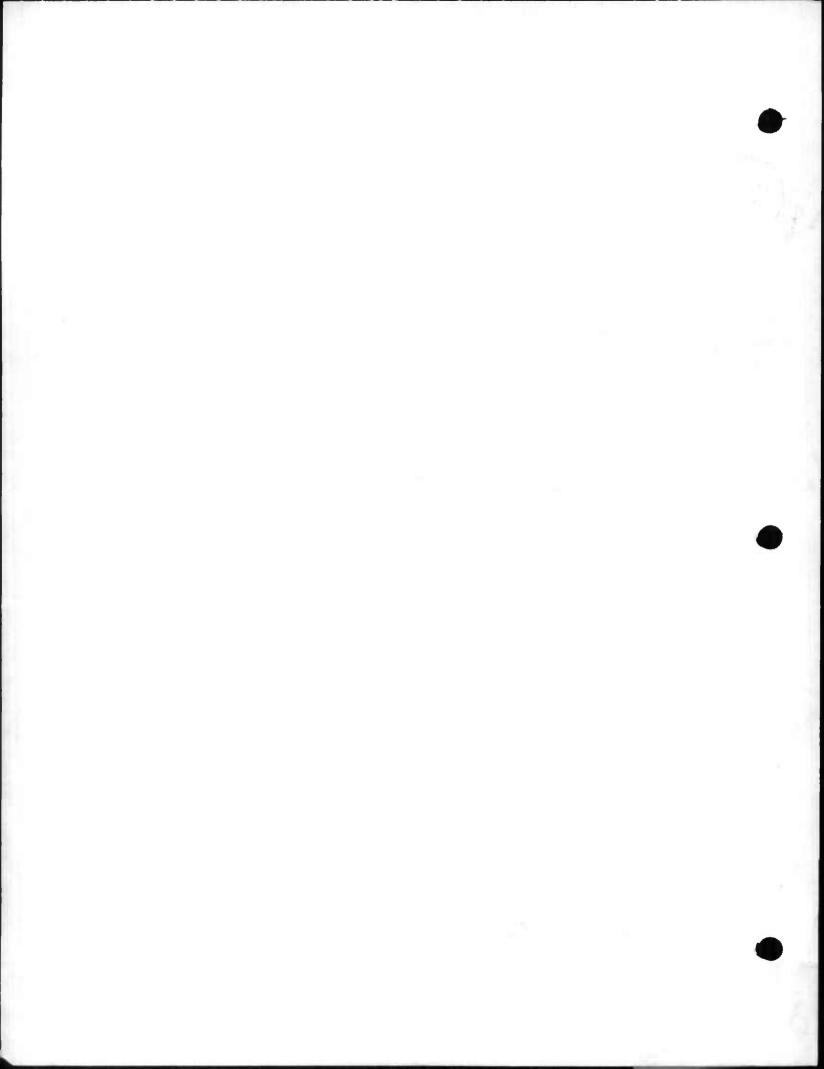
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Lest)	Mary	Altoma					2. DATE OF DEATH		1995	3. TIME OF DEATH 12:45 P M
et l	4. SOCIAL SECURITY NUMBER 266-47-8855	5. SEX 6.	AGE (In yrs. last	birthday) YRS.	IF UNDER 1 YE	AR IF UNDE	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) October	1898		IPLACE (State or Foreign
NO.	98. FACILITY NAME (If not institution, give a 13218 Turkey Bran	street end number) Ch Parkway				MN OR LOCAT			9c. CO	UNTY OF D	EATH
DIRECTOR		10b. COUNTY 10c. C			Y, TOWN OR L	y, TOWN OR LOCATION					10d, INSIDE CITY LIMITS?
FUNERAL D	100. STREET AND NUMBER 13218 Turkey Branch Parkway					101, ZIP CODE 10g, CITIZEN OF US					
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	d 2 Married FORCES? 1 YES 2 NO								- American Indian, White, atc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 7	CATION completed) College (1-4 or 5+)	(Give kind of work of the Do NOT tree miles			furing most of working				IDUSTRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) Frank	Rac	Racosta Jos				ME (First, Middle, Maid sephine		Jnknov	√n	
TO B	19a. INFORMANT'S NAME (Type/Print) Frank Altomare		19b. 132	MAILING 218	ADDRESS (Str Turkey	Branc	h Pk	Route Number, City or 1 Wy . Rockv	ille,	MD 2	20853
	20e. METHOD OF DISPOSITION 1		20b. PLACE AN cametery, crem Metroj	atory or o	tan Cr	emator	y 1/	18/95 A1		- CHy or To	wn, Stata Virginia
	21. SIGNATURE OF FUNERAL SERVICE LI	S. Can	Meda	1	Fra 500	Unive	. Co	llins Fun t Blvd. W	. Sil	Spi	Inc. . MD 20901
	23. PART I. Enter the diseases, or shock, or heart feliure. IMMEDIATE CAUSE (Finsi disease or condition resulting in death)	s. Cerel	on each line.	ulo	u t	mode of dy			piratory a	rrest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR	AS A CONSEQU	JENCE OI	j:						/
DICAL	PART II. Other eignificent condition	contributing to dec		sulting	n the under	ying ceuse	given in	Part I. 24e. WAS / PERF	ORMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: ME	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER?				S NO		CERTAIN	N M			
XSIC	1 TES 2 NO	HOSPITAL: 1 Inpetient 2 ER	VOutpatient 3	DOA	OTHER: 4 - Nursing	Home 5 R	seldence	8 Other (Specify)			
ву Рн	27. MANNER OF DEATH 1	28a. DATE OF INJ (Month, Day, Y	fear)		M 1		□ NO	28d. DESCRIBE HOW	INJURY O	CCURED	
	3 Suicide 8 Could not be determined	28s. PLACE OF IN building, etc.	IJURY — At home (Specify)	e, farm, s	treet, factory,	offica		28f. LOCATION (Stree City or Town, Star	t and Numbi	er or Rural R	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my									and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF GENTIFIES	> "	ID			29c. LICENSE NUMBER			29d. DATE BIGNED (Month, Day, Year)		
	4000 Olary Ca	ytousuille	2 Rife		Print) Yuley	, lud	De 2	20832	Lewis	Kell	ert, M.D.
	JAN 19 1995	REGISTRAN'S	SIGNATURE	Ц							



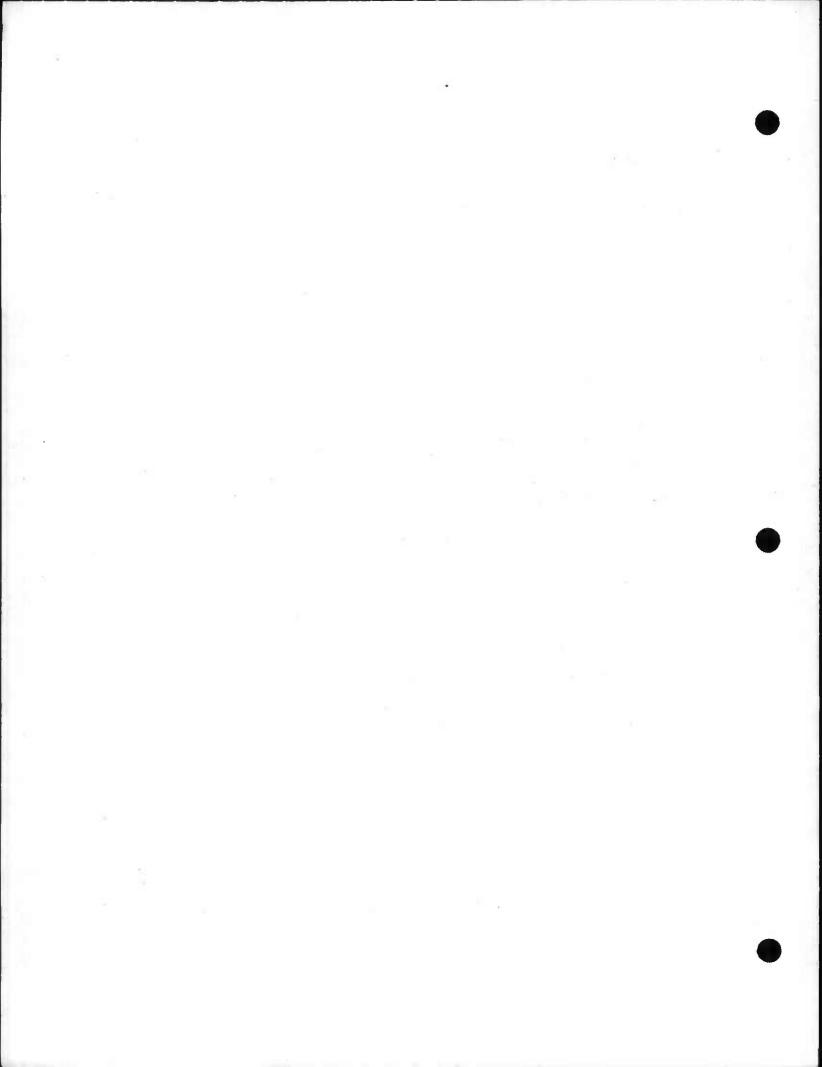
A	mended # 4 & .	7 , 1	,7/0		nn nt	- m.	195	028164
	1 - STATE OF STATE OF	MARYLAND / D CEF	EPARTME RTIFICA	NT OF HE	ALTH AND DEATH	MENTAL HYGIEN REG. NO		merguy
	1. DECEDENT'S NAME (First, Middle, Last) Eleanore	STUVE	Abla	~A		2. DATE OF DEATH January 1.	Y 7007	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. lest bi			IF UNDER 24 HRS.			6:00 P M BIRTHPLACE (State or Foreign
	213 123-38-0214 1□M2√F		YRS. MONTH		HOURS MIN.	7. DATE OF BIRTN (Month, Dey, Year)		Country)
	9a. FACILITY NAME (If not institution, give street and number)		96. C	TY, TOWN OR	LOCATION OF D	September	9c. COUNTY	OF DEATH
OR	Althea Woodland Nurs	ing Home	Si	lver S	pring		Mo	ontgomery
EC	10a, STATE 10b, COUNTY	1	0c. CITY, TOW	N OR LOCATIO	N			10d. INSIDE CITY
ğ	Maryland Montgomery		Sil	ver Sp	ring			1 YES 2 NO
FUNERAC DIRECTOR	10e. STREET AND NUMBER				IP CODE		10g. CITIZEN	OF WHAT COUNTRY?
N.	14400 Homecrest Road Apt.		. 1			905		USA
	1 Never Married 2 Married FORCES?	NT EVER IN U.S. ARMEI I YES 2 1 NO MAR OR DATES	9 1	If yes, speci	Ify Cuban, Mexic	NIC ORIGIN? (Specify Yes	s or No— 14.	. RACE — American Indian, Black, White, etc.
BY	3 Wildowed 4 K Divorced	MAN ON DATES		1 U YES 2	NO Speci	ty:		Specify: White
E	15. DECEDENT'S EDUC/ITION (Specify only highest grade completed)	(Give I	DENT'S USUAL	ne during most	of working	16b. KIND OF BU	SINESS/INDUS	TRY
PLE	Elementary/Secondary (0-12) College (1-4 or 5	+)	NOT use retired rarian	,		V		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	1110	Larran		IS. MOTNER'S NA	Montgom		unty
ш	Edward Matthew Ablard	tuve			Anna			
0 8	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow	n, State, Zip Co.	22073
-	James Edward Ablard					ad Falls		
20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) DATE 20c. LOCATION — Ch							· ·	
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Metropo	2	2. NAME AND	ADDRESS OF FA	KCILITY		Virginia
	· Sahar TERO	111	Fi	rancis	J. Col	lins Funer	al Hom	e, Inc.
	23. PART i. Enter the diseases, or complications the	it caused the dagth	Do not ant	er the mode	of dying, suc	y BLVd., W.	S11.S	pr.,MD 20901
	anock, or heart tellure. List only one car iMMEDIATE CAUSE (Final	use on each line.						Interval Batween Onset and Desth
	disease or condition resulting in death)	ome Obs	true	the	Pulm	mary Di	sease	- 10 years
_	DUE TO	(OR AS A CONSEQUE	NCE OF):	4.00	J 7.	no dest	_	10
FICATION	if any, leading to immediate	(OR AS A CONSEQUE	NCE OF):	1070	Vet se	rence		
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury							
III.	that initieted events resulting in death) LAST	(OR AS A CONSEQUE	NCE OF):					
CEI	d,							
MEDICAL	PART II. Other aignificent conditions contributing to	death but not read	iting in the	underlying o	euse given in	Part i. 24a. WAS AN PERFOR	AUTOPSY IMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
EDIC	Sterold Bahard	- 1	resi	Hus		1 YES 2	NO	OF DEATH?
	DID TOBACCO USE CONTRIBUTE TO CA	LISE OF DEATH	YES IX	NO I	UNCERTAI	N. [7]	`	1 TYES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL		F DEATH (Chec	7	OINCERIAI	N L		
YSIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 2	ER/Outpetient 3 🗆	DOA OTM		5 Residence	8 Other (Specify)		
PHY	27. MANNER OF BEATN 1 Natural 5 Pending 280. DATE OF (Month, L.		b. TIME OF INJURY	28c. INJUR WORK	?	28d. DESCRIBE NOW I	NJURY OCCUR	ED
BY	2 Accident Investigation	E IN HIRV As home	M form the state of		2 NO			
ETED	3 Suicide 8 Could not be 4 Homicide determined	F INJURY — At home, etc. (Specify)	rarm, street, u	ictory, omica		28f. LOCATION (Street a City or Town, State)	ind Number or F	Rural Route Number,
J.E.	29e. CERTIFIER CHeck only CERTIFYING PHYSICIAN: To the best of	my knowledge, death	occurred at the	time data an	d place, and due	to the severish and man		
COMPL	one) 2 MEDICAL EXAMINER: On the basis of a							suse(a) and manner as stated.
ш	200 SIGNATURE AND TITLE OF CERTIFIEF				ec. LICENSE NUI	MBER	29d, DATE SI	GNED (Month, Day, Year)
TO B	Froten m - h	>			D35	045	► L-	16.95
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAU	SE OF DEATH (ITEM 27		D	40 #	-200- 6	Such	2060
	31. DATE FILED (Month, Day, Year) 32. REGISTRA	R'S SIGNATURE	con	n, A		708 7	1000	20706
	JAN 17 1995 Juli: As.							

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BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physicial	lifed in by the funeral director, page 5 should be detached for use as the burial-in, or removal.	e medical examinar must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicial	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-ly be filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1.000 € 1	Pria 4	Inders	in			2. DATE OF DEATH DA	13 9	XEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday) O / YRS.	IF UNDER 1 Y	EAR IF UNDE AYS HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year)		. BIRTHPLACE (State or Foreign Country)
	353-18-3970 9a. FACILITY NAME (If not institution, give stre		84 YRS.	9h CITY TO	OWN OR LOCAT	ION OF DEAT	Oct. 16, 1		Louisiana Y OF DEATH
<u>۳</u>	Suburban Hospital	,				TON OF DEA	n		
5	RESIDENCE OF DECEDENT			Bethesda				Mont	gomery
DIRECTOR	102.000	C.m. 0 4444		TY, TOWN OR I					10d. INSIDE CITY LIMITS?
40	Maryland Montgo	Ga:	ithers	burg	E		ton CITIZE	1 YES 2 NO	
FUNERAL	9469 Hickory View	Place			208			ed States	
2	11, MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS	DECENDENT	OF HISPANIC	ORIGIN? (Specify Yea		4. RACE — American Indian.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 XINO		HE, specify Cubi		Puerto Rican, atc.)		Black, White, etc. Specify:
	15. DECEDENT'S EDUCA	FILON	16a. DECEDENT'S	LIEUAL OCC	IDATION.		Tan was as and		Black
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of life. Do NOT u	work done durk	ng most of worki	ing	16b. KIND OF BUS	IINESS/INDUS	тнү
AP.	10	onege (I-V of 5 T)	Domesti	c Work	er		Self Em	ploved	1
00	17. FATHER'S NAME (First, Middle, Last)				18. MOT	NER'S NAME	(First, Middle, Maiden		
BE	James Robinson 19e. INFORMANT'S NAME (Type/Print)	-					nghurst		
2							rte Number, City or Town		400/9
	Bernadette J. Stew		19409 D. PLACE AND DATE			Place			y or Town, State
	1 💢 Burial 2 🗆 Cremation 3 🗆 Remove 4 🗆 Donation 5 🗆 Other (Specify)	nil from Stata	netery cremetory or o	ther olecel		rv 1/1			ring, Maryland
-	THE SUMATURE OF FUNERAL SERVICE LICE	MISEE O A A		22. NAI	WE AND ADDRE	SS OF FACIL	TY DeVol	funera	al Home
	10 East Deer Park Drive Gaithersburg, MD 20877								
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF):								
			PS 15	F):					6 days.
5	Sequentially list conditions, if any, issding to immediate		A CONSEQUENCE O	F):					00093
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST								
	PART II. Other significent conditions	contributing to deeth b	out not resulting	in the under	riving cause	given in Pa	ert i. 24e. WAS AN	ALITOREY	24b. WERE AUTOPSY FINDINGS
EDICAL	UN RESECTAB		AMOUS		L CA		O DEDECOM	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Z: M	DID TOBACCO USE CONTRI	BUTE TO CAUSE C	OF DEATH YE	S NO	D UNC	ERTAIN			1 YES 2 NO
SIA	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEA						
PHYSICIAN:	1 TES 2 DAG	HOSPITAL: 1 Prinpatient 2 ER/Outp	patient 3 🗆 DOA	OTHER: 4 - Nursing	Home 5 - Re	esidence 6	Other (Specify)		
ву Рн	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIM	JURY	E. INJURY AT WORK?		6d. DESCRIBE HOW IN	JURY OCCUR	RED
ED	3 Suicide 5 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, etc. (Spec	' — Af home, farm, cify)	atreet, factory,	office	2	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
PLE	29a. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my know	ledge, death occum	ed at the fime,	date end place	, end due to	the cause(a) and mani	ner ea stated.	
COMPLET									cause(a) and menner as stated.
w	296. SIGNATORE AND TITLE OF CERTIFIER	m) Mp			29c. LICI	ENSE NUMBE	ER	29d. DATE S	IGNED (Month, Day, Year)
TO B	mana)- O G-			D	332	24	JAN	UARY 13, 1995
	20. NAME AND ADDRESS OF PERSON WHO	SO W BOW	ATN (ITEM 27) (Type	Print)	#4n1	Port	bullo	MD	20852
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN		-1 -1	7 10/3	100	- Gune		20052

DHMH-16 Flev 1/89



BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Character death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF

1995

31. DATE FILED (Month, Day, JAN 17

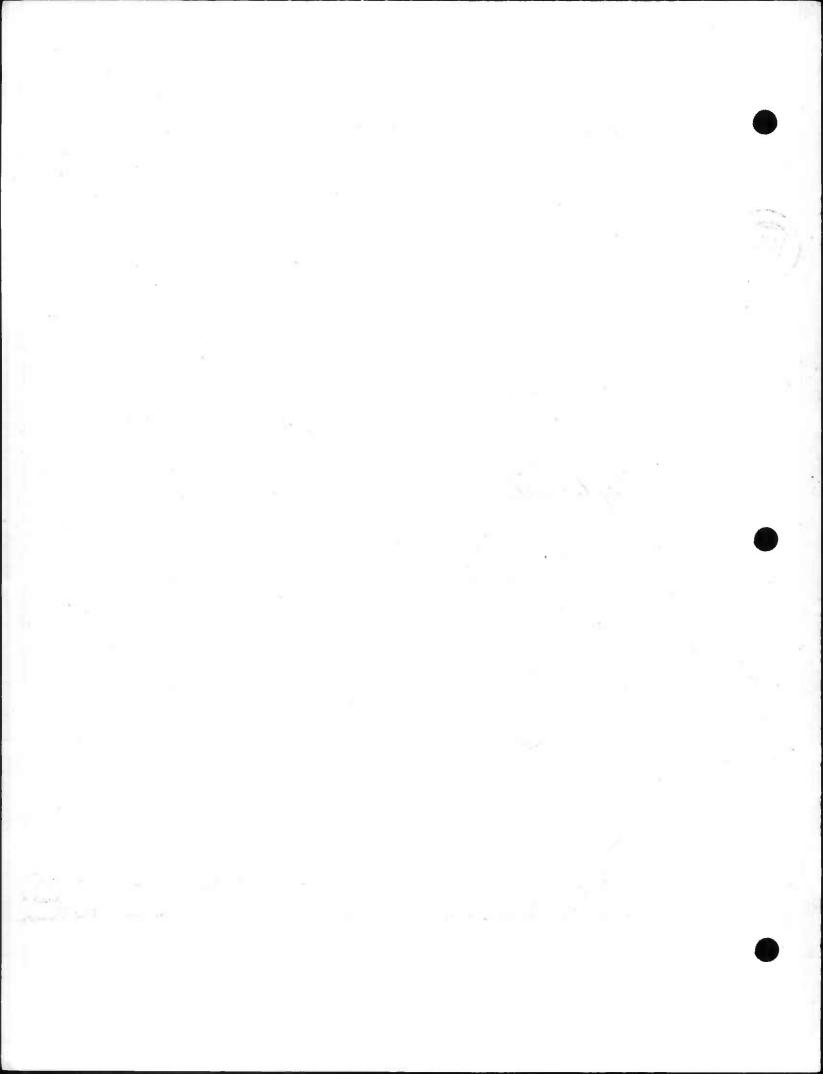
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	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAF ERTIF	TMENT	OF H	EALTH	AND I	MENTAL	HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)			IOAIL	. 01	DLA	, , ,	2 DATE	OF DEATH			3. TIME OF DEATH
	SOOK	^	41	4	HA	1			MONTH	DA	AY .	YEAR	Q=16PM
	4. SOCIAL SECURITY NUMBER	5 SEX	6. AGE (In yrs. les		IF UNDER		IF UNDER			OF BIRTH	14	18	
	None	1 🗆 M 2 🗓 F	77	YRS.	MONTHS	DAYS	HOURS	MIN.	/Month	Day, Year)	917	B. BIRTH Countr	PLACE (State or Foreign y) Korea
OR	9a. FACILITY NAME (If not institution, give Holy Cross Hospi RESIDENCE OF DECEDENT						Spr:		EATH			ntgor	EATH
DIRECTOR	10a. STATE 10b. COUN			10c. CIT	Y, TOWN C	R LOCAT	ION						10d. INSIDE CITY LIMITS?
		gomery		Si	lver	Spr	ing						1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 11620 Stewart La	ne				101	2090					orea	YHAT COUNTRY?
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No. 14. 1							— American Indian.						
BY FI	1 Never Merried 2 Merried 3 X Widowed 4 Divorced	FDRCES? 1	YES 2 1	NO		t yes, sp	elfy Cuba 2 🔯 NO	n, Mexica	in, Puerto R	(can, etc.)	or No—		, White, etc.
O.	15. DECEDENT'S ED		16a, DE	CEDENT'S	USUAL O	CUPATIO	ON .		16h.	KINO OF BUS	INESS/IN	IDUSTRY	Rolean
COMPLETED	(Specify only highest grad	College (t-4 or 5 a	(G	ive kind of Do NOT u	work done (se retired.)	during mo		g					
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8	17. FATHER'S NAME (First, Middle, Last)									liddle, Malden	Surname)		
B	Unobtainable						-		inabl				
19a. INFORMANT'S NAME (Type/Print) Soo Bin Oh 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, 11620 Stewart Lane #203, Silver Stewart Lane #203)								20904 Marvland					
	20e. METHOD OF DISPOSITION		20b. PLACE							20c. LO			
	1 N Buriel 2 ☐ Cremetion 3 ☐ Re 4 ☐ Donetion 5 ☐ Other (Specify)	moval from Stata	cemetery, cra Gate	matory or o	ther place)	Co	noto	W-7-7	1				g, Maryland
	21. SIGNATURE OF UNERAL SERVICE L	CENSEE .	Gate	01 11	22.	NAME AN	ID ADDRES	SS OF FA	T/ T	/ STT/	incl	Shrin	neral HOme=
	* Xhely D.K.	well			1	1800	New	Har	noshi	nes-k re Ave ryland	enue		ineral Home=
	23. PART i. Enter the diseases, or	complications that	caused the de	ath. Do	not antar	tha mo	da of dyi	ing, suc	h aa card	lac or reapi	ratory a	rreat,	Approximata
	shock, or haart failure IMMEDIATE CAUSE (Final	. List only ona cau	sa on aach lina	l. %									interval Batween Onset and Death
	disease or condition resulting in death)	ea	veun										
	-		OR AS A CONSE		F):			-	-				
NOI	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
S	cause. Entar UNDERLYING	c.											
CERTIFICATION	CAUSE (Disease or injury that initiated evanta resulting in death) LAST	DUE TO	(OR AS A CONSEC	OUENCE O	F):								
Ö	DART II On				TO - 2								
PHYSICIAN: MEDICAL	PART ii. Other significant condition	ens contributing to	daath but not r	esulting	in the un	derlying	causa (ivan in	Part i.	24a. WAS AN PERFOR 1 YES 2	MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEC											2,		OF DEATH?
ż													
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	LIOSPITAL:			OTHER		ACE OF D	EATH (Ch	eck only one)			
YS	YES 2 NO	1 Impatiant 2	ER/Outpatient 3	□ DOA			• 5 □ Re	aldence	8 🗆 Other	(Specify)			
							CRIBE HOW II	NJURY O	CCURED				
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datarmined	26e. PLACE O	F INJURY — At ho atc. (Specify)	me, term,	streat, tect	ory, office	•	-		TION (Street e or Town, State)	and Number	er or Rural R	loute Number,
COMPLETED		SICIAN: To the beat of at) and menner se stated.
I Donale W DOREH IL 15							15-95						
임	30. NAME AND ADDRESS OF PERSON W	NO COMPLETED CALL	E OF DEATH STE	14 ATD /T	0.7-41								

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an hours after death. Page 6 may be retained by the hospital or after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the first within 20 hours and director.	The world with the control of the co

Amended # 10e #18 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE OM ON Y 1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH ANNE ALEXANDER IAN L SEX 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Morth, Day, Year 8. BIRTNPLACE (State or Foreign Country) HOURS DAYS 1 M 2 TF 047-14-7088 YRS. AUG. 12,1925 CONNECTICUT 9e. FACILITY NAME (If not institution, give strent and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR HOLY CROSS HOSPITAL SILVER SPRING MONTGOMERY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD. MONT!GOMERY SILVER SPRING 1 X YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1110 FIDLER LA. 20910 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES BY Specify: 3 Wildowed 4 Divorced WHITE 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18e. OECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY H Elementary/Secondary (0-12) College (1-4 or 5+) COMPL HOMEMAKER AT HOME 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surneme) KOMNINOU MICHAEL CONTARAS BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 22202 VA. FANNY C. EXARHACOS JEFFERSON DAVIS HWY #623-S, ARLINGTON 20b. PLACE AND DATE OF DISPOSITION /Name of OATE 20c. LOCATION — City or Town, State CHAMBERS CREMATORY RIVERDALE, 21. SIGNATURE OF FUNERAL SERVICE LICENSIEE 22. NAME AND ADDRESS OF FACILITY 20910 M00091 W. W. CHAMBERS CO. INC., SILVER SPRING, MD. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reapiratory arrest, Approximata shock, or hasrt fallure. List only one cause on each lina. Interval Between **IMMEDIATE CAUSE (Fine)** Onset and Death disease or condition Approton
DUE TO OR AS A CONSEQUENCE OF): reaulting in death) Sepsis unko CERTIFICATION Sequentielly liet conditions, OUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in deeth) LAST PART ii. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMEO? AVAILABLE PRIOR TO COMPLETION OF CAUSE hepatu TES 2 NO OF DEATH? 1 | YES 2 10 PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO LUNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATN (Check only one) 1 WES 2 NO HOSPITAL: OTHER: repetient 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Nome 5 ☐ Raeldence 6 ☐ Other (Specify) 27, MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 26d. DESCRIBE NOW INJURY OCCURED 1 Natural 2 Accident 1 YES 2 NO ВУ 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) COMPLETED detarmined 29e. CERTIFIER (Check only one)

1	CERTIFYING PHYSICIAN:	To the best of my kno	wiedge, daeth occurred at	the time, date and place,	end due to the	cause(e) end manner ae	stated.
2	MEDICAL EXAMINER: On	the beats of examinat	on end/or investigation, in	my opinion, death occur	ed at the time, di	ate end place, end dua t	o the cause(e

SIGNORUME AND TITLE OF CERTIFIER	29c, LICENSE NUMBER	29d. DATE SIGNED (Month, Day,

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

PHUONG D. TR 31. DATE FILEO (Month, Day, Year)	ING MD	8630 FENTON	ST #230	SILUEA	spring 1	4020 Euc
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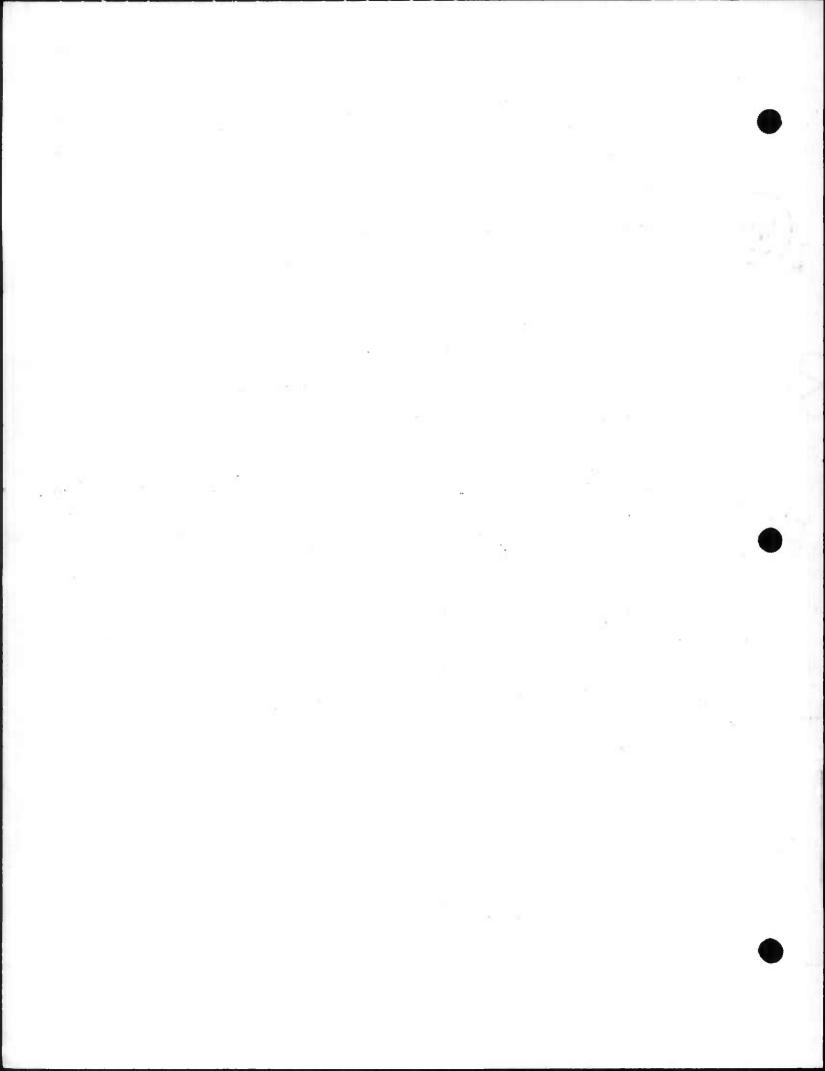
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	FOR 1 - STATE REGISTRAR	STATE OF MAR				HEALTH AND	MENTAL HYGIEI			
	1. DECEDENT'S NAME (First, Middle, Last) At'i L	DA			Br	PRG-	2. DATE OF DEATH	15 9	YEAR S DEATH) N
	142-07-4034	1 🗆 M 2 💢 F	NGE (In yrs. les		THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH SEPT. 29,	1906	a. BIRTHPLACE (State or Foreign Country) NEW YORK	
TOR	90. FACILITY NAME (If not institution, give street SUBURBAN HOSPITA RESIDENCE OF DECEDENT			9b.		OR LOCATION OF D	EATH		TY OF DEATH	
DIRECTOR	MARYLAND 10b. COUNTY MO	NTGOMERY			WN OR LOCA				10d. INSIDE CITY LIMITS? 1 YES 222NO	
FUNERAL	100. STREET AND NUMBER 1801 E. JEFFERSON STREET				101. ZIP CODE 20852			10g. CITIZEN OF WHAT COUNTRY? UNITED STATES		
ВУ	11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1	ES 2X		If yea, specify Cuban, Mexican, Puerto Rican, etc.) Black			14. RACE — American Indian, Black, White, etc. Specify: WHITE		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co		(G	CEDENT'S USU. ive kind of work of Do NOT use reti	done during m ired.)	ost of working	18b. KIND OF BU			
BE COM	17. FATHER'S NAME (First, Middle, Last) DAVID BERG			FEDERA	AL, EMP	18. MOTHER'S NA	ME (First, Middle, Meider SHAPOZNII	Sumame)	RNMENT	
5	19a. INFORMANT'S NAME (Type/Print) PHILIP BERG (NI	EPH EW)					Route Number, City or To			
	20e. METHOD OF DISPOSITION 1	al from Stata		AND DATE OF DIS		ame of			NEW JERSEY	
	22. SIGNATURE OF FUNERAL SERVICE LIGENSEE DANZANSKY—GOLDBERG MEMORIAL CHAPELS, INC. 1170 ROCKVILLE PIKE — ROCKVILLE, MD. 20852									
	23. PART i. Enter the diseases, or conshock, or heart failure. Lie iMMEDIATE CAUSE (Final disease or condition resulting in death)	ot Drily one cause o	Jead tha de on each line AS A CONSEC	Teo 6		oda of dying, suc				en eth
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OR	AS A CONSEC						16 day	5
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. ALPEIS UN Rabeles analytical conditions of DEATH YES NO IN UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO IN UNCERTAIN 24a. WAS AN AUTOPSY PINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO									
PHYSICIAN:		109PITAL:			HER:	ne 5 🗆 Realdence	6 ☐ Other (Specify)			_
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY WOI				NJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED WORK?			PRED	
ETED B	3 Suicide 6 Could not be datarmined 28e. PLACE OF INJURY — Ai home, farm, streat, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — Ai home, farm, streat, factory, office City or Town, State)					r Rural Route Number,				
OMPL	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINET: On the beet of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and menner as stated.									
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUI		29d. DATE	SIGNED (Month, Day, Year)	_
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HOSPITAL, DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phy	Ö	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunfal, cremation, or removal.	TRAIT of form 30 to menderal an item 22 about many failures are abben described about and an analysis of the second secon
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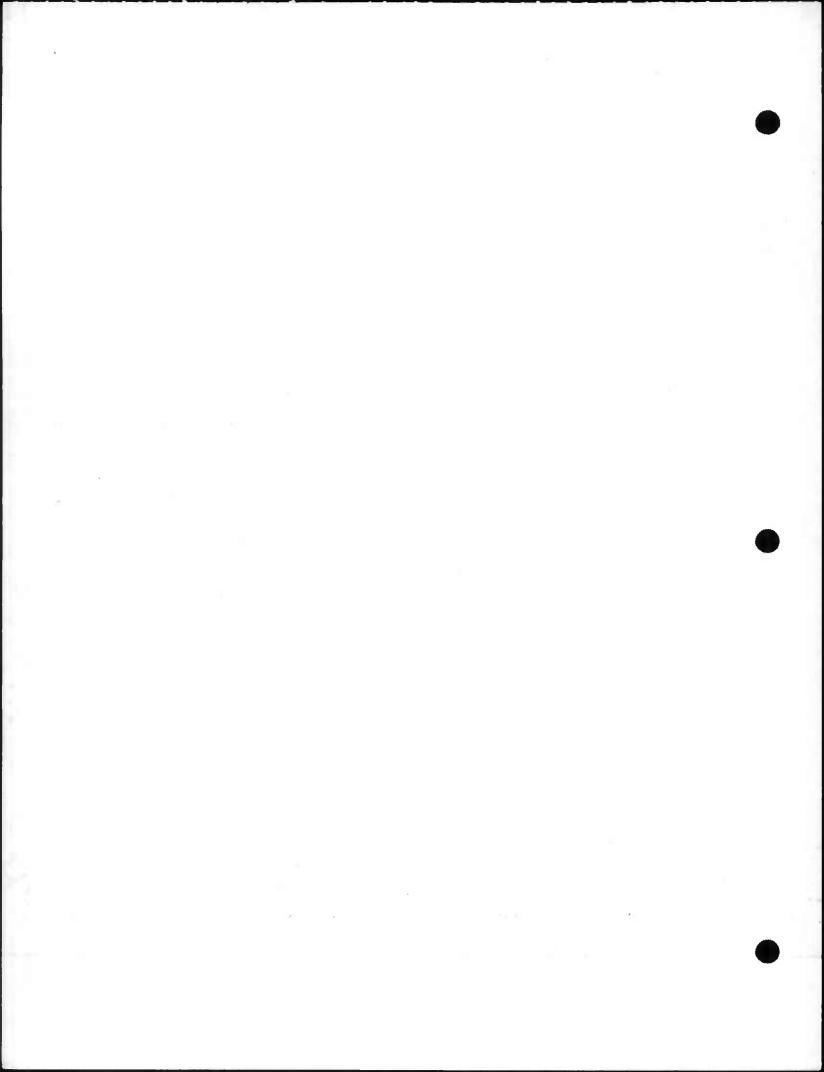
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR **CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH 1995 6:30 **Berasaluce** January 13, Antonia 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 1899 IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreig Country) 1 M 2 YRS. 219-37-9931 95 **February** Spain 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DARECTOR Holy Cross Hospital Silver Spring Montgomery 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery 1 YES 2 NO Silver Spring FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 807 North Belgrade Road 20902 Spain 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yea, specify Cuben, Maxican, Puerto Rican, etc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED 14. RACE - American Indian, Black, White, atc. FORCES? 1 YES 2 NO 1 Never Married 2 Married ВУ Specify 3 € Widowed 4 □ Divorced White 16e. DECEOENT'S USUAL OCCUPATION

16e. DECEOENT'S USUAL OCCUPATION

16e. DECEOENT'S USUAL OCCUPATION

16e. DECEOENT'S USUAL OCCUPATION ETED. 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (t-4 or 5+) COMPL 12 Housekeeper Spanish Embassy 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) ĕ <u>Mariano</u> BE Berasaluce Micaela Oieda notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 2 lan lan o Fausto G. Berasaluce Belgrade Road Silver Spring Mary Ind 20902 þ 20s. METHOO OF DISPOSITION
11/2 Burlal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must of Heaven Cemetery 1/17/95 Silver Spring, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Francis J. Collins Funeral Home, Inc. 500 University Blvd., W. Sil.Spr., MD 20901 23. PART I. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line. intarval Between **IMMEDIATE CAUSE (Final** Onset and Daath disease or condition_ arteriosclerate Heast resulting in death) OUE TO (OR AS A CONSEQUENCE OF) MEDICAL CERTIFICATION Sequantially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) **EXAMINER?** OTHER: YES 2 NO ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF OEATH 28s. OATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY Investigation 2 Accident 26s. PLACE OF INJURY — At home, farm, street, tectory, office building, atc. (Specify) 3 Suicide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 95 6 Could not be COMPLETED 28 4 - Homicida 29e. CERTIFIER (Check only 1 _ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(s) and menner as stated. TO THE HOSPITAL OF TO THE FUNERAL DE BIEd within 72 h 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Lun 95 D082 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

500 8218 Ace WIZMED 20 CM 32. REGISTRAR'S SIGNATURE DHMH-16 Rev 1/89



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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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mended # 90 STATE OF MARYLAND T DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH 14, 1995 Walter Edward January Barnaby 7:40 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) March 21, 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 X M 2 - F 027-22-8846 YRS. 63 Massachusetts 1931 9a. FACILITY NAME (# not institution, dive street and number)
Washington Seventist Hospital 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Takoma Park Montgomery RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Prince George's Maryland Bowie 1X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 12723 Buckingham Drive 20715 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or If yea, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married В 3 Widowed 4 X Divorced Korean White COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) Nurse Nursing Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Jesse F. Barnaby Eva Johnson 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Donald P. Barnaby Same as 10 20a. METHOD OF DISPOSITION
1 ☐ Burlel **X Cremation 3 ☐ Removal from State
4 ☐ Donation 5 ☐ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata DATE Chesapeake Crematory 1-16 Beltsville, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Rapp Funeral Services, P. A. Lelen 933 Gist Avenue, Silver Spring, MD 20910 23. PART i. Enter the diseasea, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate ahock, or heert fellure. List only one cause interval Between Onset and Death IMMEDIATE CAUSE (Final diseese or condition resulting in death) CERTIFICATION Sequentially list conditiona, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initieted events reaulting in death) LAST MEDICAL 24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 THO T YES 2 1 HO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH PHYSICIAN: YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only on OTHER:
4 \(\text{Nursing Home } 5 \(\text{I Residence } 6 \(\text{I Other (Specify)} \) T TES 2 X NO etlent 2 - ER/Outpetlent 3 - DOA 27. MANNESLOF DEATH 38c. INJURY AT WORK? 28s. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 P Natural 1 YES 2 NO ВУ 2 Accident 29e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 1 CERTIFYING PHYSICIAN: To the my knowledge, dasth occurred at the time, data and placa, and dua to the cause(a) and manner as ateted. 2 MEDICAL EXAM and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated NATURE AND TITLE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE ▶ January 15,1995 D01699

Wis College Park, MD 20740 31. DATE FILED (Month, Day, Year) Davidson Randall 1995 DHMH-16 Rev 1/89

6201 Greenbelt Road, #u-1

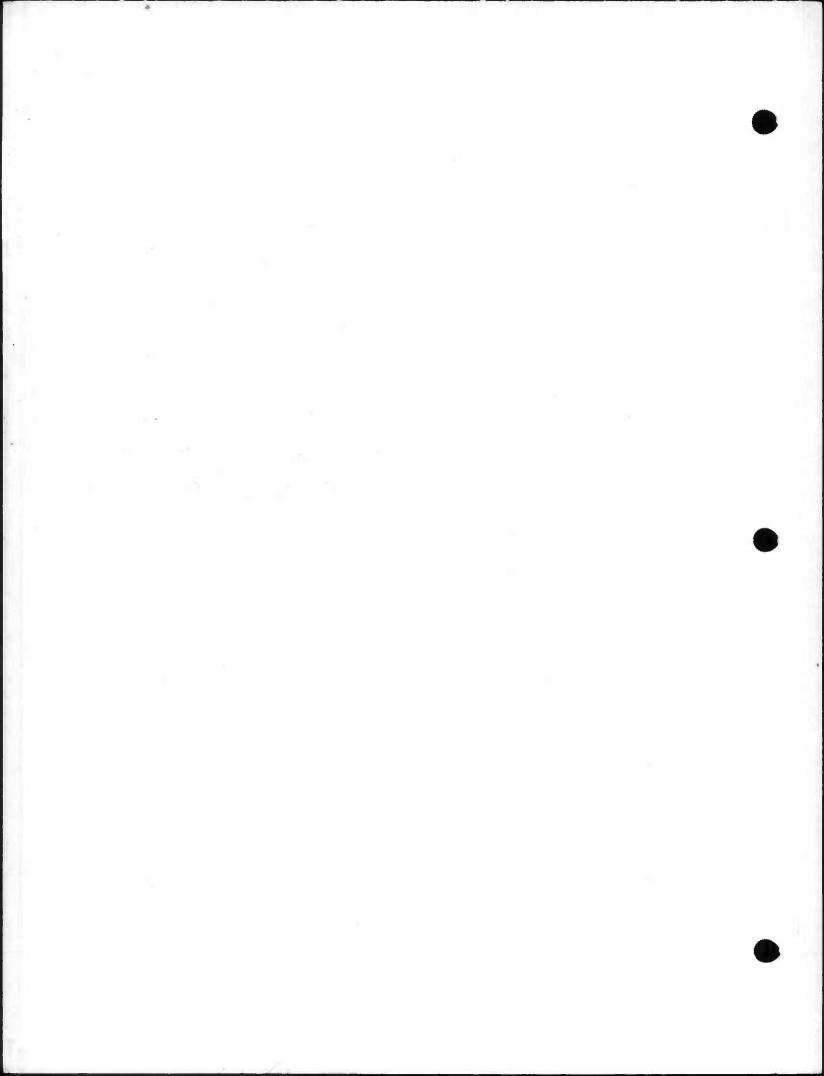
FOR

CTATE OF MADVIAND / DEPARTMENT OF HEALTH AND MENTAL HAVOISING

	1 - STATE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENTS NAME (First, Middle, Last) Pauline E. Betts		2. DATE OF DEATH MONTH DAY	Y 93 YEAR	3. TIME OF DEATH 4 /6 PM				
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthdey) IF UNDER 1 YEAR $577-42-4961$ 1 \square M 2 \square F 94 YRS. MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Count					
¥	9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN	OR LOCATION OF DEA		9c. COUNTY OF DEATH					
STOR	BEDFORD COURT HEALTH CARE CENTER SILVER	R SPRING		MONTGOME	ERY				
FUNERAL DIRECTOR	MARYLAND MONTGOMERY 10c. CITY, TOWN OR LOC SILVER SE				10d, INSIDE CITY LIMITS? 1 YES 2 NO				
VERA	3700 INTERNATIONAL DRIVE	101. ZIP CODE 2090	6	UNITED S					
BY	1 Never Merried 2 Merried FORCES? 1 YES 2 NO If yes, o		NOENT OF HISPANIC ORIGIN? (Specify Yes or No— city Cuben, Maxican, Puerto Rican, stc.) 2 No Specify: WHITE						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Collage (1-4 or 5+) TEACHER		166. KIND OF BUSI	CATION					
BE COM	17. FATHER'S NAME (First, Middle, Last) OTTO BFRGERSON	18. MOTHER'S NAM	E (First, Middle, Maiden S	Surname)					
TO B	196. INFORMANT'S NAME (Type/Print) ALBERT B CARROZZA ESQ. 3460 OLNEY/L				RYLAND20832				
	20a METNOD OF DISPOSITION 1. Burlai 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify)	Name of	OATE 20c, LOC	CATION — City or TO	own, State				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME MURI	AND ADORESS OF FACI IEL H. BAR	BER FUNERA LAYTONSVIL	AL HOME	20882				
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the m shock, or heart fellure. List only one cause on each line.	ode of dying, such	as cerdiec or reepir	atory arrest,	Approximate interval Between				
	immediate cause (Finel disease or condition resulting in death) o. Arthroscleratic Head Due to (or as a consequence of):	rt Disc	ease		Onset and Desth				
NO	Sequentielly list conditions, b. Institute 2 a				,				
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events			<u>. </u>					
CERTI	reaulting in death) LAST								
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying in the underlyi	ng cause given in P	Part I. 24a. WAS AN / PERFORI	MEO?	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL	PLACE OF DEATH (Chec							
rsici	EXAMINER? HOSPITAL: OTHER:	ome 5 Residence 8							
ВУ РН	1 Netural 5 Dendles (Month, Day, Year) INJURY V	NJURY AT VORK? YES 2 NO	28d. DEŞCRIBE NOW IN	JURY OCCURED					
	3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, off building, stc. (Specify)	Ica	281. LOCATION (Street as City or Town, State)	nd Number or Rural I	Floute Number,				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, day one) 2 MEDICAL EXAMINER: On the best of axemination and/or investigation, in my opinion,				a) and menner as stated.				
BE	296. SIGNATURE AND TITLE OF CERTIFIER 1995	29c, LICENSE NUME	357	29d. DATE SIGNED	(Month, Day, Year)				
5	30. WIME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SS30 WISCOSIN. AVE Suite/	248 C	Leng Ch	- Me	20815				
	31. DATE FILEO (Morth, Day, Mer) JAN 17 1995 Julia Saucher-Randall								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Jours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,



OHMH-16 Rev 1/89

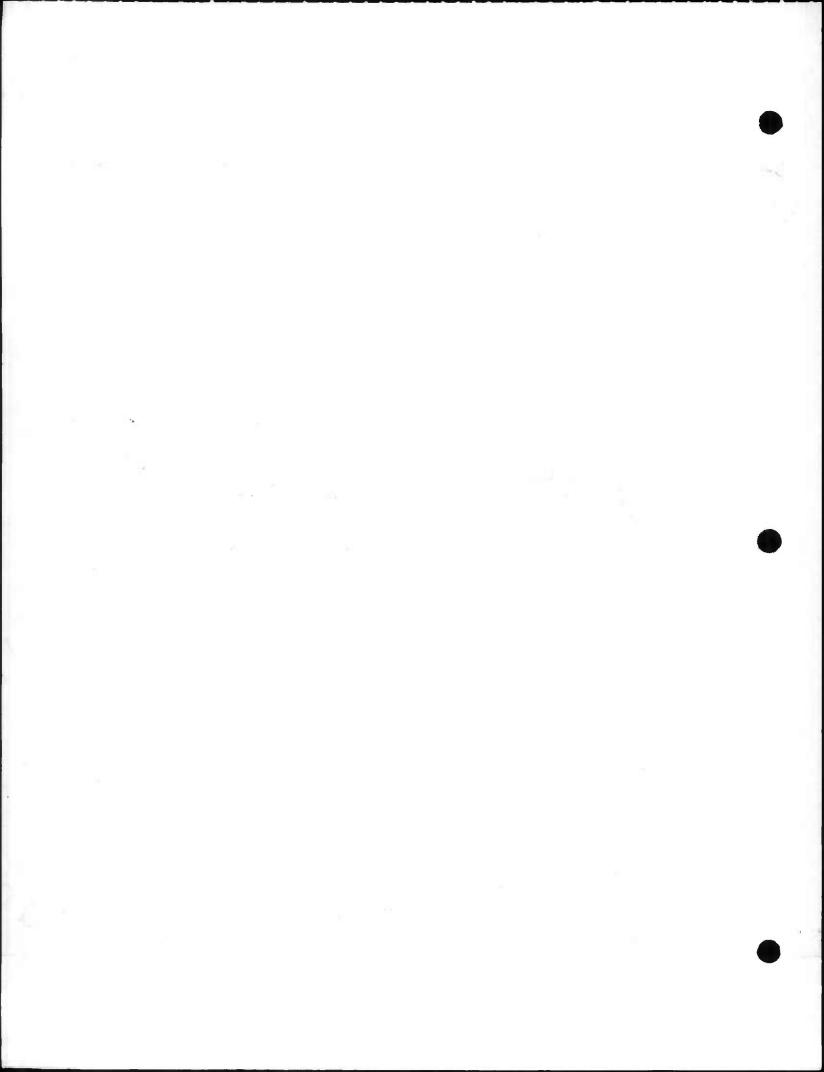
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020	4 hours after death, Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit perm
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use tied within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO THE THE STATE AND AND THE STATE OF CONTROL OF CONTRO		4. SOCIAL SECURITY NUMBER 188 26 9280	SEX 6. AGE (In yrs. lest birthday) F UNDER 1 YEAR			937	Country Pen:	nsylvania				
THE CALLE WAS OF DEATH TO CALLE OF BASE OF MAN OF DEATH TEST UNITED THE STATE OF SOUTH TO CALLE OF DEATH TEST UNITED THE STATE OF THE S	TOR	7630 Tomlinson Av	,									
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TOTAL TOTAL CALLS (Finel Finel Country) The Country of the Countr	FUNE	11. MARITAL STATUS	12. WAS DECEDENT EVER IN			ENDENT OF HISPA				4. RACE	- American Indian,	
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The American State (Properties and American Copy or Dam. State, 200 December 1 (Properties Copy or Dam. State, 200 December 2)	LETE	(Specify only highest grade of	College (1-4 or 5+) (Give kind of work don- life. Do NOT use retired.			e during most of working						
The NECOMANT'S NAME (Type/Print) The NECOMANT'S NAME (Type/Print) The NECOMANT'S NAME (Type/Print) The NECOMANT'S NAME (Type/Print) The NECOMANT'S NAME (Type/Print) The Necomant's Committed of the Necoman State (Type State And State To Print) The Necomant's Committed of the Necoman State (Type State And State To Print) The Necomant's Committed of the Necoman State (Type State And State To Print) The Necomant's Committed of the Necoman State (Type State And State To Print) The Necomant's Committed of the Necoman State (Type State And State To Print) The Necoman State (Type State And State To Print) The Necoman State (Type State And State To Print) The Necoman State (Type State And State To Print) The Necoman State (Type State And State To Print) The Necoman State (Type State And State To Print) The Necoman State (Type State And State To Print) The Necoman State (Type State And State To Print) The Necoman State (Type State And State To Print) The Necoman State (Type State State To Print) The Necoman State (Type State State To Print) The Necoman State (Type State State To Print) The Necoman State (Type State State To Print) The Necoman State (Type State State To Print) The Necoman State (Type State State To Print) The Necoman State (Type State State To Print) The Necoman State (Type State State To Print) The Necoman State (Type State State To Print) The Necoman State (Type State State To Print) The Necoman State (Type State State To Print) The Necoman State (Type State State To Print) The Necoman State (Type State State To Print) The Necoman State (Type State State To Print) The Necoman State (Type State State To Print) The Necoman State (Type State St				FIOPITEC	OI		ME (First,	Middle, Malden		era	ge riim	
DISCOURTED OF DESCRIPTION 3 Removal from State 30b PLACE AND DATE of DISPOSITION Name of 1-17-95 OATE 20c. LOCATION - City or Town, State Adelphi, Maryland 21 State of Date (Docoty) 22 NAME AND ADDRESS OF FACILITY RObert A. Pumphrey Funeral Rome of Pumphrey Funeral State of Date (Docoty) 22 NAME AND ADDRESS OF FACILITY RObert A. Pumphrey Funeral Rome of Pumphrey Funeral Rome Rome of Pumphrey Funeral Rome Rome of Pumphrey Funeral Rome Rome Rome of Pumphrey Funeral Rome Rome of Pumphrey Funeral Rome Rome Rome Rome Rome Rome Rome Rome		19a. INFORMANT'S NAME (Type/Print)	n			nd Number or Rural	Route Num	ber, City or Town			20215	
21. SIGNATURE OF FUNERAL SENTICE VESTEE 22. NAME AND ADDRESS OF FACALITY ROBERT A. Pumphrey Funeral Home/Bethesda-chevy Chase, INC. 7557 23. PART II. Shart the Stassesa, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest. MMEDIATE CAUSE (Finel disease or conditions.) 33. PART II. Other langificant conditions, as A consequence of): 34. A CONSEQUENCE Of): 35. OUE TO (OR AS A CONSEQUENCE Of): 36. OUE TO (OR AS A CONSEQUENCE Of): 37. ANAEL ANAEL PROFIT TO CAUSE (Disease or injury the initiated events reacting in death) LAST 38. WAS CASE REFERRED TO MEDICAL PROFIT TO CAUSE OF DEATH YES NO UNCERTAIN WITH A CONSEQUENCE OF COMPLETION OF CAUSE (Disease) TO THERE.) 38. WAS CASE REFERRED TO MEDICAL PROFIT TO CAUSE OF DEATH YES NO UNCERTAIN WITH A CONSEQUENCE OF): 39. SUBJECTION OF CAUSE OF THE PROFIT TO CAUSE OF DEATH YES NO WORK? 30. TO THERE TO THE PROFIT TO THE PRO		20a. METHOD OF DISPOSITION 1 🗵 Burlel 2 🗆 Cremation 3 🗆 Ramovi	20b.	PLACE AND DATE OF	DISPOSITION (Na.			E 20c. LO	CATION — CI	ty or Tox	vn, Stata	
23. PART I. Internate diseases, or complications that coused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, interval Between Conset fellow. List only one couse on each line. IMMEDIATE CAUSE (Final List only one couse on each line.		4 Donation 5 Other (Specify) Mt. Lebanon Cemetery Adelphi, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICE USEE Adelphi, Maryland Maryla						rey Funeral 7557				
PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY PROPONDED ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH YES 2 NO UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: OT	RTIFICATION	Interval Between Onset and Death Interval Between Onset and Death Oue TO (OR AS A CONSEQUENCE OF): Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):										
Accident investigation in my opinion, death occurred at the time, data and placa, and dua to the cause(a) and manner as stated. 29a. CERTIFIER (Check only 2) MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and dua to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. OATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	MEDICAL	PERFORMED? t YES 2 T NO COMPLETION 1 YES 2 1 YES 2						AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
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3 Sulcida 6 Could not be detarmined 28s. PLACE OF INJURY — At home, tarm, street, tectory, office 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Rou				n, Day, Year) INJURY WORK? M 1 YES 2 NO			neo .					
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, 16ar) 30. NAME AND ADDRESS OF PERSON WHO (COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. OATE FILED (Month, Day, 16ar) 32. REGISTRAR'S SIGNATURE		building, etc. (Specify)										
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. OATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	OMPL	(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Do h w law bar 8268 ws swish Ace Setted 31. OATE FILED (Morith, Day, Year) 32. REGISTRAR'S SIGNATURE	BE	29b. SIGNATURE AND TITLE OF CERTIFIER	and distinct nombers			46						
31. OATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	۲		(-						Ac		Con	
		31. OATE FILED (Month, Day, Year)		TURE	- 67	2013	0				CET WO	





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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

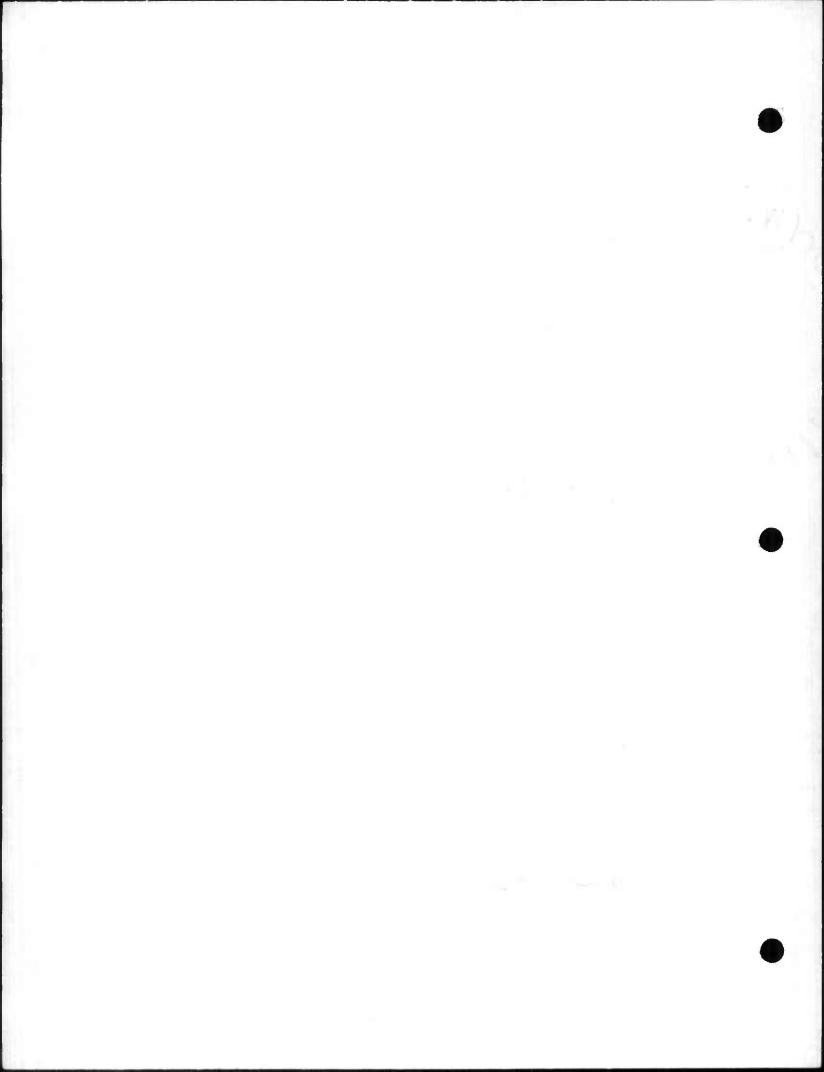
IMPORTANT: If them 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYL	LAND / DEPARTI CERTIFIC					Ε		
1. DECEDENT'S NAME (First, Middle, Last)		OLITIFIC	AIL OI	DEATH	_	REG. NO.			3. TIME OF DEATH
Lois Charlotte Ber	rger				J	anuary 14	, 199	95	9:50 A. M
			IF UNDER 1 YEAR	IF UNDER 24 HF	DC 7	DATE OF BIRTH		a. BIRTH	IPLACE (State or Foreign
117 32 2323	I □ M 2 🔀 F	53 YRS.	ONTHS DAYS	HOURS MH		ept 3, 19	41 F	Countr	sylvania
9e. FACILITY NAME (If not institution, give stre		9	b. CITY, TOWN	OR LOCATION O			9c. COUN		
National Institute	es of Healt	h l	Bethes	or Location of OCKVIll da, Mar	vla	nd	Mont	taom	erv
10a. STATE 10b. COUNTY			TOWN OR LOC						10d. INSIDE CITY
Maryland Montgo	omery	Silv	er Spr	ina					LIMITS? 1 XYES 2 NO
10e. STREET AND NUMBER				Of. ZIP CODE			10g. CITIZ	ZEN OF W	WHAT COUNTRY?
10718 Tenbrook Dr.	ive			20910			U.S.	. A	
11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER I	IN U.S. ARMED	13. WAS DE	CENDENT OF HIS	SPANIC (ORIGIN? (Specify Yes Puerto Rican, atc.)	or No-	14. RACE Black	E — American Indian, k, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR C				pecify:	name though and			"White
15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION 16s. KIND OF BUSINESS/INDUSTRY									
(Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wor life, Do NOT use r	k done during n	ost of working		Town rules of a	MEGGING .	Joini	
12		Framin	ıg			Re	tail		
17. FATHER'S NAME (First, Middle, Last)						(First, Middle, Meiden S	Sumame)		
Joseph D. Yosen						Foxman			
190. INFORMANT'S NAME (Type/Print) Jeffrey Berger		4420 M	larriot	tsville , Maryl	RO	a Nymber, City or Town a Cl 21117	, State, Zip	Code)	
200. METHOD OF DISPOSITION	20	b. PLACE AND DATE OF	DISPOSITION (A		dilu		ATION — C	Hv or To	wn. State
1 Furiel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	ral from State cer	metery, cremetory or other udean Memo	r place)		1.				
21. SIGNATURE OF PUNERAL SERVICE LICEN	21. INDIVATURE OF PLINERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								
Edward Sagel Funeral Direction 1091 Rockville Pike, Rockville, MD 20852									
23. PART I. Enter the diseases, or con shock or heart fature. Lis	mplications that cause	d the deeth. Do not	enter the m	OCKVII	auch a	S cardiac or reapir	STORY SERVE	eat.	MD 20852 Approximata
immediate cause (Fine)	st only one cause on e	each line.				1,11 (0 == 10,10 = 10 ==	Mill wroc	1900	Interval Between Onset and Death
disease or condition resulting in death)	Termina:	1 Ovarian	Cancer						9 yrs.
Townsing in Goning		A CONSEQUENCE OF):							
Sequentially list conditions, b.									
If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS /	A CONSEQUENCE OF):							
CAUSE (Disease or injury that initieted events	DUE TO (OR AS /	A CONSEQUENCE OF):							
resulting in death) LAST	Page 1 title a s								į
DART II Other elanificant conditions									
PART II. Other significant conditions	contributing to death a	out not resulting in i	the underlyir	ig ceuse given	in Par	t i. 24a. WAS AN A PERFORM		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
						1 - YES 2	NO		OF DEATH?
DID TOBACCO USE CONTRI	DITTE TO CALISE C	AF DEATH VEC	7 00 5	7 LINICEDT					1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	BUIL TO CAUSE O	26. PLACE OF DEATH			AIN L				
	HOSPITAL:	0	THER:	ne 5 🗆 Residen		1 Orber (Oranife)			
27. MANNEB OF DEATH	28e. DATE OF INJURY	28b. TIME O	F 28c. IN	JURY AT		d. DESCRIBE HOW IN	JURY OCCI	URED	
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR		ORK? YES 2 NO					
3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building stc. (Specify)									loute Number,
4 Homicide determined						City or Town, State)			
	AN: To the best of my know								
one) 2 MEDICAL EXAMINER:	On the beele of examination	n end/or investigation, i	in my opinion,	death occured at	the time	i, date end plece, end	due to the	ceuse(e)	end manner ea stated.
296. SIGNATURE AND TITLE OF CERTIFIES				29c, LICENSE					(Month, Day, Year)
1 (4221	MD			219–08	-74.	33	▶01/	14/9	95
PATRICIA CORTAZAR	COMPLETED CAUSE OF DE			D DDGG	ECD:	A MADVIA	NITO C	20892	2
		OO ROCKVIL	LE PIN	E, BETH	ESDI	A, MARILA	IND 2	20094	
31. DATE FILED (Month, Day, Year) JAN 18 1995	32. BEGISTRAR'S SIGN	IATURE	LE PIR	E, BETH	ESDI	A, MARILA		2009/	2



FOR

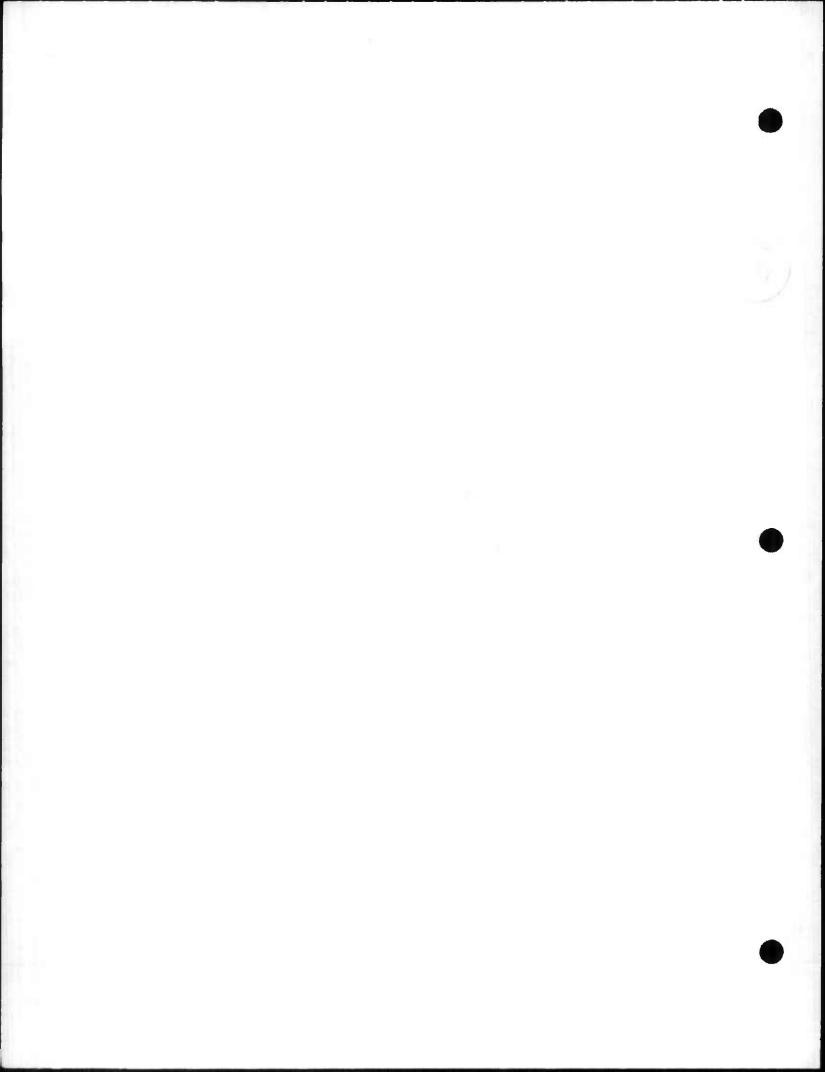
	1 - STATE REGISTRAR	CERTI	FICATE	OF	DEATH	MEN IAL	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O	F DEATH			3. TIME OF DEAT	н
	Ralph Ubert	Battle	es			Janua	ry 1	N 19	995	7:35	Ам
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthda	y) IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	, -,	8. BIRTHI	PLACE (State or Fo	
	060-09-7498 1-2□ 5	89 YAS	MONTHS	DAYS	HOURS MIN.	May 3	Day; Year)	905	Ohio)	
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY,	TOWN O	R LOCATION OF DE		,0,1		INTY OF DE	ATH	
DIRECTOR	Bedford Court Health Care	Center	nter Silver Spring					Montgome			
Œ	10e. STATE 10b. COUNTY	10c. C	TY, TOWN O	R LOCAT	ION	10				10d. INSIDE CITY	
ā	Maryland Montgomery	9	Silver Spring					1,			
AL	10s. STREET AND NUMBER			_	ZIP CODE			10g. CIT		HAT COUNTRY?	
EA	3701 International Drive				20906		U.S.				
FUNERAL	11. MARITAL STATUS 12, WAS DECEDEN	T EVER IN U.S. ARMED	13. 1	WAS DECI	ENDENT OF HISPAN	IIC ORIGIN?	(Specify Yes	or No-	14. BACE	- American India	n,
BY	1 Never Married 2 Married FORCES? 1 3 Wildowed 4 Divorced FYES, OIVE V	YES 2 NO	1	f yes, spe	city Cuban, Mexica 2 NO Specify	n, Puerto Ric	ean, atc.)		Specify	white, etc. y: White	
COMPLETED	15. DECEDENT'S EDUCATION	16a. DECEDENT	'S USUAL OC	CUPATIO	N _	16b. K	IND OF BUS	SINESS/INC		willte	
Ħ.	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5	life On MOT	of work done of use retired.)	during mos	t of working						
AP.	5+ Economist Fe						leral	Gove	rnme	nt	
ő	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Mic	ldle, Maiden	Sumame)			
BE (Newton Battles				Margare	o t		Ube	ort		
	19a. INFORMANT'S NAME (Type/Print)	19b. MAILII	NG ADDRESS	(Street ar	d Number or Rural F		City or Town				
2	Joyce Anne Bond	17104	Cher	rv V	alley Co	nurt E	ecky:	i11e	Mary	1and 208	353
	20a. METHOD OF DISPOSITION 1 Burlai 2 Cremation 3 Removal from Stata	20b. PLACE AND DAT	FOF DISPOSE	ITION/Nac	ne of	DATE	20c LO	CATION -	City or Tow	en State	
	4 Donation 5 Other (Specify)	Gate of H	r other place) leaven	Cen	etery 1	/18/95	Silv	ver S	Sprin	g.Marvla	and
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE) ()	22.1	NAME AN	D ADDRESS OF FA	CILITY					-
	I (inchew (L (nle			s J. Col iversity						,,
	23. PART i. Enter the diseases, or complications that	t caused the death. Do	not entar	the mod	le of dying, suci	h aa cerdie	c or reepl	ratory er	reat,	Approxima	
	shock, or heart failure. List only one ceu	se on each line.								Interval Be Onset and	
	disease or condition Programor	ia									
		(OR AS A CONSEQUENCE	OF):						1 weel		
z	Influer	za								İ	
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	(OR AS A CONSEQUENCE	OF):								
3	CAUSE (Disease or injury										
	that initiated events DUE TO	(OR AS A CONSEQUENCE	OF):								
ER	resulting in death) LAST										
	PART II. Other significent conditions contributing to	death but not resulting	a in the un	dostulos	anuna aluan In I	Don't o					
CAI	Diabetes Mellitus	deeth but hot readithin	y iii the un	aeriying	ceuse given in		4a. WAS AN . PERFOR	MED?	- 50	WERE AUTOPSY FIN AVAILABLE PRIOR 1	O
						1	YES 2	X NO		COMPLETION OF C DF DEATH?	NUSE
Σ	DID TORACCO LICE CONTRIBUTE TO CA									1 YES 2 N	0
A N	DID TOBACCO USE CONTRIBUTE TO CA				UNCERTAIN	1 🗆					
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Input lent 2	26. PLACE OF DE	OTHER	1:							-
<u>X</u>		ER/Outpetient 3 DOA		-	5 Residence						
BY P	27. MANNER OF DEATH 1 N Natural 5 Pending 2 Accident Investigation		ME OF NJURY M	28c. INJU WOF 1 Y	RY AT IK? ES 2 NO	28d. DESCF	NOH 381	HJURY OC	CURED		
								ute Number,			
COMPLETED	29a. CERTIFIER										
	(Check only 1 ZECENTIFTING PHYSICIAN: To the best of	my knowledge, death occu	rred at the tir	me, date a	end place, and due	lo lhe cause	(a) and man	ner ea stal	led.		
Ö	one) 2 MEDICAL EXAMINEIT: On the basis of a:	emination and/or investigat	tion, in my of	pinion, de	ath occured at the	time, data an	d place, and	d due to th	na cause(a)	and manner as st	rted.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER		1		29c. LICENSE NUM	BER		29d. DAT	E SIGNED (Month, Day, Year)	
0 8	Wun D. Mada	way my	/		D39166			▶ Ja	nuary	y 18, 19	95
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE Alvin S. Madarang, M.D.	5530 Wiscon	sin A	ve.	#1248 C	hevy	Chago	M _o	rv1 a-	nd 20015	
ł		R'S SIGNATURE				evy	onase	, I'ld	тутаг	10 ZUO13	
		when Randall									
1.00		- done - a ma name.									- 1

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as this be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

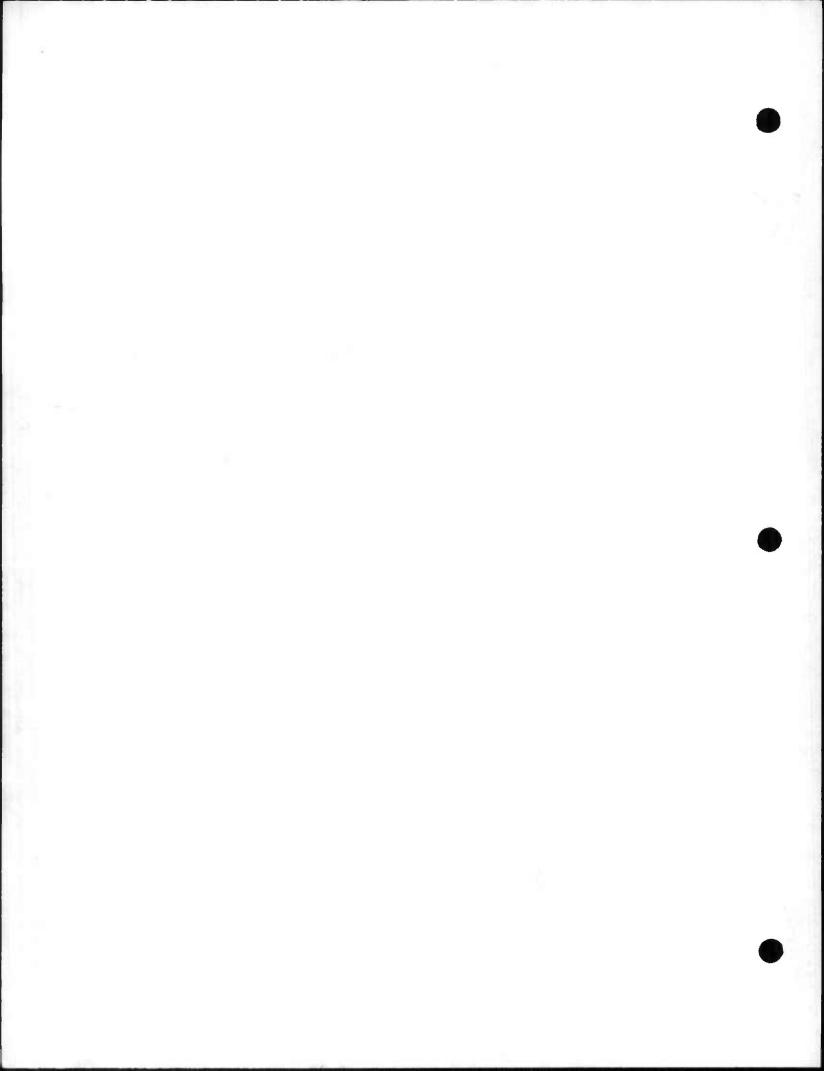
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0



		1
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within as hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use, as the hurral-transit.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	mended #11	4	191	11.	7/00	- 40	04		n.	95	5 0	2827
/ /	FOR 1 - STATE REGISTRAR	STATE OF	MARYLAND /	DEPAR	RTMENT OF	HEALTH		MENTA	L HYGIEN	E go	mer	g ly
	1. DECEOENT'S NAME (First, Middle, La	st)					-	2. DATE	OF DEATH		3, 1	TIME OF DEATH
	Daniel Carlin B	orden						MONT	TH D		YEAR	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.					uary 1	2. 190		8:39 A M
	579-20-6271	1 Q M 2 D F	71	YRS.	MONTHS DAY	rs Hours	MIN,		th, Dey, Year)		Country)	
	9a. FACILITY NAME (If not institution, gi	ve street and number)	/ <u>1</u>		9b. CITY. TOV	VN OR LOCATIO	ON OF DE		7,192		/irgit	
Œ	3812 Wilberta S	twoot								Ju. 000111	1 OF DEATH	•
15	RESIDENCE OF DECEDENT	rreer			0.	Lney		_		Mon	itgome	ery
DIRECTOR	10a. STATE 10b. COU	NTY		10c. CIT	Y, TOWN OR LO	CATION					104	I. INSIDE CITY
		ontgomery			01ney	7					1 [YES 2 NO
FUNERAL	10e. STREET AND NUMBER					101. ZIP CODE				10g. CITIZE	N OF WHAT	COUNTRY?
Ä	3812 Wilberta St	reet				2083	32				U.S.	. A .
5	11. MARITAL STATUS		NT EVER IN U.S. AR			DECENDENT OF	F HISPAN			or No.— 14	I. RACE - A	American Indian.
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced		WAR OR DATES	NO		, specify Cubar YES 2 □XNO			Rican, atc.)		Black, Wh Specify:	ifte, atc.
											Whit	te
TE	15, DECEDENT'S E (Specify only highest gi	ade completed)	(G		USUAL OCCUP		g	186	. KIND OF BUS	SINESS/INDUS	TRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5	+)		Fri	perty	1					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	5+	ACC	ounta	ant Pri					l Esta	te	
	Daniel	Borden							Middle, Malden		_	
BE	19a. INFORMANT'S NAME (Type/Print)	Dorden	191	h MARING	ADDRESS (Stre		gar			Sorrel		0.011
2	Daniel C. Borde	n Ir			Cloudbe							2-866
	20a. METHOD OF DISPOSITION				OF DISPOSITION		urt	DAT		LITE W		
	1 Burlel 2 □ Cremation 3 □ R □ Donation 6 □ Other (Specify) □	amoval from State	cemetery, cre	metary or o	ther place) vet Cem		1 /	1				
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	THOUITE	OLL	22. NAMI	AND ADDRES	S OF FA	CILITY	o Iwasi	lingro	n. 1).	C.
	* stomer S	(Dock	5		Fran	icis J.	Co.	llin	s Fune:	ral Ho	me, I	Inc.
	23. PART I. Enter the diseases	or complications the	of caused the de	eth Do r	1300	univer	SIL	A RT	Vd.,W.	Sil.S	pr.,M	D 20901
23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Lung Cancer												
	IMMEDIATE CAUSE (Final disease or condition	a. Lung Ca	use on each line).		mode of dylr	ng, suci	n ss cen		atory arres		Approximate Interval Between Onset and Death
SERTIFICATION	IMMEDIATE CAUSE (Final disease or condition	a. Lung Ca	use on each line	QUENCE OF	F):	mode of dylf	ig, suci	n as cen		atory arres	,	Interval Between
CER	snock, or neert failure immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. Lung Ca DUE TO OUE TO d.	DOR AS A CONSEC	QUENCE OF	F):				24a. WAS AN			Interval Between
CER	shock, or neert failure immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	a. Lung Ca DUE TO OUE TO d.	DOR AS A CONSEC	QUENCE OF	F):				24a. WAS AN. PERFOR	AUTOPSY MED?	24b. WER	Interval Between Onset and Death
CER	shock, or neert failure immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	a. Lung Ca DUE TO OUE TO d.	DOR AS A CONSEC	QUENCE OF	F):				24a. WAS AN	AUTOPSY MED?	24b. WER AWAII COM	Interval Between Onset and Death BE AUTOPSY FINDINGS LABLE PRIOR TO PUETION OF CAUSE DEATH?
MEDICAL CER	shock, or neert failure immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	a. Lung Ca BUE TO OUE TO C. OUE TO d.	DOR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF	QUENCE OF	F): F): In the underly	/ing ceuse gi	Iven In	Part I.	24a. WAS AN. PERFOR	AUTOPSY MED?	24b. WER AWAII COM	Interval Between Onset and Death Death E AUTOPSY FINOINGS LABLE PRIOR TO PLETION OF CAUSE
MEDICAL CER	SHOCK, OF Neert failure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significant conditions of the conditions	a. Lung Can Due to oue	DOR AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF A CONSEC	DUENCE OF	F): F): In the underly	ring ceuse gl	Iven In	Part I.	24a. WAS AN. PERFOR	AUTOPSY MED?	24b. WER AWAII COM	Interval Between Onset and Death BE AUTOPSY FINDINGS LABLE PRIOR TO PUETION OF CAUSE DEATH?
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BY PHYSICIAN: MEDICAL CER	Shock, or neert failure immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significant conditions of the cause of th	a. Lung Ca DUE TO b. OUE TO c. OUE TO d. ONE contributing to ITRIBUTE TO CA HOSPITAL: 1 Inpetient 2 (Month, D 28e, PLACE O	DOR AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF A CONSECTION O	DUENCE OF DEAL INJ	F): In the underly SS NO If (Check only of OTHER: 4 Nursing E OF 28c. URY 1 [/ing ceuse gi	ERTAIN	Part I. 6 Other 28d, DE3	24a. WAS AN. PERFOR 1 YES 2	AUTOPSY MED?	24b. WER AMAIN COMMON OF 0	Interval Between Onset and Death E AUTOPSY FINDINGS LABLE PRIOR TO PILETION OF CAUSE SEATH? YES 2 NO
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ospital or attending pri	
	after death. Page 6 may be retained by the I
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the terminated that the terminate of the complete of the com

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

or 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

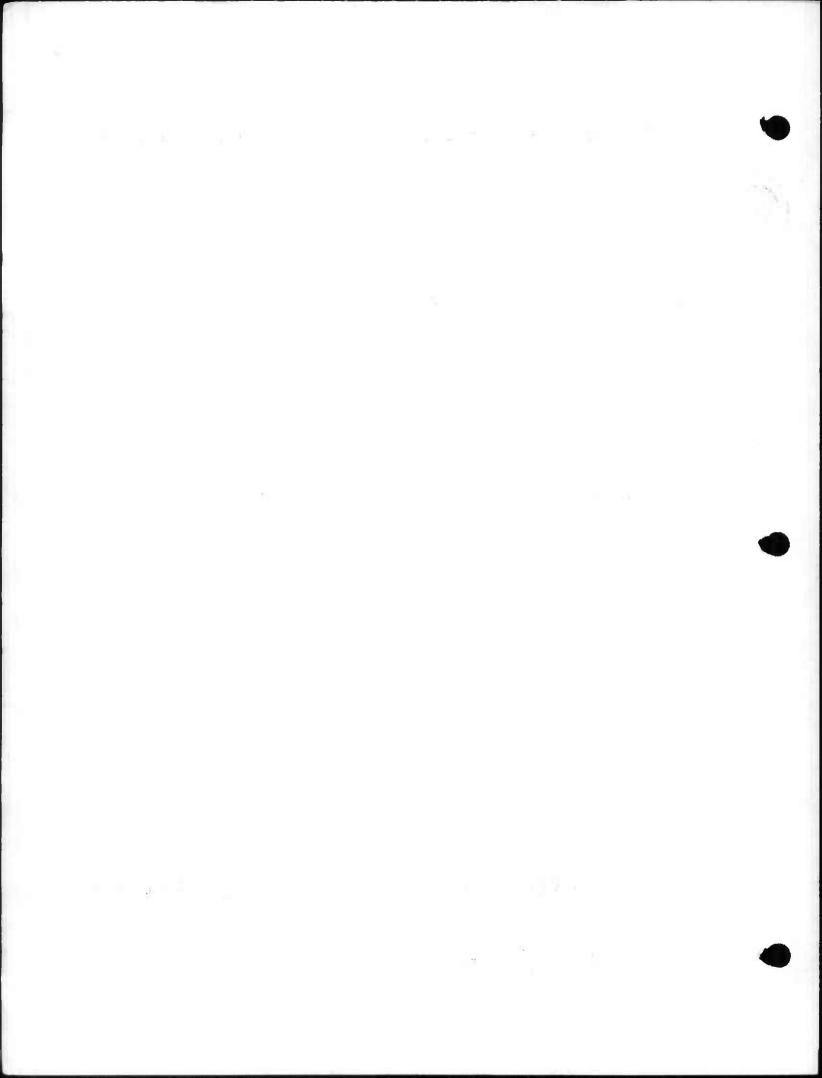
1 - STATE REGISTRAR	STATE OF MA		DEPAKI ERTIFI					MENTA	REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Last)								2. DATI	OF DEATH			3. TIME OF DEATH
BERNARD	WILLARD	BOWDEN						MON1		995	YEAR	8:40 A M
4. SOCIAL SECURITY NUMBER	S. SEX	AGE (In yrs. las		IF UNDER		IF UNDER		7. DATE	OF BIRTH	777	8. BIRTH	PLACE (State or Foreign
415-88-7088	1 🔀 M 2 🗆 F	39	YRS.	MONTHS	DAYS	HOURS	MIN,		28 19	55	TE1	NNESSEE
9a. FACILITY NAME (If not institution, give stre- NATIONAL NAVA		CENTE	R	9b. CITY		R LOCATI HESD	ON OF DE	ATH			TY OF DE	EATH GOMERY
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c, CITY	TOWN O	I OCAT	ION						10.1 (0.00) 0.77
MARYLAND PRING	CE GEO'S						CIIMC					10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER	JE GEO S			1211		HEI COD				10g. CITI	ZEN OF W	1 YES 2 NO
3268 PRINCE RAIN	ER PLACE					20	747			UNI	TED	STATES
11. MARITAL STATUS	2. WAS DECEOENT J	EVER IN U.S. AR	MED	13.	MAS DEC	ENDENT (OF HISPAN	IC ORIGI	N? (Specify Yes		14. RACE	- American Indian.
1 Never Married 2 Married 3 Wildowed 4 Olivorced	IF YES, GIVE WAS	OR DATES	ю				n, Maxicar Specify		Rican, etc.)		Specif	, White, atc. y: BLACK
15. DECEDENT'S EDUCA (Specify only highest grade on		18a. OE (G	CEDENT'S L ive kind of we Do NOT use	SUAL OC	CUPATIO	N st of workin	na	16	b. KIND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)		S.M.C					I	EFENSE			
17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NAI	ME (First,	Middle, Maiden	Sumame)		
JOHN W. BOWDE	N					MA	XINE	WED	DLE			
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ODRESS	(Street a	nd Number	r or Rural R	loute Nun	ber, City or Town	, State, Zip	Code)	
JOHN A. BOWDEN							NAS	HVII	LE TN	3730		
20a METHOD OF DISPOSITION 1		cometery, cre HIGH		er placel			RDEN	0A1 S 1/	. 1	ACKS		vn, Stata PN a
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
MOOO91 W. W. CHAMBERS CO., RIVERDALE, MD. 20737												
23. PART I. Entar the diseases, or conshock, or hasrt failure. List iMMEDIATE CAUSE (Final disease or condition reaulting in desth)	WIDELY	METAS	TATIC	HEN						ratory sm	est,	Approximats Interval Between Onset and Dasth
Sequentially list conditions,												
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	00E 10 (0	R AS A CONSEC	DUENCE OF)	:								
that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSEC	OUENCE OF)									
PART II. Other significant conditions	contributing to de	eath but not r	eaulting in	the un	derlylno	Cause	nluan in I	Dort 1	24a, WAS AN	ALITOROV	T 040	WERE AUTOPSY FINDINGS
			outing in	the dir	Conyning	Cadoo (Alvoti iti i	ant i.	PERFOR	MED?	240.	AWAILABLE PRIOR TO COMPLETION OF CAUSE
								_	1 _ YES 2	NO NO		OF OEATH?
DID TOBACCO USE CONTRI	BUTE TO CAU	SE OF DEA	TH YES	П I	NO E	UNC	FRTAIN					1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			E OF OEATH		W 76	0110					—	
	TOSPITAL:	R/Outpatient 3		OTHER		5 🗆 Ra	sidence i	8 🗆 Oth	er (Specify)			
27. MANNER OF DEATH 1 X Vatural 5 Pending Investigation	28a. DATE OF IN (Month, Day,		28b. TIME INJU	OF	28c. INJU	JRY AT			SCRIBE HOW IN	JURY OCC	URED	
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At homa, farm, street, factory, office 28e. LOCATION (Street and Number or Rural Route Number, City or Town, State)												
29a. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAN: To the best of my knowledgs, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
												and manner as stated.
29h. SIGNATURE AND TITLE OF CENTURES	1/4						789	GER (WI)		29d. DATE	SIGNED	(Month, Day, Year)
M. HAME AND ADDRESS OF PERSON WHO		OF DEATH (ITE	1 27) (Type, F	Print)		VATT	ONAT.	NAV	'AL MED	ICAT.	CENT	TER
C.A.OHL, LCDR, C	JSN						ESDA		20889			

JAN 19 1995 Julia Stevillar Randall

OHMH-16 Rev 1/89

DHMH-16 Rev 1/89

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAI CERTIF						YGIENI EG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)		F 0 0		2			2. DATE OF D	DA	ν	VEAD	3. TIME OF OEATH	
	JOHN 4. SOCIAL SECURITY NUMBER		ERG (In yrs. lest birthday)	E IF UNDER	1 YEAR	IF UNDER	24 HRS	7. DATE OF B	12		95	LACE (State or Foreign	
90	705-05-2374	1 XXX 2 □ F	88 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day	30,	190	Country)	RYLAND	
OR ·*	90. FACILITY NAME (If not institution, give NATIONAL LUTH					ILL!	ON OF DEAT					MERY CO.	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT		10c. CI	BALT	R LOCAT	IQNL						10d. INSIDE CITY	
		TIMORE CITY		BAL'I'	IMO	RE						LIMITS?	
FUNERAL	5713 - EDMO	NDSON AVEN	UE	E 21228 10g.						10g. CITI	CITIZEN OF WHAT COUNTRY? U.S.A.		
B	11. MARITAL STATUS 1 Rever Married 2 Married 3 Wildowed 4 Divorced	IN U.S. ARMED 2 NO DATES		f yes, spe	ENOENT O	n, Mexican,	ORIGIN? (Sp Puerto Rican	ecify Yes , etc.)	or No—	14. RACE Black, Specify	- American Indian, White, etc.		
COMPLETED	15. OECEDENT'S EDI (Specify only highest grade (Specify only highest grade Elementary/Secondary (0-12)	JCAI'ION e completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of Me. Do NOT u	work done o	CCUPATIO	IN st of workin	g	16b, KINI		OUN	DUSTRY TING		
8	17. FATHER'S NAME (First, Middle, Last)	D						E (First, Middle					
BE	JOHN BERGE	К	405 44411 1014	1000000	· (0)			SA M.					
임	REV.DR. REICH		970	1- V	EIR	S D	RIVE	, ROC	CKVI	LLE	, MD.	20850	
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	noval from State cei	b. PLACE AND DATE metery, crematory or o DUDON P	ther placa)			D37 1	OATE			City or Tow		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE 7:10-8-110)	JODON P	22. 1	HYS	ONG	CO.				MORE		
П	23. PART I. Enter the diseases, or shock, or heart fellure.	complicatione that cause	d the daeth. Do	not anter	the mo	de of dyi	ng, such	ss cardiac	or reapir	atory arr	ast,	Approximate	
	iMMEDIATE CAUSE (Finel disease or condition resulting in desth)	Card	CO De	ly	-0	ari	a	we	\$	-		interval Between Onset and Death	
NO	Sequentially list conditions,	Carge	A CONSEQUENCE O	1	oa	nt	6	ail	lu	e			
RTIFICATION	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Coro	A CONSEQUENCE O	ba	t	ery	al	isee	إسوا				
u l	that initiated events resulting in death) LAST	a. Doer	creat	the	4	1						į .	
ا ا ا	PART II. Other eignificant condition	ns contributing to death	but not resulting	in the un	deriying	ceuse g	lven in Pa	art I. 24a.	WAS AN			WERE AUTOPSY FINDINGS	
: MEDIC								_ 10	PERFORI		6	NAME AND TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF OR	ATH (Check	k only one)					
2	1 TYES ZYCHO	HOSPITAL:			Ing Home		sidence 6	Other (Spe	oc/fy)				
	27. MANNER OF GEATH 1 Notural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	28b. TIN	IE OF JURY M	28c, INJU WOI	JRY AT RK? ES 2		8d. DESCRIB	E HOW IN	JURY OCC	URED		
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR' building, atc. (Spe	Y — At home, ferm,	street, facto				281. LOCATION City or Tow	(Street er	nd Number	or Rural Roo	ute Number,	
	29e. CERTIFIER (Check only	ICIAN: To the best of my know	viedge, death occurr	ed at the til	me, date	end place	and thus to	the revee(s)	and man	var an elek	ed.		
COMPLETED		ER On the basis of examination										end menner es stated.	
296. BIGINATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Mogth, Day, Year)							Mogth, Day, Year)						
2	DR. CHARLES K		AIN ST		Г. А	IRY.	MD.	of many			1		
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN	IATURE	,		/	-1						
	JAN 19 1995	John Stroles	CRadall.										

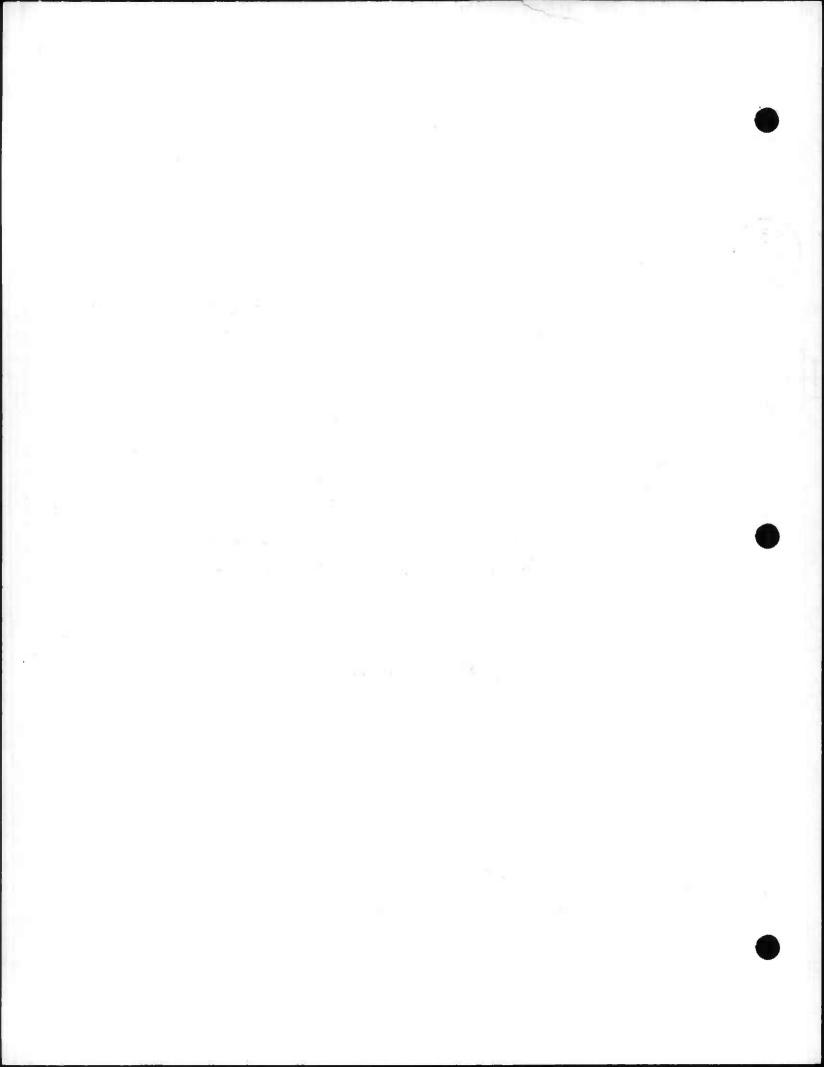


mes 1, 2, 3 should

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OI	- DEATH	REG. NO					
3	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH		3. TIME OF DEATH			
1	Lela Ma	y Bierly E	Beauchamp			January .	î8 19	95 10:25 A M			
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH	L	B. BIRTHPLACE (State or Foreign			
	230-26-3196	I M 2 X F	66 YRS.	MONTHS DAYS	HOURS MIN.	Dec. 19,	1020	Country)			
	9e. FACILITY NAME (If not institution, give str					Maryland					
æ			T- /0/		OR LOCATION OF D	9c. COUNT	DUNTY OF DEATH				
0	505 Congress Aven	ue, Apt. N	10. 404	Ha	vre de G	race		Harford			
ប្ត	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		40.00	Y. TOWN OR LOC							
E	1000170000	7.7 C 1	TOC. CIT	,	10d. INSIDE CITY LIMITS?						
0	Maryland	Harford			vre de G	race		1 X YES 2 NO			
M	10e. STREET AND NUMBER			1	Of. ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?			
FUNERAL DIRECTOR	505 Congress Aven	ue, Apt. N	lo. 404		210	078		U.S.A.			
5	11. MARITAL STATUS	12 WAS DECEDENT EV	ED IN U.S. ADMED			NIC ORIGIN? (Specify Yes		4. RACE — American Indian, Black, White, etc.			
	1 Never Married 2 Married	FORCES? 1 []	YES ZIXINO OR DATES	If yee, a	pecify Cuban, Mexico S 2/5/NO Speci	en, Puerto Rican, etc.)		Black, White, etc. Specify;			
ВУ	3 Widowed 4 Divorced		112-4-7		XX. spice	7.		White			
COMPLETED	15. DECEDENT'S EDUC	15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16e. VIND OF BURINESS (INDUSTRY)									
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of a	vork done during rise retired.)	nost of working			dger Newspaper			
립	Eleven Years		Newsp	aper Rej	orter	Havre de	Grace	e, Maryland			
2	17. FATHER'S NAME (First, Middle, Last)		Trewspi	aper ne	7			-,,			
		0001-000				AME (First, Middle, Malden					
BE	Leland T.	Reckord				ba Harrisor					
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow					
- 1	Craig Richard Bie	rLy	765 Ja	cob Tane	Mem. Hwy.,	Port Deposit	, Maryla	and 21904			
	20e. METHOD OF DISPOSITION	al from State	20b. PLACE AND DATE	F DISPOSITION (leme of	DATE 20c. LO	CATION — CH	ty or Town, State			
	1 Donation 5 Other (Specify)	Tall Trotte State	R.A. Ferri	S & Con	panv 1/	19/95 West	Chester	r. Pennsylvania			
	1 Burlet 2X Cremeilon 3 Removal from State 4 Donetton 5 Other (Specify) R.A. Ferris & Company 1/19/95 West Chester, Pennsylvania 21. SIGNATURE OF FUNERAL SERVICE DICENSEE 22. NAME AND ADDRESS OF FACILITY										
	Lee A. Patterson & Son Funeral Home Perryville, Maryland 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between the part of Deeth and Deeth are the mode of Deeth and Deeth are the mode of Deeth and Deeth are the mode of Deeth and Deeth are the mode of Deeth and Deeth are the mode of Deeth and Deeth are the mode of Deeth and Deeth are the mode of Deeth and Deeth are the mode of Deeth and Deeth are the mode of Deeth and Deeth are the mode of										
	11000	CONTRACTOR OF THE PARTY OF THE	w.ar.	Perry	ville. Ma	arvland					
	23. PART I. Enter the diseases, or co	implications that called	used the deeth. Do r	ot enter the m	ode of dying, suc	ch as cardlec or respi	iratory arres	st, Approximata			
	IMMEDIATE CAUSE (Final	A Comp one couse (on each mie.					Interval Between Onset and Death			
	disease or condition	CARDID PUL MONARY ARREST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
	resulting in death)	DUE TO (OR	AS A CONSEQUENCE OF	7/1/- 3	7. 7	V V					
7		THODOLO	DBSm.	IPTIV	E PUI	MONARY	1715				
CERTIFICATION		DUE TO (OR	AS A CONSEQUENCE OF	D:	101-	1.000	010				
AT	if any, leading to immediate cause. Enter UNDERLYING	,						i			
윤	CAUSE (Disease or Injury that initiated events	DUE TO (OR	AS A CONSEQUENCE OF	٦.							
E	resulting in death) LAST			,.				i			
8	d.										
	PART II. Other significant conditions	contributing to dee	th but not resulting	n the underlyi	ng ceuse given in	Part I. 24a, WAS AN	AUTOPSY	24b, WERE AUTOPSY FINDINGS			
EDICAL	CONGESTIVE	HETAK	27 #	Albu		PERFOR		AMILABLE PRIOR TO COMPLETION OF CAUSE			
			, ,	7		1 TYES 2	XNO	OF DEATH?			
Σ	717 707 1000 1107 001 77							1 TYES 2 NO			
PHYSICIAN:	DID TOBACCO USE CONTR	BUTE TO CAUS				N 🔲 📗		137			
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEAT)						
S		1 Inpatient 2 ER/	Outpatient 3 DOA	OTHER: 4 Nursing Ho	me 5 Nasidence	6 Other (Specify)					
Ě	27. MANNER OF DEATH	26e. DATE OF INJU			JURY AT	28d. DESCRIBE HOW II	NJURY OCCU	RED			
BY	1 Natural 5 Pending	(Monta, Day, 16) INJ		YES 2 NO						
	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF IN	JURY — At home, ferm, a	treet, factory, offi	Ce	28f. LOCATION (Street a	and Number or	Rural Bruta Number			
	4 Homicide determined building, etc. (Specify)										
Ψ.N	29e. CERTIFIER										
릴	(Check only CERTIFYING PHYSIC					to the cause(a) and man					
COMPLET	2 MEDICAL EXAMINER	On the basis of examin	nation end/or investigatio	n, in my opinion,	death occured at the	time, data and place, an	d due to the o	cause(s) end manner as stated.			
	296. SIGNATURE AND TITLE OF CERTIFIER		_		29c. LICENSE NUI	VIRED I	204 DATE 9	BIGNED (Month, Day, Year)			
B	I W. alre	V My			7-15	004) /-	19- GT			
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	F DEATH (ITEM 2D /5	Drint)	10 15	11/	-/	1/ /3			
						1 0	1.4	1 1 01070			
	Leticia S. Galvez	, M.D., 62	oouth Ur	ion Ave	nue, Hav	re de Grace	e, Mar	yland 21078			
	31. DATE FILED MONTH ON 1907 1905	32 AEGISTRAR'S	SIGNATURE								
18	31. DATE FILED MONTH ON 1995 32 AEGISTRAR'S SIGNATURE JAN 1 9 1995 Julia dauden Randall										



			FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	TMENT (OF HEALTH A	ND MEN	TAL HYGIEN REG. NO.		
)		1. DECEDENT'S NAME (First, Middle, Last) CLYDE MILTON			BLAD	ES SR.	MC	ATE OF DEATH	* 1995 [*]	3. TIME OF DEATH 5: 41 a
	pin		The state of the s	'XX ^{M 2 □ F} 81	yrs. last birthday) YRS.		YEAR IF UNDER 24	MM. FE	TE OF BIRTH Conth, Day, Year) B. 4, 19	13 MZ	INTERPLACE (State or Foreign Jountry) ARYLAND
	1, 2, 3 should	TOR	MEMORIAL HOSPIT				ASTON	OF DEATN		9c. COUNTY C	BOT
F		DIRECTOR	MARYLAND TALBO	T	10c. CIT	Y, TOWN OR	ASTON				10d. INSIDE CITY LIMITS? 1 YES 2 NO
6	VE	FUNERAL	26372 LOVE S FO				101. ZIP CODE 2160			USA	OF WHAT COUNTRY?
5-0020	drag physic in the burlan	BY	11. MARITAL STATUS 1 Never Married 2 Married 3XXWidowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ★ YES 2 NO IF YES, GIVE WAR OR OATES			S DECENDENT OF ea, specify Cuban, YES 2 NO		RACE — American Indian, Black, White, etc. Specify: WHITE		
2121	tal or attend for use as	LETED	15. DECEDENT'S EDUCA (Specify only highest grade co	College (1-4 or 5+)	life. Do NOT us	work done duri se retired.)	ing most of working		16b. KIND OF BUS	INESS/INOUSTF	RY .
LAND	be detached at once.	COMPL	17. FATNER'S NAME (First, Middle, Last)	GIPPTGOV -	STORE	MANA	16. MOTNE		st, Middle, Meiden		
MARY	5 should by notified at	TO BE	WILLIAM MILTON 100. INFORMANT'S NAME (Type/Print) CLYDE M PLADEC	-	19b. MAILING		treet and Number or	Rural Route N		n, State, Zip Code	9)
ORE,	of may be ector, page must be	W	CLYDE M. BLADES 20s. METNOD OF DISPOSITION **Puriel 2	20b. F	PLACEANDDATE	OF DISPOSITIO		o	ATE 20c. LOC	CATION — City o	
ALTIM	death. Page e funeral din d. examiner		21. SIGNATURE OF FUNERAL SERVICE LICEN	Carl C		NEV	ME AND ADDRESS WNAM FU D S. HA	OF FACILITY NERA	L HOME	, P.A.	
60, B	completely files in by the lal, cremation, or removal as event, the medical		23. PART I. Enter the diseases, or conshock, or heart feilure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	inplications that caused	the death. Do r	antar th	a mode of dying), such as o	ardiac or reapli	ratory arrest,	Approximata Interval Batwee Onset and Daat
õ	th certificate be execu- ending physician and I Hygiene prior to bur or other traumatic	ERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C			lmysh	ve Fai	lue Atri	in fibre	the Year
RECOR	requires that the den signed by the of Health and Meshows any injur	MEDICAL C	Cerebrol art	contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO						MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
TAL	The law ate has b ate Dept	YSICIAN:	1 YES 2 NO		6. PLACE OF OEAT	H (Check only		RTAIN lence 6 0	ther (Specify)		
ON OF	this with	ВУ РНУ	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	26e. OATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY -	- At home, ferm, a	M 1	c. INJURY AT WORK?	10	DESCRIBE NOW IN		
6	OR ALTEN DIRECTOR: hours after item 28 i	PLETED	4 Nomicide determined	building, atc. (Specify	γ)				Ity or Town, State)		Ter Product Number,
	TO THE HOSPITAL TO THE FUNERAL De filed within 72 I	E COMPL		On the basis of examination :				at the time, d			
	TO THE De filed	TO BE	30. NAME AND ADDRÉSS OF PERSON WHO	COMPLETED CAUSE OF DEAT	(Type,	Print)	Di	1871.	\$	> //.	15/95
	-		WILLIAM H. WOO! 31. DATE FILED (Month, Day, Year)	D, JR., M.:		6 IDI	LEWILD	AVENU	JE, EAS	STON,	MD 21601
		- 1	,morni, ouy, real/	VEL TIE GITTAN S SIGNAT	OHE						

July Davidson-Randall

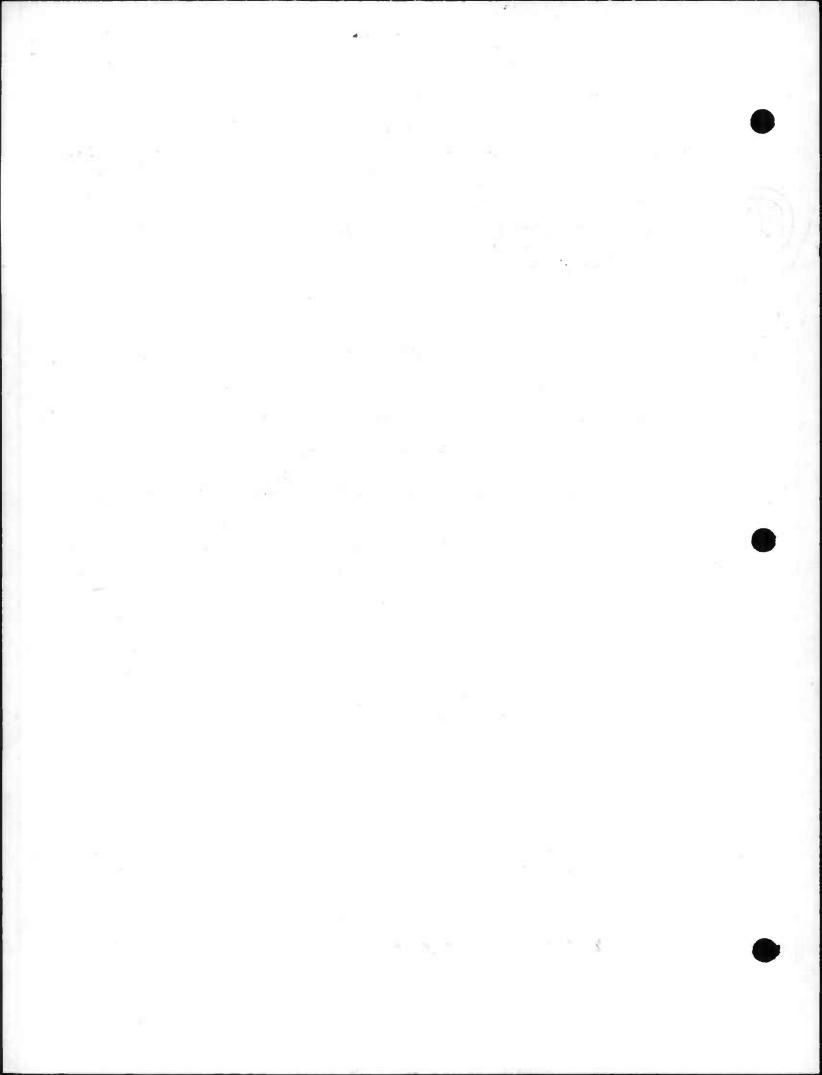
JAN 1 7 1995

	1 - STATE REGISTRAR	/ UEPAR					MENTAL HYGIENI REG. NO.		
10	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		3. TIME OF DEATH
	MARY HELEN	BORI	ER				01 17		95 3:15 P M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs.		IF UNDER		IF UNDER		7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign
7	220-09-5080 ¹□ ¹	YRS.	MONTHS	DAYS	HOURS	MIN.	FEB. 15, 19	19	MARYLAND
	9a. FACILITY NAME (If not institution, give street and number)								NTY OF DEATH
OR	WILLIAM HILL HEALTH CARE		E/	ASTO	N		_		TALBOT
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	10c CIT	Y, TOWN O	R LOCATIO		10d, INSIDE CITY			
E	MARYLAND CAROLINE		REST					LIMITS?	
	10e. STREET AND NUMBER		KESI	-	ZIP CODE			IZEN OF WHAT COUNTRY?	
FUNERAC DIRECTOR	21355 MARSH CREEK ROAD					655			USA
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.		13. V	NAS DECE			IIC ORIGIN? (Specify Yea		14. RACE — American Indian,
BYF	1 Never Married 2 Married FORCES? 1 YES 2 FORCES? 1 FYES, GIVE WAR OR DATES	Д ио	- 81	YES :	cify Cubar	1, Maxica	n, Puarto Rican, etc.)		Specify WHITE
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)							16b. KIND OF BUS	INESS/INE	
4	Elementary/Secondary (0-12) College (1-4 or 5+)	ife. Do NOT u	e retired.)	turing most	t of workin	g	100000000000000000000000000000000000000		
2	12	HOME	MAKI	ER			OWN H	IOME	
COMPLET	17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Meiden S	Surname)	
м П	ARTHUR GARDNER					IVA			
2	190. INFORMANT'S NAME (Type/Print) ROBIN B. QUIDAS						RD . , PRE		N, MD 21655
		E AND DATE				PAR	DATE 20c. LOC K 1-21 EA		City or Town, Steta
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22.1	NAME AND	ADDRES	S OF FA	CILITY		-
	-						RAL HOME,		
٦	23. PART I. Enter the diseases, or complications that caused the	CFS P					ISON ST.,		
	shock, or heart fellure. List only one cause on each lit IMMEDIATE CAUSE (Final	ne.	,		,			otory arr	interval Between Onset and Death
	disease or condition	liscy	osu.	10	hen	4771	Thage		deur
- 1	DUE TO (OR AS A CONS	EOUENCE O	F)!	1.					th.
5				ol 1	ren	~			MINITY
-	if any, leading to immediate cause. Enter UNDERLYING	ECUENCE O	4. 0	1.1					years
CERTIFICATION	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONS	EQUENCE O	MULL	1 pra	- Land				
=	resulting in deeth) LAST								
3	DATE II ON THE THE TANK THE THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK TH								
¥	PART II. Other algnificant conditions contributing to deeth but not	t resulting	In the un	derlying	ceuse g	iven in	PERFOR	WED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
5	arterioschersti e gett	-11					1 _ YES 24	NO	OF DEATH?
MED	and the	dires	-	-	-		_		1 _ YES 2 _ NO
N.	25. WAS CASE REFERRED TO MEDICAL	yan	0411	1-42	-				
SICIAN:	EXAMINER? HOSPITAL:		ОТНЕЯ	t:			ack only one)		
2	1 YES 2 MO 1 Inpetient 2 ER/Outpatient 27. MANNER OF OEATH	3 LI DOA		ing Home 28c. INJU		sidenca	8 Other (Specify) 28d. DESCRIBE HOW IN	I II I I I I I I I I I I I I I I I I I	eueen.
	1 Natural 5 Pending (Month, Day, Year)	iN.	URY	WOR	K?] NO	280. DESCRIBE HOW IN	JUHY OC	CORED
	2 Accident Investigation 3 Suicide 8 Could not be 28s. PLACE OF INJURY — At	home, ferm,	street, facto			,	281. LOCATION (Street as	nd Number	r or Rural Route Number
COMPLEIED	4 Homicide determined building, etc. (Specify)						City or Town, State)		
7	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge,	daeth occurr	ed at the ti	me, deta s	and place,	and due	to the cause(s) and men	ner ag stat	ted.
5	one) 2 MEDICAL EXAMINER: On the bests of examination and/o	or investigation	in, in my o	pinion, de	eth occur	ed at the	time, data and place, and	due to th	na cause(a) and menner as stated.
	29b. SIGNATURE AND TITLE OF CENTURES				29c LICE	NSE NUK	MICR	29d. DAT	E SIGNED (Month, Day, Year)
	CONT CANO				223	775	D)	1/	17/85
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (1)		Print)	12	FL	stu	y mo	7 //	(0)
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		-	-	LF	<i>y</i> .		10	
	JAN 2 0 1995 Jalea Davidson to	ardall							

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with fours after death. Page 6 may be retained by the hospital or attending physician: TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transbe filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

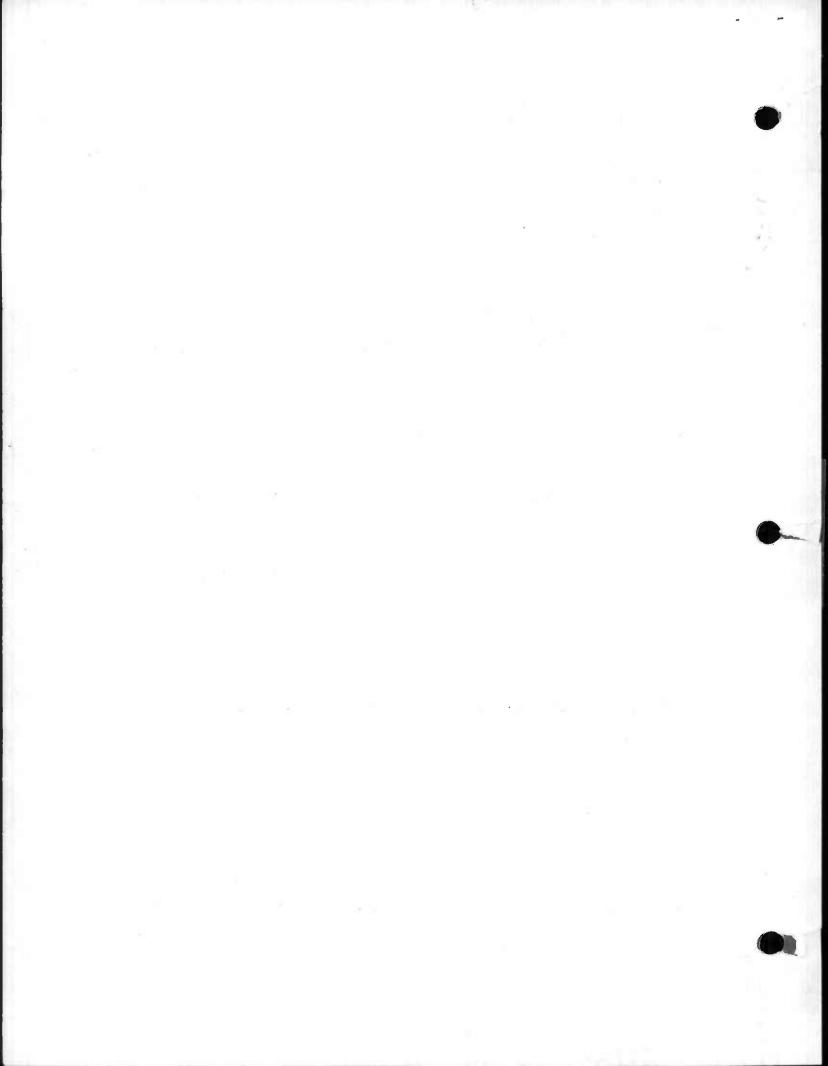
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	F	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
	三	file	04
	2	pe	3

	FOR STATE REGISTRAR	STATE OF MAR		TMENT OF I		MENTAL HYGIEN				
	1. DECEOENT'S NAME (First, Middle, Lest)	M. B	4FER			Control III	6 91	3. TIME OF DEATH		
		5. SEX 6. /	AGE (In yrs. last birthday) 69 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign Country) Lew York		
OB	9e. FACILITY NAME (If not institution, give stre Frederick Memoria		1		or Location of Di erick	EATH	oc. county of death Frederick			
DIRECTOR	100. STATE 10b. COUNTY Md. Fred	erick	rick Myersville					10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	10e. STREET AND NUMBER 9613 Harmony Rd.			10		100	N OF WHAT COUNTRY?			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	I2. WAS DECEOENT EV FORCES? 1 1 1	YES 2 NO	If yes, so	CENDENT OF HISPAI ecify Cuban, Maxica 2 2 NO Specif	NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	or No — 14	RACE — American Indian, Black, White, atc. Specify: White		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)		(Give kind of life, Do NOT us	usual occupation of done during more retired.) Homemake	16b. KIND OF BUS	n Home				
BE CON	17. FATHER'S NAME (First, Middle, Last) Charles Desmond				ME (First, Middle, Maiden nea					
101	19e. INFORMANT'S NAME (Type/Print) Elmer A. Baker		9613 H	larmony :	Rd., Mye	Route Number City or Tow rsville, Mo				
	29s. METHOD OF DISPOSITION 14 Burial 2 Cremation 3 Remove 4 Donation Other (Specify) 21. SIGNATURE OF PUNERAL SERVICE LICE		20b. PLACE AND DATE	lemetery		1/20 Mye	0 Myersville, Md.			
	Jude 3 Oho	46-		Donal	Main St	mpson Funer	arm M.	1 21760		
	23. PART I. Enter the disesses, or ehock, or heert feliure. Li iMMEDIATE CAUSE (Finel disesse or condition resulting in death)	only one cause of	on eech line.	not enter the mo	de of dying, suc	h ee cerdlec or respi	ratory errest	t, Approximate Interval Between Onset and Dsath		
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in deeth) LAST	y, leeding to immediate e. Enter UNDERLYING SE (Disease or injury Initiated events DUE TO (OR AS A CONSEQUENCE OF):								
AL CE	PART II. Other significant conditione	contributing to dea	th but not resulting	in the underlyin	g ceuse givsn in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
					· · · · · · · · · · · · · · · · · · ·	1 D YES 2		COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MEDIC	DID TOBACCO USE C	ONTRIBUTE 1	O CAUSE OF	28. Pt	YES NO					
PHYSI	1 YES 2 NO 27. MANNER OF DEATN	1 Inpatient 2 ER/ 28a. DATE OF INJU (Month, Day, Ye	JRY 28b. TIM	E OF 28c. INJ		8 Other (Specify) 28d. DE\$CRIBE NOW II	NJURY OCCUR	NED		
B	Natural 5 Pending Control Pend		JURY — At home, ferm,	M 1 🗌	YES 2 NO	281. LOCATION (Street a City or Town, State)	and Number or I	Rural Route Number,		
COMPLETED	290. CERTIFIER (Check only									
BE CO	296. BIGNATURE AND TITLE OF CENTIFIER	On the beels of exemir	nation and/or investigation	n, in my opinion, c	aath occured at the 29c. LICENSE NUM			ause(a) and manner as stated. IGNEO (Month, Day, Year)		
10	30. NAME AND ADDRESS OF PERSON WNO		F DEATN (ITEM 27) (Type,	Print)	DILOH	+28	> 1	16/95		
	Casper E. Cline I	32 BEGISTRAR'S	SIGNATURE	th Stree	t Freder	ick, Maryl	and 21	.701		
	JAN 2 3 1995	A Dave	dear Randall					DHMH-18 Rev 1/89		



1	-	FOR STATE REGISTRA

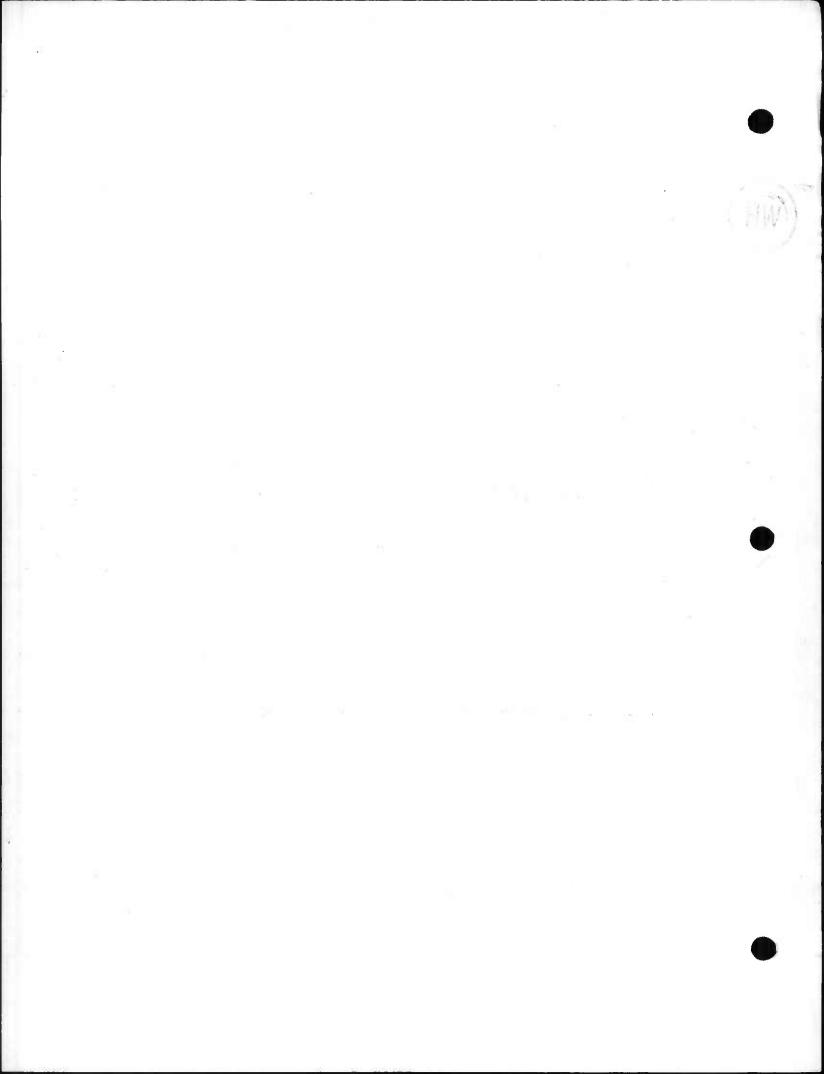
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIF				REG				
	1. OECEDENT'S NAME (First, Middle, Lest)						2. DATE OF OEA	TH		3. TIME OF OEATH	
	Vernon	Theodo	re BE	AR	SI		January	20, 1	995 P	10:36 a M	
	017 10 0/00	SEX 6. AGE	(In yrs. lest birthday) 78 YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	Jun 2,	Н	8. BIRTH	PLACE (State or Foreign	
OR	90. FACILITY NAME (If not institution, give street and number) 90. CITY, TOWN OR LOCATION OF GEATH 90. COUNTY OF GEATH Frederick Frederick Frederick										
DIRECTOR	100. STATE 10b. COUNTY Pennsylvania North	10c. CIT	Y, TOWN O	OR LOCAT	on Bat	h			10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	100. STREET AND NUMBER 2770 East Beersvil	lle Road	5	101. ZIP CODE 18014						WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	WAS DECEDENT EVER IN FORCES? 1X YES IF YES, GIVE WAR OR DO WORLD WAR	2 NO		If yes, spe	ENOENT OF HISPA city Cuben, Maxic 2 XNO Speci	NtC ORIGIN? (Speci an, Puarto Rican, at ly:	fy Yea or No-	14. RACE Black Speci	- American Indian, White, atc.	
COMPLETED	15. OECEDENT'S EOUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)			usual od work done of se retired.)	during mos	N It of working		or Fre		Delivery	
	17. FATHER'S NAME (First, Middle, Last) Ernest P		BEAR		T.	16. MOTHER'S N.	AME (First, Middle, M	·			
BE	19a. INFORMANT'S NAME (Type/Print)			1000000						311	
5	Mrs. Anna Virginia	Bear					d, Bath	Pennsy	lvani		
	20e. METHOO OF OISPOSITION 1 (X Burlel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State 20th Cen	netery, crematory or o	or oispos ther place) vet	Ceme	neof terv Jan	OATE 20	5 Fred	– City or To erick	, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENS	D D	1	^{22.} Ke	eney	& Basf	ord P.A.	Funer	al Ho	me	
	23. PART i. Enter the discases, or com		M00706		6 Ea	st Chur	ch St. F	rederi	ck. M		
	ehock, or heart fellure. List IMMEDIATE CAUSE (Final	only one cause on a	ach line.	not antar	the mod	la of dylng, suc	ch ss cardiac or	reepiretory a	irrest,	Approximate Interval Between Onset and Death	
ĺ	disease or condition resulting in desth) o. Arteriosclerotic Cardiovascular Disease OUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events b. OUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF):										
	resulting in death) LAST										
DICAL (PART II. Other significant conditions of	entributing to death b	out not reaulting	In the un	derlying	cause givan in	PE	AS AN AUTOPS ERFORMED?	Y 24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
M	DID TOBACCO USE CO	NTRIBUTE TO	CAUSE OF	DEAT	TH Y	ES 🔯 NO				1 TES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	ž _d	OTHER		ACE OF DEATH (C	neck only one)				
KSI		Inpetient 2X ER/Outs		4 🗆 Nun	alng Home		6 - Other (Specify	()			
BY PHYSICIAN:	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	IE OF IURY M	26c, INJU WO 1 Y		26d. OESCRIBE	IOW INJURY O	CCUREO		
TE	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— Al home, ferm,						LOCATION (Street and Number or Rural Route Number, City or Yown, State)		
COMPLETE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN ONE) 2 💢 MEDICAL EXAMINER: O) end manner as stated.	
BE	200. SIGNATURE AND TITLE OF CERTIFIER	M	29c. LICENSE NUM D35164			MBER 29d. DATE SIGNED					
2	30. NAME AND ACORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) Dr. Andrew Zarick, Jr, M.D., P.O. Box 369, Walkersville, Maryland 21793-0369										
	31. DATE FILEO (Month, Day, Year) JAN 2 3 1995	32. REGISTRARIS SIGN	ATURE ROLL) ₁	, ,						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within To THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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OHMH-16 Rev 1/89



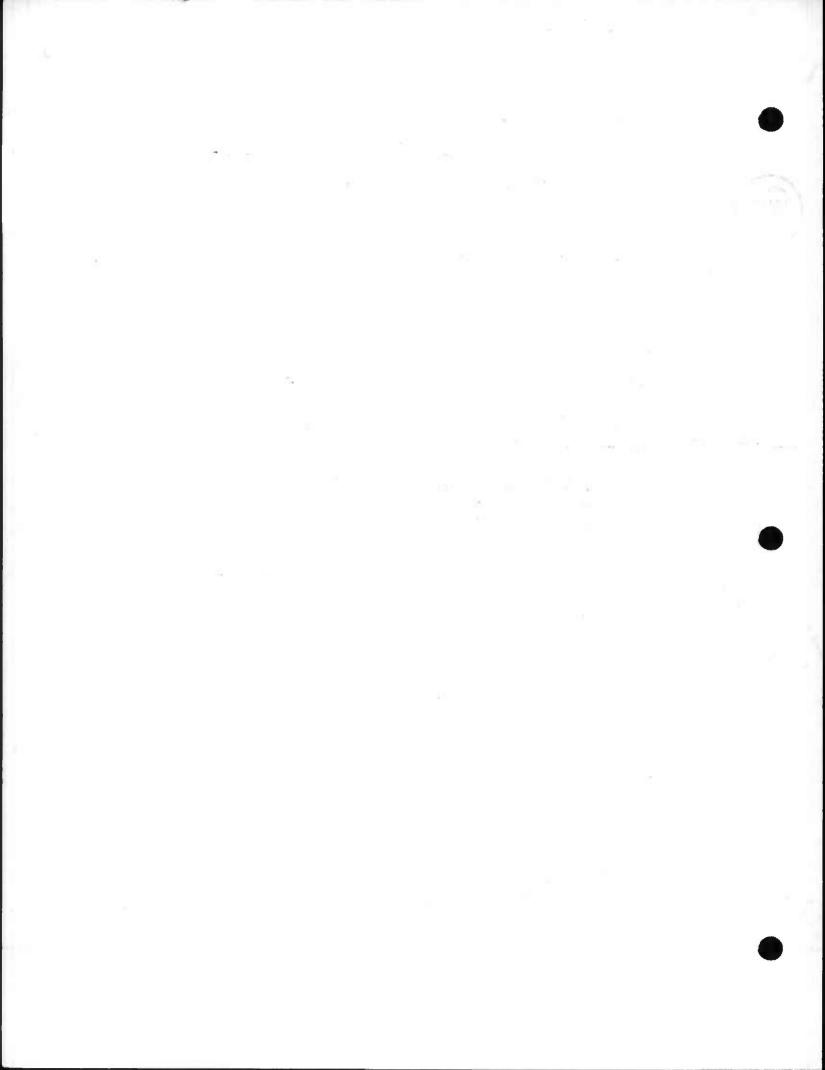
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

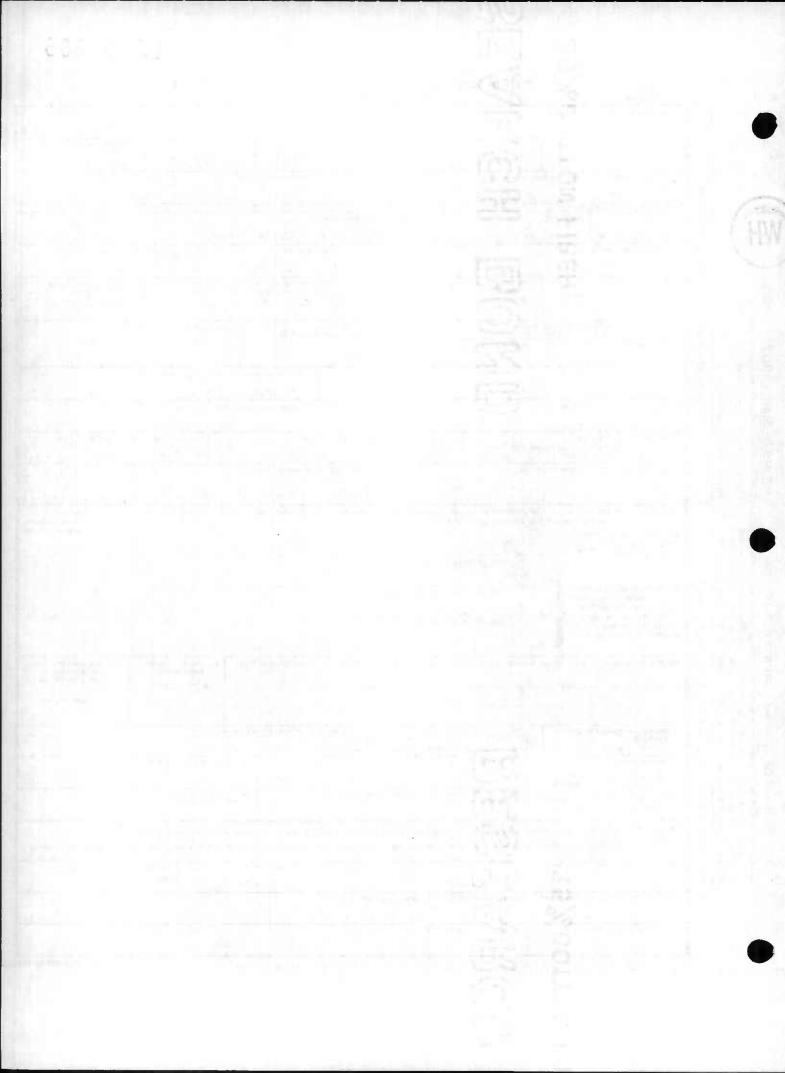
	1 - STATE REGISTRAR	Olivine Of Init	CE	RTIF	ICATE				MENIAL	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Hazel Irene	BURDETTE							2. DATE (ery 20), 199	YEAR	3. TIME OF DEATH 2127 M
	208-24-1734	□ M 2 XX	90	birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE O (Mogth, OCTOD)	P BIRTH	1904	8. BIRTH Counti Mar	yland
TOR	98. FACILITY NAME (If not institution, give street Frederick Memoria RESIDENCE OF DECEDENT		tal		96. CITY, 1 Fr		rick		ATN			ederi	
DIRECTOR	10a. STATE 10b. COUNTY				DC. CITY, TOWN DR LOCATION								10d. INSIDE CITY V LIMITS?
	Maryland Frederick 100. STREET AND NUMBER			Frederick									1 YES 2 ND
FUNERAL	308 North College Parkway			21701 U.S.					Α.				
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3. Wildowed 4 Divorced	2. WAS DECEDENT I FORCES? 1 _ IF YES, GIVE WAR	EVER IN U.S. ARIN YES 2 X NO R OR DATES	MED O	If 1	13. WAS DECENDENT DF NISPANIC DRIGIN? (Specify If yea, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ YES 2 ☑ NO Specify:					or No	Bleck	- American Indian, White, atc.
COMPLETED	(Specify only highest grade completed) (Git			CEDENT'S USUAL OCCUPATION 198 kind of work done during most of working Do NOT use retired.) Homemaker					16b.	OWI	Hom		
BE COI	17. FATNER'S NAME (First, Middle, Last) Lycurgus FLA				N			lore		iddle, Maiden	Surname)	POW	ELL
TO B	Mrs. Marilyn B. Go	wetski								sburg			d 20879
	20e METNDD OF DISPOSITION 1) Control 2 Cremation 3 Ramoval from State 2 Cremation 3 Ramoval from State 2 Observatory of other (Specify) 20b. PLACE AND DATE DATE 20c. LOCATION — City or Town, State 2 Crematicy of other (Specify) 2 Utica, Maryland												
	21. SIGNATURE DF FUNERAL SERVICE LICEN	SEE JUST	M0025		22. NA Ke	ene	y an	d Ba	sfor	d P.A.	Fun	era1	
i	23. PART i. Enter the diseases, or conshock, or heart fellure. Listing immediate CAUSE (Final	t only one caulsa	on aach iina.				•	-					Approximata interval Between Onset and Daath
i	disease or condition a. Duff PR DIVA tary No Tress Cyndybull Due TO (OR AS A CONSEDUENCE OF): Sequentially list conditions, Due TO (OR AS A CONSEDUENCE OF): Due TO (OR AS A CONSEDUENCE OF):												
ATION	If any, leading to immediata												
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST d.												
AL CI	PART II. Other eignificant conditions of	contributing to de	eath but not re	aulting i	n the unde	erlying	cause g	íven ín l	Part i.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
MEDICAL	CIFE	70 H	5D_						_	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
N ∨	DID TOBACCO USE CONTRIB	BUTE TO CAU					UNC	ERTAIN	10				1 O YES 2 NO
PHYSICIAN:		OSPITAL:			OTHER: 4 Nursin		5 □ Pag	oldanaa (e 🗆 Other	/Passikal			
PHY	27. MANNER OF DEATN	28a. DATE OF IN (Month, Day,	JURY	28b. TIM		8c. INJUI WOR	RY AT			RIBE HOW IN	NJURY OCC	CURED	
В	1 Netural 5 Pending 2 Accident Investigation 3 Suitcide 8 Could not be	28e. PLACE OF I	NJURY — At hom	ne, farm, s			S 2 🗌	ND	28f. LOCA	TION (Street a	and Number	or Bural B	oute Number
ETED	4 Nomicide detarmined	building, etc							City or	Town, State)		0. 10.0.71	out Hamou,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: I												and manner as stated.
8	29b. SIGNATURE AND THILE OF CERTIFIER				29c. LICENSE NUM D 0718				MBER 29d. DATE SIGNE			SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO CO					Ave				ck. Ma	arvla	ind 2	1701
	Dr. Phillip Shapiro MD 814 Toll House Avenue, Frederick, Maryland 21701 31. DATE FILED (Morrith, Day, Year) 32. DEGISTAND STANDARD CONSIDERATION CONTROL OF CONTROL												



BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-train on. or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transport of high artificial Hosiere prior to burial, cremation, or remonal.	IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEAL	TH AND MENTAL HYGIENE
CERTIFICATE OF DE	ATH REG. NO.

1 - STATE REGISTRAR		CENTIFICAL	TE OF DEATH	REG. I	VO.						
1. DECEDENT'S NAME (First, Middle, Last,	0			2. DATE OF DEATH MONTH	DAY	3. TIME OF DEATH					
3004	E)ANGOURA			01	18 9	15 8:301					
4. SOCIAL SECURITY NUMBER	- W 10	MONTH		7. DATE OF BIRTH	5	B. BIRTHPLACE (State or Foreign Country)					
9e. FACILITY NAME (If not institution, give		SOR JOS. O	TY, TOWN OR LOCATION OF	0///8/9	9c COUNT	THARELAND R					
MONTGOMERY GREERAL HOSPITAL OLNEY Mary AND MONTGOMERY RESIDENCE OF DECEDENT											
10e. STATE 10b. COUN	тү	10c, CITY, TOWN	N OR LOCATION	,		10d. INSIDE CITY					
MACHAND Y	PONTOOMERY	5,	LUER SP.	el No-		LIMIPS?					
10e. STREET AND NUMBER	0		101. ZIP CODE	,	10g. CITIZE	EN OF WHAT COUNTRY?					
11700 OLD	Coumsia I	24	209	204	11	SA					
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.		3. WAS DECENDENT OF HISP		Yes or No- 1	4. RACE — American Indian,					
1 Never Married 2 Merried	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	HAO	If yes, specify Cuben, Mexic 1 TES 2 NO Spec	ean, Puerto Rican, stc.)		Black, White, etc. Specify: BLACK					
3 Widowed 4 Divorced			. Die z Zine	MY. BLACK		amily. Benez					
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) (College (1-4 or 5+) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)											
17. FATHER'S NAME (First, Middle, Last)	7		18. MOTHER'S N	AME (First, Middle, Mei	den Surname)	1.					
- SIDORE,	DANGOURA		KA	DIATOU	*	eITA					
19e. INFORMANT'S NAME (Type/Print)	Lacrad	19b. MAILING ADDRE	ESS (Street end Number or Rura	Route Number, City or							
HMIX BRDARA	O TRANSLATUR	MONTO	DOMERY &	EN HOSP,	TAL	Ohvey, Ind.					
20e. METHOD OF DISPOSITION	20b. PLA	CEAND DATE OF DISP		DAJE 20c.	LOCATION - CI	ity or Town, State 2083					
1 Buriel 2 Cremation 3 Red 4 Donation 5 Other (Specify)	cemetery	cutton or other place	CAR BEN HOSA	1/19/95	OLUE	y Marchan					
21. SIGNATURE OF FUNERAL SERVICE L											
OLNEY, Md &											
23. PART I. Enter the diseases, or ehock, or heert failure iMMEDIATE CAUSE (Final disease or condition	complications that caused the	e death. Do not entillne.	MONTGOMER Ter the mode of dying, su	y Gen. Hos		01 Prince Philip					
23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	complications that caused the	e death. Do not entillne. TO REAL SECUENCE OF:	MONTGOMER	y Gen. Hos		of Prince Philip et, Approximate Interval Between					
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23. PART J. Enter the diseases, or shock, or heert failure immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that Initiated events resulting in death) LAST PART JI. Other eignificent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation investigation succide 6 Could not be determined. 29a. CERTIFIER (Check only only 2 MEDICAL EXAMINER) 29b. SIGNATURE AND TITLE OF CERTIFINA	COMPICETIONE that caused the List only one cause on each a	o death. Do not entilline. TORY NSEOUENCE OF):	underlying ceuse given i 28. PLACE OF DEATH (CER: ER: Lursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO sectory, office	n Part I. 24a. WAS PER 1 YES Check only one) 28d. DESCRIBE HO 281. LOCATION (Sm. City or Yours, St.	AN AUTOPSY POPMED? 3 2 NO W INJURY OCCU	Approximate Interval Betwo Onset and De Interval Betwo Onset and De Interval Betwo Onset and De Interval Betwo Onset and De Interval Betwo Onset and De Interval Betwo Onset and De Interval Betwo Onset and De Interval Between In					



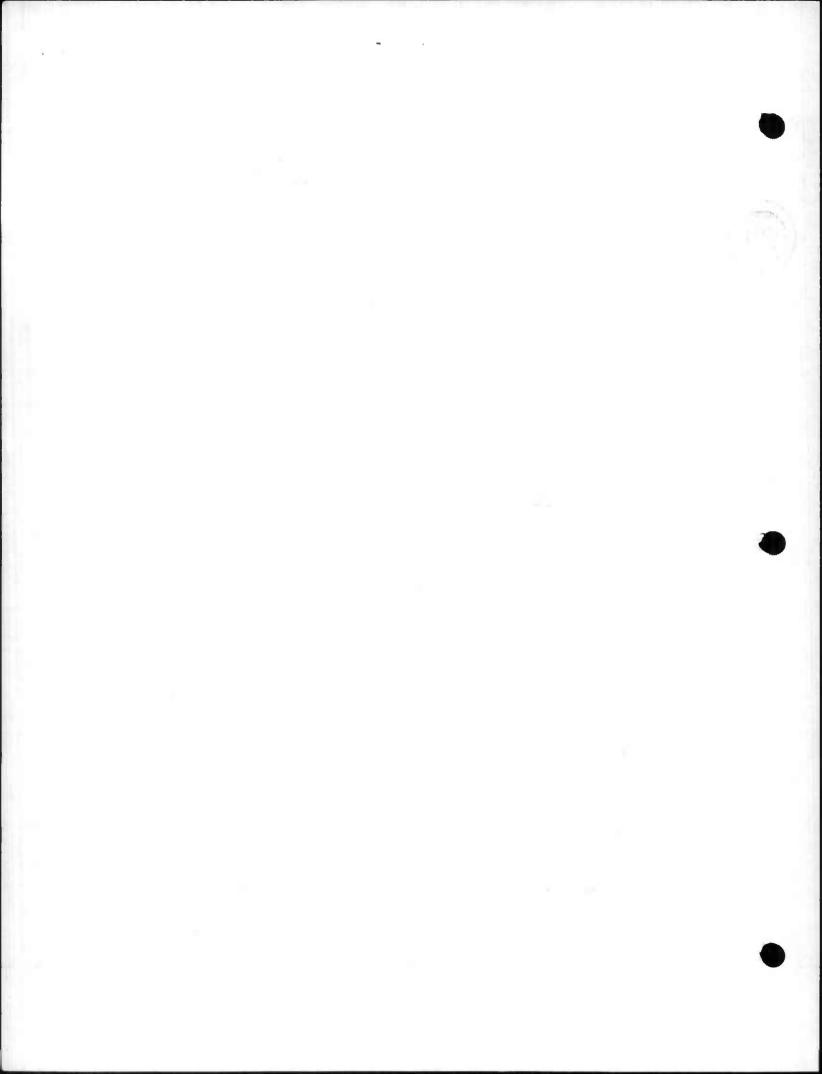
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31. DATE FILED (Month, DAY, No. 1)

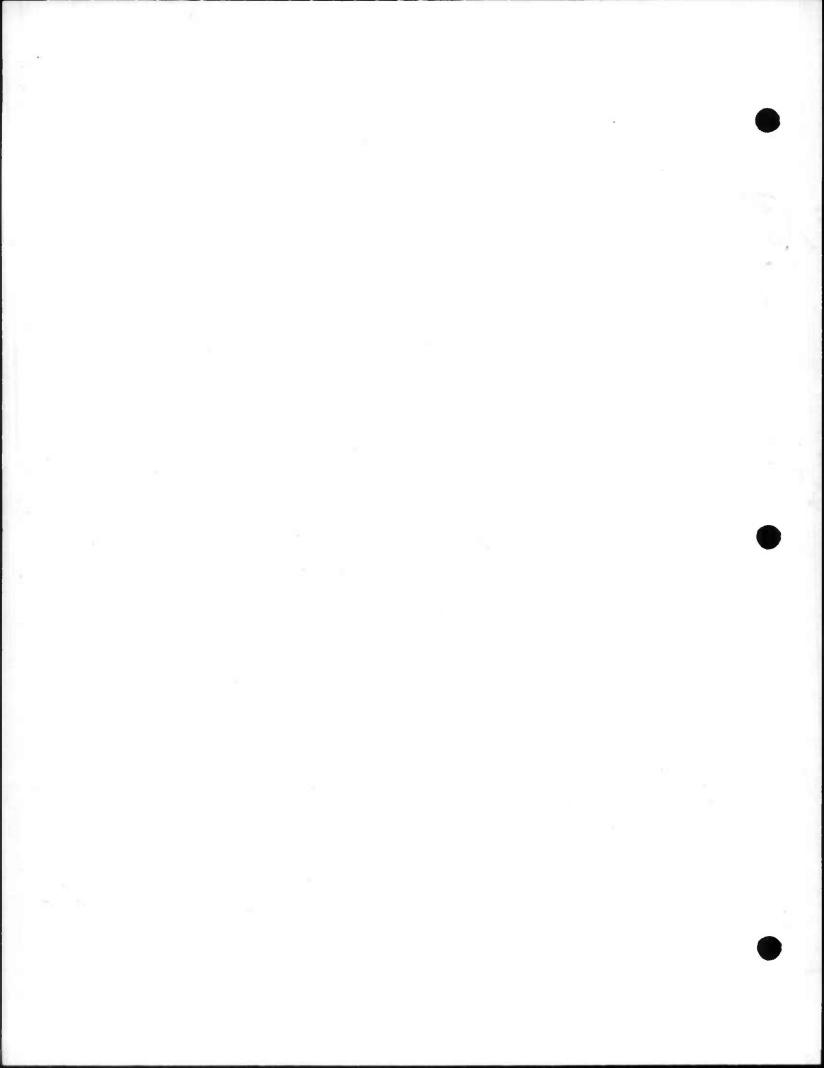
WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

														02001	
	1 - FOR STATE REGISTRAR		STATE OF N	MARYLAND /	DEPAR					MENTA	L HYGIEN				
	1. DECEDENT'S NAME (First,		<u> </u>				- 01	D 12.74			OF DEATH			TIME OF DEATH	
1	Clara Es	telle	CATY							JAN	UACY	17 19	YEAR	5:27 A M	
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. la:	st birthday)		R 1 YEAR	IF UNDER	24 HRS.	7 DATE	OE DIRTH	1	BIOTHOL	ACE (State or Engine	
- 1	220-28-612	6	1 🗆 M 2 💢 F	79	YRS.	MONTHS	DAYS	HOURS	Men.	Jul	y 12,1	915	Country)	Virginia	
	9a. FACILITY NAME (If not ins		treet and number)			9b. CIT	Y, TOWN C	R LOCATION	ON OF DE		2	_	Y OF DEAT		
5	Charles Cou	nty Ni	irsing Ho	me			LaPl	ata				Ch	arle	5	
5	Charles Cou			THE			111111	aua				C.	CAL IC	5	
E	10a. STATE	106. COUNTY					OR LOCAT						100	d. INSIDE CITY LIMITS?	
FUNERAL DIRECTOR	Maryland	Cna	arles			Lnala	an He						1.	YES 2 NO	
M.	10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF 1														
	19 Irving Place 20640 U.S							.S.A	•						
<u> </u>	11. MARITAL STATUS 1 Never Married 2 💢	Mandad	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AF	NO NO	13.	WAS DEC	ENDENT O	F HISPAN	IIC ORIGIN	? (Specify Yes	or No-	4. RACE -	American Indian, thite, etc.	
B	3 Widowed 4 Divor		IF YES, GIVE W	AR OR DATES				2 XNO					Specify:		
	15 DECS	DENT'S EDU	CATION	160 DE	CEDENT'S	UBUAL C	OCUPATION N			1		1		White	
	(Specify only	highest grade	ccimpleted)	(G	ive kind of Do NOT u	work done	during mo	st of workin	g	100	KIND OF BU	SINESS/INDU	STRY		
P	Elementary/Secondary (0-	-12)	College (1-4 or 5 d	•)	omema						Her I	Home			
COMPLETED	17. FATHER'S NAME (First, Mic	ddle, Last)		1 11	Official	INCL		18. MOTH	IER'S NA	ME (First 1	diddle, Maiden				
	Alton Ashford Davis										e Peri				
BE	19a. INFORMANT'S NAME (7)	pe/Print)	IVIS	19	b. MAILING	ADDRES	S (Street a				er, City or Tow		Social		
임	INCOME TO SECURE	Jean E. Simmons 14 Highland Place, Indian Head, Md. 2									640				
	26e: METHOD OF DISPOSITION 1 ← Burlal 2 ← Cremetton			20b. PLACE					icc,	_	_	CATION — CI			
	1-1 Buriel 2 □ Cremation 4 □ Donation 5 □ Other		onal from State	cemetery, cre	matory or o	ther place)			1					
	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE/	Trin	ity i	(emo) 22.	NAME AN	D ADDRES	S OF FA	CILITY	<u>-45</u>	Maldor	T IVI	aryland	
	· no h	2.									Home,				
	22 DADT I Solvato	he	ton (M006	68	I	Rt	225 8	Gly	mont	Road	Indi	an H	ead. Md	
	23. PART I. Enter the gir shock, by he	seesea, or c art fallure.	Cimplications that List only one cau	t caused the de se on each line	eath. Doi e.	not enter	r the mo	de of dyl	ng, suci	h as care	llac or respi	iratory arre	st,	Approximata Interval Between	
	IMMEDIATE CAUSE (Fine disease or condition	al	0.0	L	1:	_								Onset and Death	
	resulting in death)	→	8	,	dration										
	DUE TO (OR AS A CONSEQUENCE OF): Delining														
NO	Sequentially list condition	ons,	DUE TO	OR AS A CONSE	Ullence o	n.									
AT	If any, leading to immed cause. Enter UNDERLY!!			ed, cat										İ	
윤	CAUSE (Disease or Injur			(OR AS A CONSE											
ERTIFICATION	resulting in death) LAST	, II.,													
CE			g												
AL	PART II. Other algnificer		s contributing to	death but not i	resulting	In the u	nderlying	cause g	riven in	Part I.	24a, WAS AN PERFOR			ERE AUTOPSY FINDINGS AILABLE PRIOR TO	
음	Denzi	2719]	1 YES 2	11	CC	OMPLETION OF CAUSE DEATH?	
ME												/\	1	YES 2 NO	
ä															
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:					ACE OF D	EATH (Ch	ick only on	e)				
YSI	1 TYES 2 NO		1 Inpatient 2	ER/Outpatient 3	□ DOA	4 DAN		5 □ Re	sidence	6 🗆 Othe	r (Specify)				
27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCUR								RED							
BY		Pending nvestigation				М		'ES 2 [) NO	_					
3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, street, street, street, street, street, street, street, street, street, street, street, street, street, street, street, street, s								e Number,							
ETE	10/255925	letermined													
P		FYING PHYSI	CIAN: To the best of	my knowledge, de	ath occurr	ed at the	time, data	and place,	and due	to the cau	se(a) and mar	mer as stated	i,		
COMPLET	one) 2 MEDIC	CAL EXAMINE	R: on the basis of a	camination and/or	Investigation	n, In my	opinion, di	eth occur	ed at the	time, deta	and place, an	d due to the	cause(a) ar	nd manner as stated.	
ш	296. SIGNATURE AND TITLE	OF CERTIFIE	1	^				29c. LICE	NSE NUN	IBER		29d. DATE	SIGNED (M	orith, _g Day, Year)	
0	3 3			1)				D	334	17C		> 1	118	194	
유	30. NAME AND ADDRESS OF	DEDSON WH	COMPLETED CALL	E OF DEATH ATE	M AT /T	Outros	_			1-4			1.0	1	



1	Amended #1	#194	# 21	14	1/17	lar a	0.0 = V		35 (02838
,	FOR STATE REGISTRAR	STATE OF MAR	RYLAND / DEF	PARTM	ENT OF H	EALTH AND I	MENTAL HYGIE		1300	nery Cty
		IRIE	·ett	LE	NC	illen	2. DATE OF DEATH MONTH	BAY C	195	TIME OF DEATH
	208-05-8711	1 □ M 2 🂢 F	AGE (In yrs. lest birtho	MACA	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) November	1902 16,	6. BIRTHPL Country)	ACE (State or Foreign Canada
TOR	98. FACILITY NAME (If not institution, give street Holy Cross Hospital RESIDENCE OF DECEDENT				ilver :	n LOCATION OF DE Spring	EATH		ontgoil	
BY FUNERAL DIRECTOR	Maryland Montgo	omery	nery Kensington						1	d. INSIDE CITY LIMITS? X YES 2 NO
LERAL	3013 Ferndale Str				1,000	ZIP CODE 20895-27	52	US.	A	T COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	VER IN U.S. ARMED YES 2 NO OR DATES		If yes, spe		IIC ORIGIN? (Specify Yon, Puerto Rican, etc.)	ea or No—	Black, V	American Indian, Thire, etc. White	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)		d of work OT use ret	AL OCCUPATIO done during mos ired.)		166. KIND OF BE		DUSTRY		
BE CON	17. FATHER'S NAME (First, Middle, Last) John Charles Fergi	uson					ME (First, Middle, Melde a Talbot	n Surname)		-
TO B	19a. INFORMANT'S NAME (Type/Print) Marion William C	ullen	19b. MAII 3013	Fe	rndale	Street,	Route Number, City or To Kensingt	wn, Stete, Zij On MD	2099	5-2752
	20a. METHOD OF DISPOSITION 1 \(\) Burlel 2 \(\) Cremation 3 \(\) Removal from State 4 \(\) Donation 5 \(\) Other (Specify) \(\) Cate of Heaven Cemetrey (7/95) Silver Spring, Maryland									
	21. SIGNATURE OF FUNEBAL SERVICE LICEN	DEE ///	Voll		22. NAME AN	D ADDRESS OF FA		eral	home,	Inc.
	23. PART I. Enter the diseases, or conshock, or heart fellure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	mplications that couse of care Di A	used the death. I on each line.							Approximate interval Batween Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									2 DAYS 4 DAYS
MEDICAL	PRIOR ATRIAL F	Contributing to dea	- (ng in th	e underlying	ceuse given in	Part I, 24a. WAS AI PERFO	RMED?	CO OF	PRE AUTOPSY FINDINGS AULABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
AN	DID TOBACCO USE CONTRIL 25. WAS CASE REFERRED TO MEDICAL	BUTE TO CAUSI	E OF DEATH			UNCERTAIN	1 🖾			
PHYSICIAN:		HOSPITAL: Unpetient 2 ER/			HER: Nursing Home 28c, INJU		6 Other (Specify)	M HIM 00	21252	
ВУР	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Ye	ear)	INJURY	M 1 Y	IK?	284. DESCRIBE HOW			
ETED	3 Suicide 6 Could not be 4 Homicide determined	JURY — At home, far (Specify)	m, street	, factory, offica		26f. LOCATION (Street City or Town, State	and Number	r or Runti Routi	e Number,	
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:									d manner as stated.
BE	296 SIGNATURE AND TITLE OF CERTIFIER	_ MD				29c LICENSE NUM D3625	BER 2	29d. DAT	E SIGNED (MO	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO CO	COMPLETED CAUSE OF	ISDI G			HIE #	575 WHE	ATON	JMD	20902
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	SIGNATURE ROAD	2.11						



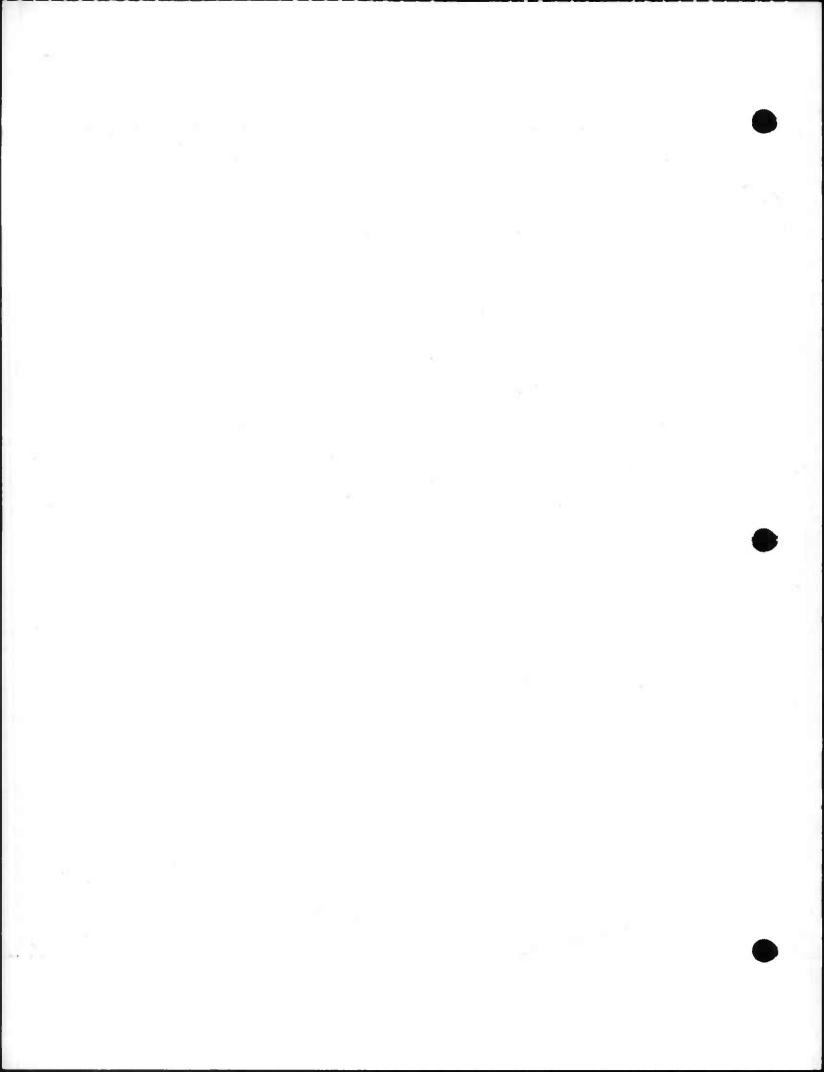
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ioi iliast ne illumien di fi	
medical examin	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within chours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Amended	#196 1/17/95 MRT Montagnery	0283
1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	7.

		CERTIF	ICATE	OF DEATH	REG. NO.					
1. DECEDENT'S NAME (First, Middle	(Last)				2. DATE OF DEATH MONTH DA		3. TIME OF DEATH			
Orlando (Buide CAPONIT	I			January 12					
4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)			7. DATE OF BIRTH (Month, Day, Year)		B. BIRTHPLACE (State or Foreign			
577-24-1945	1 🖵 M 2 🗌 F	7.0 YRS.	MONTHS. (DAYS HOURS MIN.			ashington,D.C			
9a. FACILITY NAME (If not institution	FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. CO									
t .					EAIN					
Doctors Community Hospital Lanham Prince George's										
10a. STATE 10b. (10d. INSIDE CITY									
Manual and D.							LIMITS?			
Maryland P:	rince George'	s Be	rwyn I	leights			1 X YES 2 NO			
				10f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?				
5723 Nevada St				20740		U.S.A.				
11. MARITAL STATUS	12. WAS DECEDENT E		13. WA	S DECENDENT OF HISPA	NIC ORIGIN? (Specify Yea	or No- 14. RACE - American Indian, Black, White, atc.				
1 Never Merried 2 K Marrie 3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		YES 2 NO Speci			Specify:			
3 Wildowed 4 Divorced	1942-	1945				1	White			
15, DECEDENT (Specify only highes	'S EDUCATION at grade completed)	16a. DECEDENT'S	Work done du	UPATION Ing most of working	16b. KIND OF BUS	INESS/INDU	STRY			
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	ise retired.)	my moot or norming						
12		Printer								
17. FATHER'S NAME (First, Middle, L.	ast)			18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)				
Carmelo	Caponiti			Maria		Brigus	2110			
19a. INFORMANT'S NAME (Type/Print		19h MAII ING	ADDRESS (Route Number, City or Town					
The state of the s				STOPPET			•			
Sybil T. Capor	1171	Y		Stiret B	erwyn Heigl					
20a. METHOD OF DISPOSITION 1 □ Burial 2 □ Cremation 3 □		20b. PLACE AND DATE cemetery, cremetory or o	ther place)	,			ty or Town, Stata			
4 Donetion 5 Other (Specific		Gate of H	eaven	Cemetery 1	/16/95 Silv	ver Si	oring,Marylan			
21. SIGNATURE OF FUNERAL SERV	ICE LICENSEE		22. NA	ME AND ADDRESS OF FA	CILITY					
1	1-21 C2 L	. 11			11ins Fune					
	48 Compe	THE THE THE THE THE THE THE THE THE THE	500) Universit	y Blvd.,W.	Sil.S	Spr.,MD 20901			
23. PART i. Entar the disease shock, or heart fa	illure. Liat only ona cause	on aach iina.	not anter th	ia moda of dying, suc	th as cardiac or raspli	atory arras				
Open and Parth										
disease or condition resulting in death)	W/28;	siace of	12016	(Sile	e los	100				
	DUE 19 (OF	AS A CONSEGUENCE O	E):	7						
	HO	De Bus	m							
Sequentially list conditions, Due to (or as a consequence or):										
	DUE TO (OF	If any, lasding to immediata DUE/70 (OR AS A CONSEQUENCE OF):								
if any, lasding to immediata cause. Entar UNDERLYING	DUE 70 (OF		CAUSE (Disease or injury C.							
If any, lasding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	с	AS A CONSEQUENCE O	PF):							
if any, lasding to immediata cause. Entar UNDERLYING	с	B AS A CONSEQUENCE O	F):							
If any, lastling to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	с	AS A CONSEQUENCE O	PF):							
If any, lasding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR			erlying cause givan in	Part i. 24a. WAS AN	AUTOPSY	24b, WERE AUTOPSY FINDING			
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YEAR

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

White

Approximate

Interval Between

Onset and Death

ralk

1 TYES 2 NO

Specify

1 X YES 2 NO

BIRTNPLACE (State or Foreign Country)

0427 A

BALTIMORE, MARYLAND 21215-00	124 hours after death. Page 6 may be retained by the hospital or attending a	lifted in by the funeral director, page 5 should be detached for use as the sition, or removal	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending is	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Debt, of Health and Mental Hydere prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIRECTOR

FUNERAL

BY

ETED.

COMPL

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2

notified at

å

0 injury, CERTIFICATION

MEDICAL

PHYSICIAN:

В

COMPLETED

띪

2

that initiated events. resulting in death) LAST

EXAMINER?

27. MANNER OF DEATH

1 Natural

2 Accident

3 Suicide

4 Nomicide

1 TES 2 NO

25. WAS CASE REFERRED TO MEDICAL

5-002

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Malcolm (ADSUSBRTH nase SR. Januaru 14. 1995 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) HOURS DAYS 1 🔀 M 2 🗌 F 012-07-6078 YRS. Feb. 25, 1899 Massachuesetts 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATN Shady Grove Adventist Hospital Rockville Montgomery RESIDENCE OF DECEDENT 10a. STATE 10b COUNTY 10c. CITY, TOWN OR LOCATION MASS. Barnstable Chatham 10a STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? 2492 Main Street 02659 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Mexican, Puerlo Rican, etc.) FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 2 X NO 1 Never Married 2 🔯 Married 1 YES 2 NO Specify: 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) Accountant Utilities Company 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Surname) Zebina Burgess Chase Etta Mae Nickerson 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Malcolm W. Chase, Jr. 20401 Rainbowview Terrace, Gaithersburg, MD 20879 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State cometery, cremetory of other place)
Metropolitan Crematory 1/15/95 Alexandria, Virginia 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DeVol Funeral Home 10 East Deer Park Drive Gaithersburg, MD 20877 23. PART I. Enter the diseasea, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or reepiretory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition Multiple Myloma.
DUE TO (OR AS A CONSEQUENCE OF): resulting in death) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO Carloro Vascular COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH?

Doldol Polismonea DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 26. PLACE OF DEATN (Check only one)

OTHER:

1 inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28a. DATE OF INJURY 26b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE NOW INJURY OCCURED

м 28e. PLACE OF INJURY — At home, term, street, tectory, office building, atc. (Specify)

1 YES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29e. CERTIFIER (Check only CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINET: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

nexes & Shamake mo 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

Filmillation,

DZ7301

29d. DATE SIGNED (Month, Day, Year)

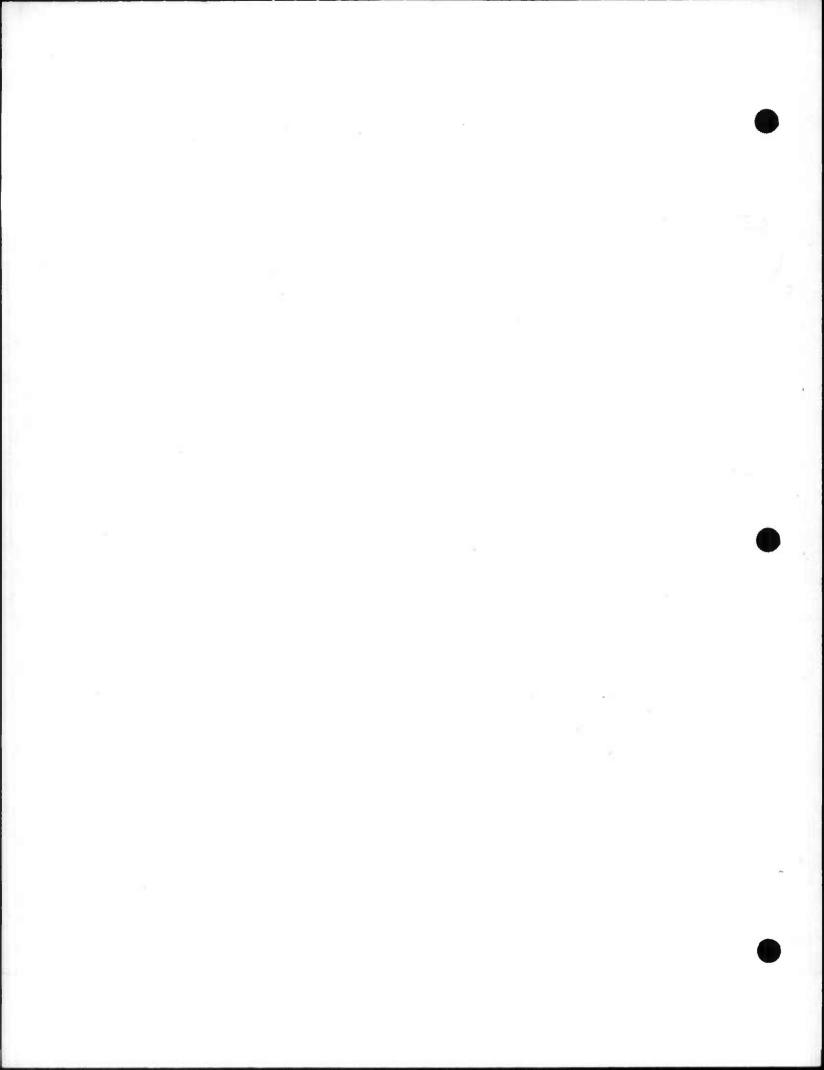
MONTODERY SHUMAKER DOUGLAS

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

Stewelson Ro.

Investigation

8 Could not be determined



1	•	STATE REGISTR	A
i	1. D	ECEDENT'S	N

TO BE COMPLETED BY FUNERAL DIRECTOR

24 hours after death, Page 6 may be retained by the hospital or attending physician,

BALTIMORE, MARYLAND 21215-0020

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tra

IMPORTANT; if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

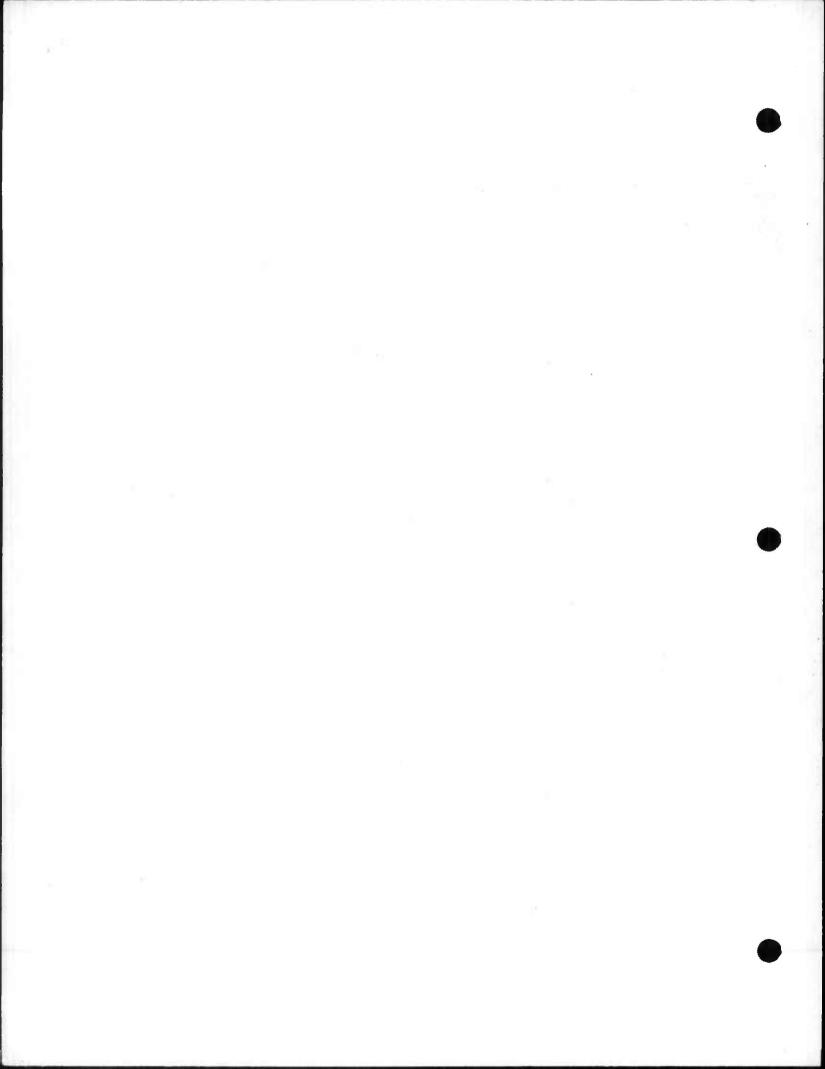
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR			CI		ICAI	E OF	DEAT	н		REG. NO.				
1. DECEDENT'S NAME (First	, Middle, Last)						DEM		2. DATE	OF OEATH			3. TIME OF DEATH	
	Grace D. Capello								January 14,1995			YEAR 5	10:20 P M	
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UND	ER 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH	7177	8. BIRTHI	PLACE (State or Foreign	
158-28 - 8302		1 □ M 2 🂢 F	87	YRS.	MONTHS	DAYS	HOURS	MIN.		th, Day, Year) 26,190	7	Country	2	
9e. FACILITY NAME (If not institution, give street end number)					96. CI1	TY, TOWN O	R LOCATIO	ON OF DE		20,190		NTY OF DE		
Brooke Grov				01	ney				Montgomery					
10e. STATE	10b. COUNTY	7		10c. CIT	Y. TOWN	OR LOCAT	ION				-		10d. INSIDE CITY	
New Jersev	Ber	gen			.,		cken	sack					LIMITS?	
10e. STREET AND NUMBER							ZIP CODE		-		10a CITI		1 YES 2 NO	
301 Beech Street 07061 United States														
11. MARITAL STATUS	. I I work		T EVER IN U.S. AR								or No-	No- 14. RACE - American Indian, Black, White, etc.		
1 Never Married 2 1 Sivo		IF YES, GIVE V					2 X NO			Hican, etc.)		Specify		
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Elementary/Secondary (0	y highest grade 1-12)	College (1-4 or 5		. Do NOT us	se retired.	,	at of working	g						
_		4		Tea	che:	r				Elemen	tary	Sch	ool	
17. FATHER'S NAME (First, M										Middle, Maiden S				
	do _	'errante								te DeV				
19. INFORMANT'S NAME (1) Diane Capel		duff								cing, M			20905	
20a, METHOD OF DISPOSIT	ION					_				E 20c. LOC				
1X Buriel 2 Crematic		ovat from State	St. C	Josep	h s	e) Ceme	terv	13,3					New Jersey	
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE		- An	22	. NAME AN	D ADORES	S OF FAC	ALITY F	Robert	A. P	umph	rev Funeral	
Mush.	1, (A.17	Ta MOC	0348	H	ome/B	ethe	sda-	Chev	y Chas	e, I	nc.,	7557 nd 20814	
23. PART i. Enter the di	seases, or o	emplicatione tha	t coused the de	ath. Do n	ot ente	er the mod	da of dyir	ng, such	aa cen	dlec or reapir	atory arr	eat.	Approximata	
shock, or he IMMEDIATE CAUSE (Fin	eart failure.	List only one cau	se on each line									,		
	e f			74									Interval Batween	
disease or condition	al .	Coro	proved		λαα	: don+							Onset and Death	
	→ ·		brovasci	ılar		ident								
disease or condition resulting in death)	+			ılar		ident							Onset and Death	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

DHMH-18 Rev 1/89



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T I	1	Shoenitt: Pro)
BALTIMORE, MARYLAND 21215-0020	h. Page 6 may be retained by the hospital or attending physician	eral director, page 5 should be detached for use as the burlai-man	
BAL	it 24 hours after death.	ly filled in by the funer	lation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician	DIRECTOR: After	ed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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_		FOR STATE REGISTRAR	STATE OF MA	RYLAND /	DEPAR ERTIFI	TMEN	T OF H	EALTH AND	MENT	AL HYGIENI REG. NO.	E		
			SEX 6. AGE (In yrs. lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH									195	3. TIME OF DEATH
	ļ	577-05-0876	I 🔀 M 2 🗆 F	AGE (In yrs. Ia:		MONTHS	DAYS	IF UNDER 24 HRS HOURS MIN.	Ju]	re of birth onth, Day, Year) Ly 25,19		Mary Mary	land
	IOR	96. FACILITY NAME (If not institution, give streets) Shady Grove Adventional RESIDENCE OF DECEDENT	ital			v, тоwn о ockvi	R LOCATION OF		% county of DEATH Montgomery				
DIRECTOR		10e. STATE 10b. COUNTY		10c. city, town on Location Gaithersburg							10d. INSIDE CITY LIMITS? 1 YES 2 [X] NO		
		10e. STREET AND NUMBER	gomery			Ge		ZIP CODE				IZEN OF WH	IAT COUNTRY?
	FUNERAL		12. WAS DECEDENT E FORCES? 1	YES 2 V		13.	WAS DECI	20878 ENDENT OF HISI Icify Cuban, Mex	PANIC ORIG	GIN? (Specify Yes		14. RACE -	States - American Indian, White, etc.
	D BY	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR		CEDENT'S			2 X NO Spe		6b. KIND OF BUS	IMEGO /IMI	Specify:	White
	COMPLETED	(Specify only highest grade or Elementary/Secondary (0-12)	mpleted) College (1-4 or 5+)	(G	Engi	ork done e retired.)	during mos			PEF		JOSINY	
De nouned at once.	S C	17. FATHER'S NAME (First, Middle, Last) Edgar	Clinton (Cadwal				18, MOTHER'S		t, Middle, Melden :	Surneme)		
Damed	0 85	19s. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES			el Route Nu	imber, City or Town	, State, Zij		20600
		Lewis Edgar Cadwallader 938 Jenkins Bridge Road, Simpsonville, SC 29680 20e. METHOD OF DISPOSITION 1 Burles 2 Cremetton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Neme of 1/16/95 DATE 20c. LOCATION City or Town, State cemetery, crematory or other place)											
IST INTERIOR		4 Donation 3 Other (Specify)									hesc	la, Ma	ryland
al examiner		· Thichele &	Kutte	4	_M003	<u>48Rc</u>	ockvi	lle, Ma	aryla	100 208	350-2	.805	eryland rey Funeral gomery Ave
vent, are medic		ahock, or heart failure. List only one ceuse on each line.									Approximata Interval Between Onset and Death		
an namiliant	HILLAHON	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or injury c											
- 1 - 1	ы в	that initieted events resulting in death) LAST	DUE TO (OR	AS A CONSE	OUENCE OF):							
PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 MO							O O	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO MOMPLETION OF CAUSE OF DEATH?					
		DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 28. PLACE OF DEATH (Check only one)										TES Z NO	
	rutsician:		HOSPITAL:		_	OTHE	R:	5 🗆 Residenc	8 🗆 Ot	her (Specify)			
	וויייייייייייייייייייייייייייייייייייי	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	27. MANNER OF DEATH 280. DATE OF INJURY (Month, Dey, Year) 280. DATE OF INJURY (Month, Dey, Year) 280. DATE OF INJURY WORK? M 1 YES 2 NO										
-	- 10	3 Suicide 6 Could not be datermined	28e. PLACE OF IN building, etc.	IJURY — At he (Specify)	ome, ferm, st	ireet, fec	tory, office		28f. LC	CATION (Street ellity or Town, State)	nd Number	or Rural Rou	ite Number,
1 1 101	COMPLEIED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI 2 MEDICAL EXAMINER:											and manner as stated.
2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) of the second place and the sime, date end place, end due to the ceuse(s) of the second place and the sime, date end place, end due to the ceuse(s) of the second place and the sime, date end place, end due to the ceuse(s) of the second place and the sime, date end place, end due to the ceuse(s) of the second place and the sime, date end place, end due to the ceuse(s) of the second place and the sime, date end place, end due to the ceuse(s) of the second place and the sime, date end place, end due to the ceuse(s) of the second place and the sime, date end place, end due to the ceuse(s) of the second place and the sime, date end place, end due to the ceuse(s) of the second place and the sime, date end place, end due to the ceuse(s) of the second place and the sime, date end place, end due to the ceuse(s) of the second place and the sime, date end place and the sime, date end place and the sime													

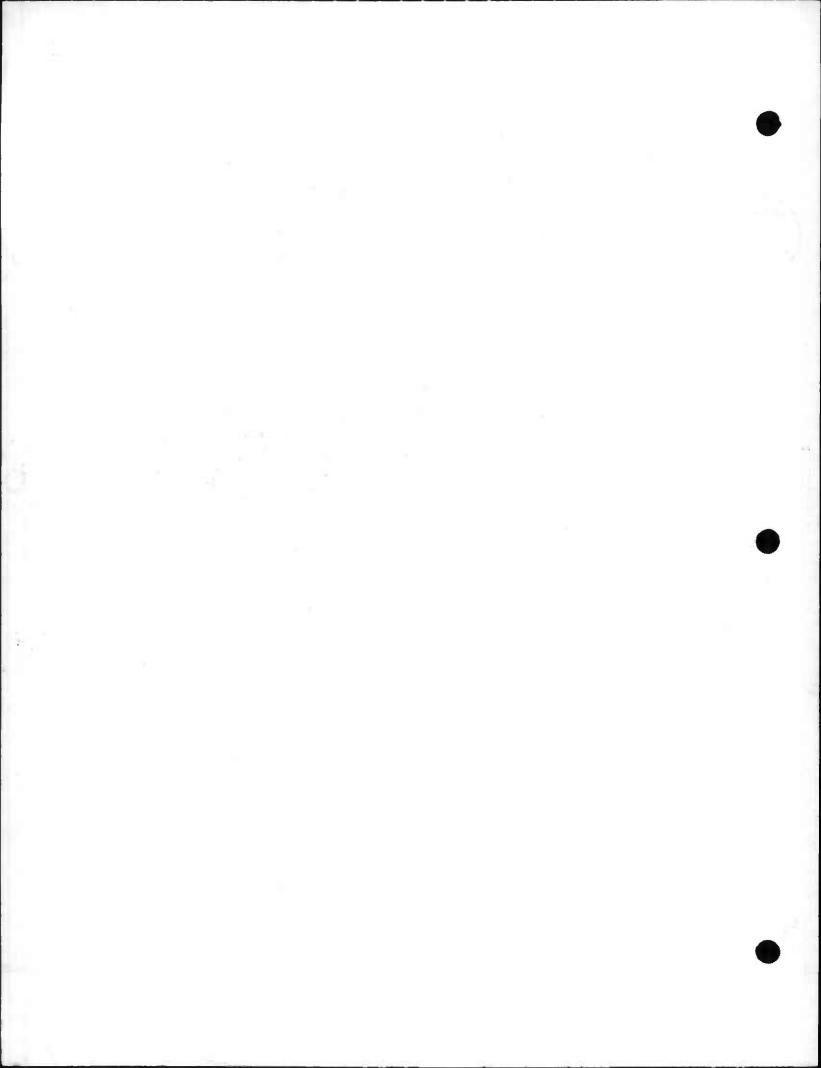
29d. DATE SIGNED (Month, Day, Year) COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

TTO 240) REQ CONCL BLVD Sucle 340

32. REGISTRAR'S SIGNATURE

Julia d'author Randall

DHMH-18 Rev 1/89



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rate ilas pecil signed by	state Dept. of Health and Mental Hygien	1

								95	02843
		FOR 1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIEN	E	
		1. DECEDENT'S NAME (First, Middle, Lest) A. SOCIAL SECURITY NUMBER		rah		WELY	2. DATE OF DEATH DA	12-9	3. TIME OF DEATH
			□ M 2 🖫 F 77	YRS.	IF UNDER 1 YEAR HONTHS DAYS 9b. CITY, TOWN O	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 	917 N	BIRTHPLACE (State or Foreign Country) PW York YOF DEATH
18	TOR	3170 Adderley Court	t		Silver	Spring		Mon	tgomery
a.	DIRECTOR	Maryland Montgon	merv		TOWN OR LOCAT	10.00			16d, INSIDE CITY LIMITS? 1 YES 2 NO
C. LALL		10e. STREET AND NUMBER				ZIP CODE			N OF WHAT COUNTRY?
	FUNERAL		2. WAS DECEDENT EVER IN U FORCES? 1 🔀 YES				IIC ORIGIN? (Specify Yea		. S.A. Black, White, etc.
	B	1 Never Married 2 Married \$ Widowed 4 Divorced	IF YES, GIVE WAR OR DATE			2 X NO Specify		,	Specify: White
	ETED.	15. OECEDENT'S EDUCATION (Specify only highest grade communication (Specify only highest grade communication (Specify only highest grade communication) (S	npleted) College (1-4 or 5+)	(Give kind of wo	rk done durina mo:	N st of working	16b. KIND OF BUS	INESS/INDUS	ТНҮ
ice.	COMPLET	17. FATHER'S NAME (First, Middle, Last)	2	Register	ed Nurs		Medic		
d at or	ш	George P. Van Deuse	en			Blanc	ME (First, Middle, Maiden : he	Smith	
otifie	TO B	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town		ode)
pe n		Philip A. Curry 20a. METHOD OF DISPOSITION	l sales				ds, Maryla		0841
must		↑ Burial 2 Cremation 3 Ramoval 4 Donation 5 Other (Specify)	from State camete	LACE AND DATE OF ery, cremetory or othe klawn Ce	er place)		0ATE 20c. LO		
iner		21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE C	Klawii Ce	22. NAME AN	D ADORESS OF FAC	16/95 Rock		
ехаш		James 4	Doolly				lins Funer BlvdW.		me, Inc. pr.,MD 20901
edica		23. PART I. Enter the diseases, or com shock, or heart fellure. List	iplications that caused to	ha death. Do no	t anter tha mod	da of dying, such	n as cardiac or reapli	ratory arres	t, Approximate interval Batween
or other traumatic event, the medical examiner must be notified at once.		immediate cause (Final disasse or condition resulting in dasth)	Cas	rdiou	as car	lau	Diseas	æ.	Onset and Death
tic eve	z		DUE TO (OR AS A C	ONSEQUENCE OF):					
trauma	RTIFICATION	Sequentially list conditions, if any, lasding to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury	OUE TO (OR AS A C	ONSEQUENCE OF):					
		that initiated eventa resulting in daath) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):					
Injury,	IL CE	PART II. Other significant conditions co	ontributing to death but	not resulting in	the underlying	cause given in i			24b. WERE AUTOPSY FINDINGS
shows any injury.	EDICAL	Die Satass	- nellat	us >	H YE	ecten?	Siad PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
3 sho	Σ.	DID TOBACCO USE CONTRIB	UTE TO CAUSE OF	DEATH YES		UNCERTAIN	10		1 YES 2 NO
or Item 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMPLER?	OSPITAL:	PLACE OF DEATH	(Check only one)				
	HYS	27. MANNER OF DEATH	□ Inpatiant 2 □ ER/Outpati 28a. DATE OF INJURY	ent 3 DOA 4	☐ Nursing Home		8 Other (Specify)		
marked,	BY P	Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME (NOW YF		28d. DEŞCRIBE HOW IN	JURY OCCUP	RED
28 Is	ETED	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY — building, atc. (Specify)	At home, term, stre	eet, tectory, office		281. LOCATION (Street a. City or Town, State)	nd Number or	Rural Route Number,
IMPORTANT: If Item	COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN MEDICAL EXAMINER: O							ause(a) and manner as stated.
OHTA	BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	2 0			29c. LICENSE NUM	BER	29d. DATE S	IGNEO (Month, Day, Year)
N N	ဥ	30. NAME AND ADDRESS OF PERSON WHO CO	OMBI ETED CALIES OF STATE)	D08	3246	19	12 91

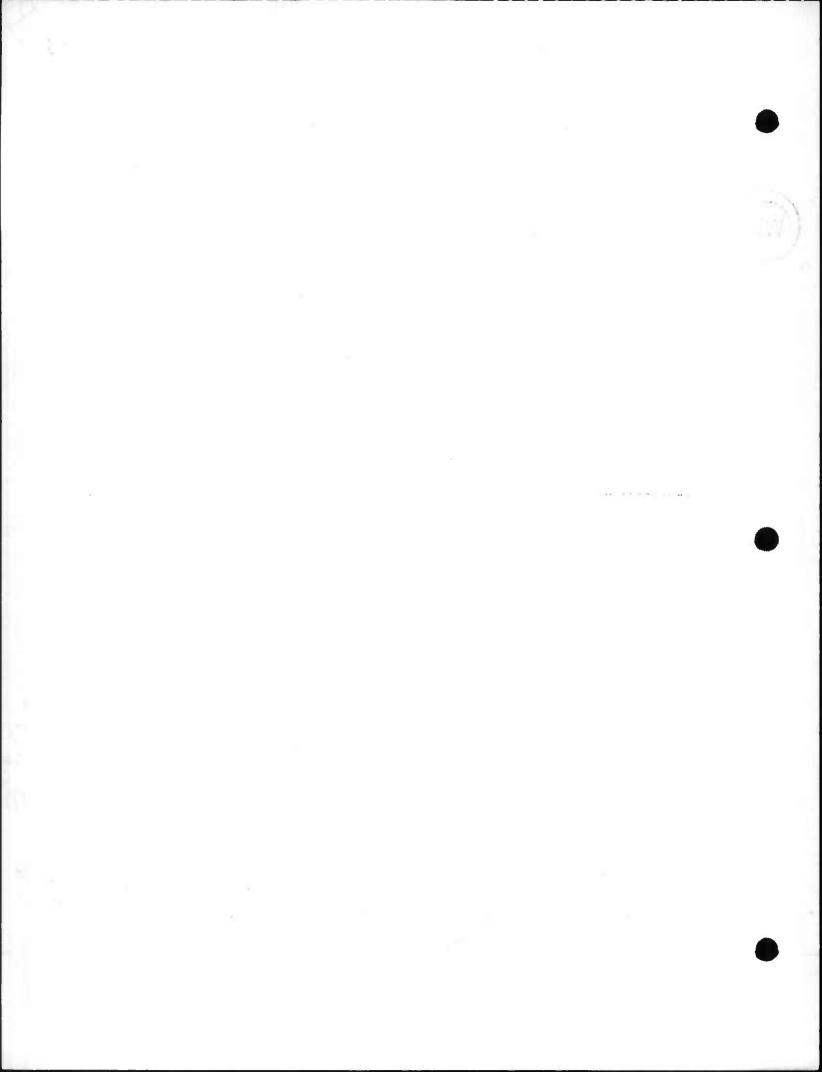
WISCONSIN

8219

31. OATE FILED (Month, Day, Year)

JAN 17 1995 32. REGISTRAR'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



-		y
BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician	I in by the funeral director, page 5 should be detached for use as the burial-than or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train certificate has been signed by the attendance of the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

		FOR 1 - STATE REGISTRAR	STATE OF MARY		TMENT OF H		MENTAL HYGIEN	E	
		1. OECEDENT'S NAME (First, Middle, Last)				DEATH	2. DATE OF DEATH	IV V	3. TIME OF GEATH
- 1			ilas E.	Craft,	Sr.		Jan. 12	, 199	
		236-07-1685	1 🔀 M 2 🗌 F	76 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	June 5,	1918	BIRTHPLACE (Stote or Foreign County) Virginia
2	or	9e. FACILITY NAME (If not institution, give stre				OR LOCATION OF DE	ATH	9c. COUNTY	
鳴	DIRECTOR	5460 Thunderhi	II Road		Colu	mbla ———		НО	WARD
13	E I	10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCA	TION			10d. INSIDE CITY
		Maryland How	ard		Colu	mbia			TYPES 2 NO
	₹ 4	10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CITIZEI	OF WHAT COUNTRY?
-	FUNERAL	5460 Thund				21045			S.A.
		11. MARITAL STATUS 1 Never Married 2 Merried		S 2 NO	If yes, sp	pecify Cuben, Mexican		or No- 14	RACE — American Indian, Black, White, etc.
	B	3 Wildowed 4 Divorced	IF YES, GIVE WAR OF	R DATES	1 _ YES	Specify:			Black
		15. DECEDENT'S EDUCA (Specify only highest grade or	ATION propleted)	16e. DECEOENT'S	USUAL OCCUPATION	ON net of working	16b. KIND OF BUS	SINESS/INDUS	TRY
	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	1	rork done during mo e retired.)				
CB.	MP	17. FATHER'S NAME (First, Middle, Last)	10 Yrs	Admins	trator	(Ret)	Noi		
at 0			Craft				WE (First, Middle, Maiden	Surneme)	
fled	BE		Wife)	19b. MAILING	ADDRESS (Street &	Ada	Graves Oute Number, City or Tow	n. State. Zin Co	rdel 0.7 a 4.7
be notified at once.	2	Mrs Dorothye M.					L Rd, Co		21045
		20e. METHOD OF DISPOSITION	al from State	80b. PLACE AND DATE O	F DISPOSITION /Na	ame of	DATE 20c. LO	CATION — City	or Town. State
E		4 Donetion 5 Other (Specify)	1	Guilford			1/16 Co	Lumbia	a, Md
in in		21 SIGNATURE OF FUNERAL SERVICE CICE	NSEE	/		ND ADDRESS OF FAC Viden Fur	neral Hon	ne P.	A. 20850
exa		DMEK.	Mou	Jew	246	N. Wash	nington S	St, Re	ockville, Md
medical examiner must		23. PART I, Enter the diseases, or co- ehock, or heart fellure. Li	niplications that cause or	sed the deeth. Do no each line.	ot enter the mo	ode of dying, auch	as cerdiec or respi	ratory arrest	Approximate interval Between
the n		iMMEDIATE CAUSE (Final disease or condition	601						Onset and Death
-	H	resulting in death)	001	on car	ncer	-			
5		a.	DUE TO (OR A	S A CONSEQUENCE OF	13				2415
lic even	z		DUE TO (OR A	S A CONSEQUENCE OF) :				2915
numatic even	TION	Sequentially liet conditions, if any, leading to immediate		S A CONSEQUENCE OF):				zyrs
er traumatic even	ICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	OUE TO (OR A	S A CONSEQUENCE OF					zyrş
r other traumatic event, the	TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR A						zyrs
6	CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	OUE TO (OR A	S A CONSEQUENCE OF):				Zyrs
ury, or	CERTIFI	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	OUE TO (OR A	S A CONSEQUENCE OF):		Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
ury, or	CERTIFI	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	OUE TO (OR A	S A CONSEQUENCE OF):		Part I. 24s. WAS AN PERFOR 1 □ YES 2	MED?	
ury, or	MEDICAL CERTIFI	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions	OUE TO (OR A	S A CONSEQUENCE OF	n the underlyin	g cause given in f	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
23 shows any injury, or	AN: MEDICAL CERTIFI	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	OUE TO (OR A	S A CONSEQUENCE OF	n the underlying	g cause given in f	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
23 shows any injury, or	AN: MEDICAL CERTIFI	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditione DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OUE TO (OR A	S A CONSEQUENCE OF S A CONSEQUENCE OF but not resulting in OF DEATH YE 28. PLACE OF DEAT	n the underlyin	g cause given in f	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
or item 23 shows any injury, or	AN: MEDICAL CERTIFI	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditione DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	OUE TO (OR A) DUE TO (OR A) Contributing to death EUTE TO CAUSE HOSPITAL:	S A CONSEQUENCE OF S A CONSEQUENCE OF D but not resulting in OF DEATH YE 28. PLACE OF GEAT utpettern 3 □ DOA	S NO CH (Check only one) OTHER: 4 Norsing Hom	g cause given in f	PERFOR	X NO	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
or item 23 shows any injury, or	PHYSICIAN: MEDICAL CERTIFI	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditione DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	OUE TO (OR A	S A CONSEQUENCE OF S A CONSEQUENCE OF D but not resulting in OF DEATH YE 28. PLACE OF GEAT utpettern 3 □ DOA	n the underlying S NO H (Check only one) OTHER: 4 Nursing Hom OF 28c. INJ	g cause given in f	PERFOR 1 YES 2	X NO	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
is marked, or item 23 shows any injury, or	D BY PHYSICIAN: MEDICAL CERTIFI	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditione DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be	DUE TO (OR ALL DUE TO (OR ALL DUE TO CAUSE D	S A CONSEQUENCE OF S A CONSEQUENCE OF Dut not resulting in OF DEATH YE 28. PLACE OF OEAT utpstient 3 DOA IV 26b. Time INJ IRY — At home, ferm, s	The underlying of the underlyi	g cause given in f	PERFOR 1 YES 2	MED? YNO	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
28 is marked, or item 23 shows any injury, or	ETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditione DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR ALL DUE TO (OR ALL DUE TO CAUSE BUTE TO CAUSE HOSPITAL: Inpatient 2 ER/O 28e. DATE OF INJUR (Month, Day, Yea	S A CONSEQUENCE OF S A CONSEQUENCE OF DEATH YE 28. PLACE OF DEAT utpstient 3 DOA IV 128b. Time INJ 18Y — At home, ferm, si pocify)	NO NO NOTHER: 4 Norsing Hom SOF 28c. INJ	g cause given in f	PERFOR 1 YES 2 6 Other (Specify) 26d. DESCRIBE HOW II City or Town, State)	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
item 28 is marked, or item 23 shows any injury, or	LETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditione DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER Check only 1 CERTIFYING PHYSICI.	DUE TO (OR ALL DUE TO (OR ALL DUE TO (OR ALL DUE TO CAUSE HOSPITAL:	S A CONSEQUENCE OF S A CONSEQUENCE OF DEATH YE 28. PLACE OF DEAT TUTPETIENT 3 DOA TY 1 26b. TIME Ty Decify) At home, ferm, st pocify Owledge, death occurre	NO H (Check only one) OTHER: 4 Nursing Hom OF 28c. HN) M 1 1 treet, fectory, officed at the time, date	g cause given in f	PERFOR 1 YES 2 5 Other (Specify) 26d. DESCRIBE HOW II 26f. LOCATION (Street e City or Town, State)	NJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO NO NO Representation of Cause PRIOR TO PRIOR T
item 28 is marked, or item 23 shows any injury, or	ETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditione DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI, one) 2 MEDICAL EXAMINER:	DUE TO (OR ALL DUE TO (OR ALL DUE TO (OR ALL DUE TO CAUSE HOSPITAL:	S A CONSEQUENCE OF S A CONSEQUENCE OF DEATH YE 28. PLACE OF DEAT TUTPETIENT 3 DOA TY 1 26b. TIME Ty Decify) At home, ferm, st pocify Owledge, death occurre	NO H (Check only one) OTHER: 4 Nursing Hom OF 28c. HN) M 1 1 treet, fectory, officed at the time, date	G CBUSE GIVEN IN F	PERFOR 1 YES 2 5 Other (Specify) 26d. DESCRIBE HOW if City or Town, State) to the cause(s) end men	NJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO PED Rural Route Number, euse(s) end manner es sisted.
PORTANT: If item 28 is marked, or item 23 shows any injury, or	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditione DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER Check only 1 CERTIFYING PHYSICI.	DUE TO (OR ALL DUE TO (OR ALL DUE TO (OR ALL DUE TO CAUSE HOSPITAL:	S A CONSEQUENCE OF S A CONSEQUENCE OF DEATH YE 28. PLACE OF DEAT TUTPETIENT 3 DOA TY 1 26b. TIME Ty Decify) At home, ferm, st pocify Owledge, death occurre	NO H (Check only one) OTHER: 4 Nursing Hom OF 28c. HN) M 1 1 treet, fectory, officed at the time, date	g cause given in f	PERFOR 1 YES 2 5 Other (Specify) 26d. DESCRIBE HOW if City or Town, State) to the cause(s) end men	NJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO NO NO Representation of Cause PRIOR TO PRIOR T
PORTANT: If item 28 is marked, or item 23 shows any injury, or	E COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditione DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI, one) 2 MEDICAL EXAMINER:	DUE TO (OR ALL DUE TO (OR ALL DUE TO (OR ALL DUE TO CAUSE HOSPITAL: I Inpatient 2 ER/O 26e. DATE OF INJUR (Month, Day, Yea 26e. PLACE OF INJUR building, etc. (S) AN: To the best of my kn On the bests of examins	S A CONSEQUENCE OF S A CONSEQUENCE OF The but not resulting in OF DEATH YE 28. PLACE OF DEAT Authorities 3 DOA BY 28b. TIME BY At home, ferm, si pocify) Owledge, death occurre tion and/or investigation	The underlying one of the control of	G CBUSE GIVEN IN F	PERFOR 1 YES 2 5 Other (Specify) 26d. DESCRIBE HOW if City or Town, State) to the cause(s) end men	NJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO PED Rural Route Number, euse(s) end manner es sisted.
PORTANT: If item 28 is marked, or item 23 shows any injury, or	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditione DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR ALL DUE TO (OR ALL DUE TO (OR ALL DUE TO CAUSE HOSPITAL: I Inpatient 2 ER/O 28e. DATE OF INJUR (Month, Day, Yea 28e. PLACE OF INJUR building, etc. (S) AN: To the best of my kn On the bests of examins	S A CONSEQUENCE OF S A CONSEQUENCE OF The but not resulting in OF DEATH YE 28. PLACE OF OEAT utpetient 3 □ DOA IV 28b. TIME INJ RY — At home, ferm, si pecify) owiedge, deeth occurre tion and/or investigation	NO NO NO NOTHER: 4 Norsing Hom 5 OF 28c. INJ NO THER: 4 Norsing Hom 5 OF 28c. INJ 1 NO NOTHER: 4 IND NORSING HOM 1 NO NOTHER: 4 IND NORSING HOM 1 NO NOTHER: 4 IND NORSING HOM 1 NO	g cause given in for the state of the state	PERFOR 1 YES 2 5 Other (Specify) 26d. DESCRIBE HOW if City or Town, State) to the cause(s) end men	NJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO PED Rural Route Number, euse(s) end manner es sisted.

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JAN 17 1995

Davidson Randell

BALTIMORE, MARYLAND 21215-0020

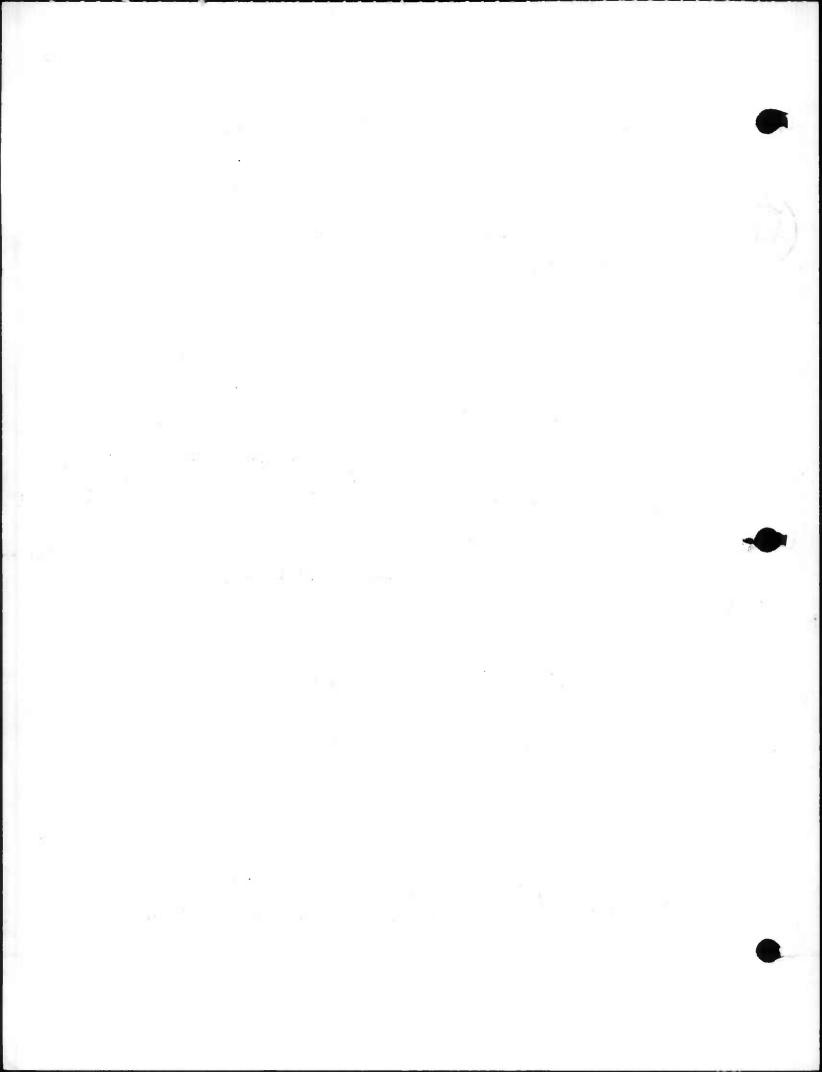
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

-	-	· B	-40
BALTIMORE, MARYLAND 21215-0020	a hours after death. Page 6 may be retained by the hospital or attending physicial	filled in by the funeral director, page 5 should be detached for use as the burial-train, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 4 hours after death. Page 6 may be retained by the hospital or attending physiciam	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) MARIE		CAR	TER		2. DATE OF GEATH		3. TIME OF DEATH 2 49/P M		
	4. SOCIAL SECURITY NUMBER 215-38-5729	1 M 2 XF 7	3 YRS.	IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Mar 12,19		BIRTHPLACE (State or Foreign Country) Maryland		
TOR	9a. FACILITY NAME (If not institution, give structure) Montgomery Gen RESIDENCE OF DECEDENT		1		n Location of D	EATN	sc. county of Death Montgomery			
DIRECTOR	10a. STATE 10b. COUNTY Maryland Montg	omerv	10c. CITY,	TOWN OR LOCAT	nsville			10d. INSIDE CITY LIMITS? 15 YES 2 NO		
FUNERAL	10e. STREET AND NUMBER	k Rd,			20882			OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 PNO	If yea, sp	ENDENT OF HISPA	NIC ORIGIN? (Specify Yes an, Puarto Rican, atc.) y:		RACE — American Indian, Black, Whita, atc. Specify: Black		
COMPLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5 +)	18a. DECEDENT'S U (Give kind of wo life. Do NOT use Domes	rk done during mo retired.)	DN st of working	16b, KIND OF BUS				
OME	7th Grade 17. FATHER'S NAME (First, Middle, Last)		Domes	LIC	18 MOTNED'S NA	NONE NONE (First, Middle, Maiden				
		Campbell			Mar					
TO BE		Granddaugh			nd Number or Rural		n, State, Zip Coo			
	20g_METNOD OF DISPOSITION 1 & Burlal 2 Cremation 3 Remote 4 Denation 5 Other (Specify)	val from State cem	PLACE AND DATE OF	DISPOSITION (Ne	me of	DATE 20c. LO	CATION — City	or Town, Stata		
	21. SIGNATURE OF FUNERAL SERVICE LICE) dun	Lev	Snow	den Fu	neral Hom	ne P.A			
	23. PART i. Enter the diseases, or co	mplications that caused	I the death. Do no	t enter the mo	de of dying, suc	h as cardiec or respi	ratory srreet	, Approximate		
	IMMEDIATE CAUSE (Fine)	RESPIRATION OF AS A		41LURE	3			interval Batwesn Onset and Death		
NO	Sequentially list conditions,	SPINDLE	CELL CH	Ranc	MA C	of LUNG	No.	3 Man		
FICATION	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury		CONSEQUENCE OF):							
CERTIFICATION	that initiated events resulting in deeth) LAST		INDEX. SAN							
ICAL	PART II. Other eignificant conditions MAUGNANT PLOV	Contributing to death b	ut not resulting in	the underlying	cause given in	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
PHYSICIAN: MEDIC	VENTILATION SYN	DENUE				1 TYES 2	K NO	OF DEATN?		
AN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF OEATH		UNCERTAI	N LE				
SIC		HOSPITAL: 1 Inpatient 2 ER/Outp		OTHER:	• 5 🗆 Residence	8 Other (Specify)				
ву РН	27. MANNER OF DEATH 1 M Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	URY AT RK? /ES 2 NO	28d. DESCRIBE NOW IN	JURY OCCUR	EO		
	3 Suicide 8 Could not be 4 Nomicide datarmined	26s. PLACE OF INJURY building, stc. (Spec	— At home, ferm, str ify)	eet, factory, offici		281. LOCATION (Street a City or Town, State)	nd Number or F	Rurel Route Number,		
COMPLETED		AN To the best of my knowl						ause(a) and manner as stated,		
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIER) and the same of			D362		29d. DATE SIG	GNED (Month, Day, Year)		
	STEVEN T. KACI		501 विस्	RG1A A	1/5#51	5 WH61170	NMC	20902		
	31. DATE FILEO (Month, Pey, Year) 1995	32. REGISTRAR'S SIGN	ATURE Reveall							



FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

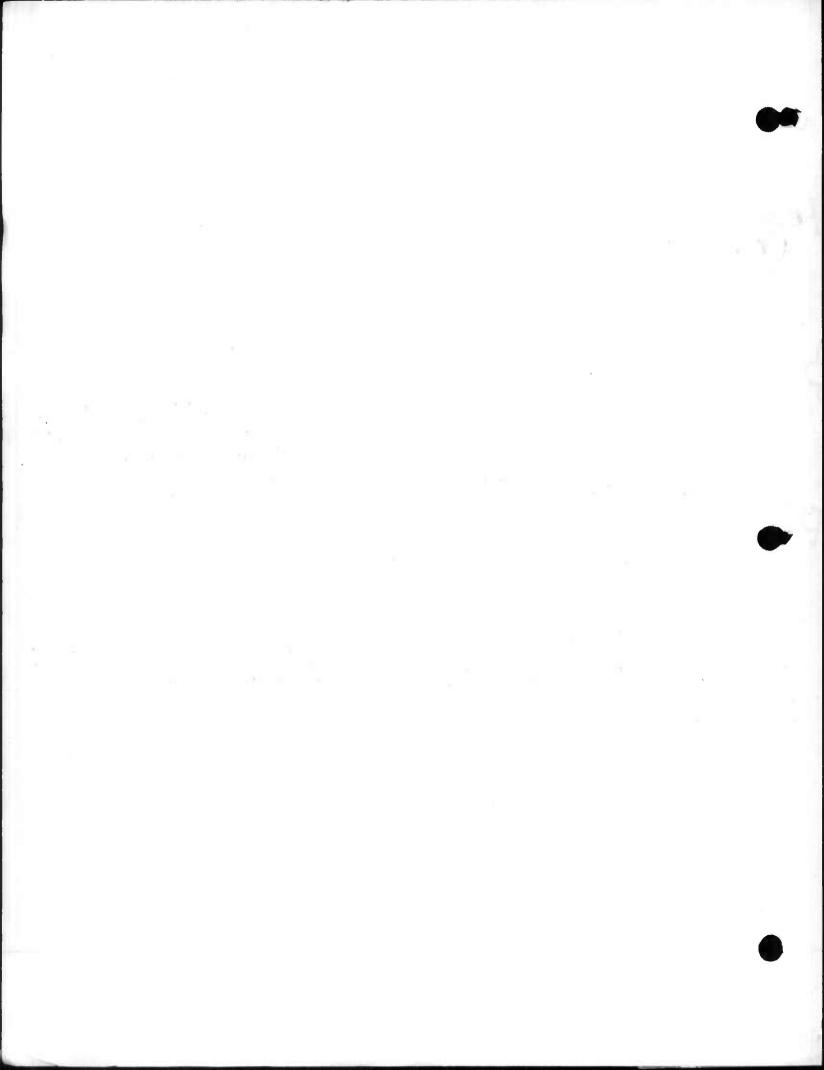
	1 - STATE REGISTRAR		SIMIE UF I	IIANI LA					DEA		MENIAL	REG. NO	_		
1	1. DECEDENT'S NAME (First,	Middle, Last)									2. DATE OF	DEATH			3. TIME OF DEATH
i	S	Svatav	a M. Cro	w1							Janua		AY 1.199	YEAR 5	7:00A M
ı	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In	n yrs. last birt		IF UNDER		IF UNDER	1	7. DATE OF	BIRTH	,	8. BIRTH	PLACE (State or Foreign
į	212-68-0578		1 □ M 2 🛣 F		73	rrs.	ONTHS	DAYS	HOURS	MIN.	July		21	Czecl	noslovakia
1	9e. FACILITY NAME (If not ins	stitution, give s	reet end number)			1	9b. CITY,	TOWN O	R LOCATI	ON OF DE				JNTY OF DE	
	5817 Folksto		ad					В	ethe	sda			M	lonta	omery
ł	RESIDENCE OF DEC	10b. COUNT	,			o CITY	TOWN O	R LOCAT	1011						
į	Maryland		ontgomer		,,,	rc. GITT,	IOWN D			7					10d. INSIDE CITY LIMITS?
ı	10e. STREET AND NUMBER	141	on cyomer y						ethe				40- 00		1 YES 2 NO
	5817 Folksto	ne Ro	ъe					10.	208						States
	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN	U.S. ARMED)	13. V	MAS DECI			IIC ORIGIN? (Specify Yes		14. RACE	- American Indian.
ı	1 Never Married 2 1		FORCES? 1 IF YES, GIVE W							in, Mexica Specify	n, Puerto Ric	en, etc.)		Black Specif	, White, etc.
ı							_								White
		DENT'S EDU highest grade			16a. DECED	ind of wo	rk done d	CUPATIO	N at of workli	ng	16b. K	NO OF BU	BINESS/IN	OUSTRY	
I	Elementary/Secondary (0-	12)	College (1-4 or 5 d	•)		NOT use	<i>m</i> ak∈)r			- 1	0	wn H		
l	17. FATHER'S NAME (First, Mic	ddle, Last)				Onte	maxe	- L	16 MOT	HED'C NA	ME (First, Mid			ome	
	Jan H								10. MO1		rie Ro		Sumeme)		
l	19e. INFORMANT'S NAME (Ty	pe/Print)			19b. M/	AILING A	DDRESS	(Street er	nd Number		Poute Number,		n. State. Zi	io Code)	
	Jana S. Brig	htwe1	l												and 20895
	20e. METHOD OF DISPOSITION 1 Burlel 2X Cremetion	ON Dom		20b.1	PLACEAND	DATEOF	DISPOSI				95 DATE	_	-	City or Tov	
۱	4 Donetion 5 Other		JVal Irom State	_ Ceme Mo	ntgom	ry or otha lery	Cre	mate	oriu	m, I:	nc.	Bet	hesd	a, Ma	ryland
ŀ	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE				22. 1	NAME AN	D ADDRE	SS DF FA	CILITY RO	bert	Α.	Pumph	rev Funeral
1	1) Rich	ele (-	J. Kuit	10	M0034	8	Ho	me/I	Beth nsin	esda Ave	-Chevy	Cha	se,	Inc	7557 814-3501
I	23. PART i. Enter the die	seeses, pr	omplications the	ceused	the daeth.	Do not	t anter	the mod	le of dy	ing, suci	h ea cerdia	o pr respi	ratory ar	rest,	Approximete
ļ	IMMEDIATE CAUSE (Fin		List only ona ceu	se on aa	ch line.										interval Batween Onset and Death
ı	disease or condition resulting in death)	→	, Caro	inom	a of	Lund	a								
İ	222022 2420000		DUE TO	(OR AS A	CONSEQUEN	ICE OF):									1
ı	Sequantially list condition	000	λ				_								
ı	if any, leading to immed cause. Enter UNDERLYIP	liata	DUE TO	(DR AS A	CONSEQUEN	ICE OF):									
	CAUSE (Disease or injur		DUE TO	OR AS A	CONSEQUEN	ICE OF:									
	resulting in death) LAST				W-0.080.29	,									İ
ı															
ŀ	PART II. Other significan	condition	s contributing to	death bu	it not resul	iting in	tha und	derlying	cause	given in	Part I. 24	In. WAS AN PERFOR			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
											_ 1	YES 2	□ XNO		COMPLETION OF CAUSE OF DEATH?
	DID TOP LOCALIN														1 TES 2 KNO
	DID TOBACCO US 25. WAS CASE REFERRED TO		GIROLE 10 CV						UNC	ERTAIN	1 X				
	EXAMINER?	WEDICAL	HOSPITAL:		6. PLACE DE		THER	:	24	V.10-0.	A				
ļ	27. MANNER OF DEATH		1 Inpatient 2 I			b. TIME (ing Home 28c. INJU		eldence	6 Other (S 26d, DESCR		A SEIBA OC	CLIBEO	
1	1 Natural 5 P		(Month, D	sy, Year)		INJUR		WOF		NO				001125	
ŀ	2 Dulatta	ould not be	28e. PLACE O	F INJURY -	- At home, f	lerm, stre	eet, fecto	rry, office			28f. LOCATI		nd Numbe	r or Rural Ro	oute Number,
		stermined	building,	etc. (Specify	(y)					ı	City or 1	lown, State)			
I	29e. CERTIFIER (Check only	FYING PHYSI	CIAN: To the beat of	my knowle	dge, death o	ccurred	st the tir	ne, date	end place.	end due	to the cause	a) end man	ner es ste	ted.	
ı															end manner es stated.
ŀ	29b. SIGNATURE AND TITLE							Т		ENSE NUM					(Month, Day, Year)
	Joh	~	47		all	•	~ V	CEM		3546	A-507				y 14,1995
r	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEAT	TH (ITEM 27)	(Туре, Рг	rint)		_						
L	John F. Taul	per, M	.D., 821	8 Wis	scons	in A	ve.	, Be	thes	da,	Mary1	and	2083	L4	
	31. DATE FILED (Month, Day, M		32. REGISTRA	R'S SIGNAT	TURE										
L	JAN 18	1995	Julia da	colson	Bardall	,									
			()		2 0200										DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicians. DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the funral be filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



	1 - STATE REGISTRAR
	1. DECEDENT'S NAME JOSEPH
	4. SOCIAL SECURITY
	578-34-6
	9a. FACILITY NAME (#
OR	THE JOH
5	RESIDENCE OF
DIRECTOR	10s. STATE
	Maryland
AL	10e. STREET AND NU
FUNERAL	2023 Rand
5	11. MARITAL STATUS
_	1 Never Married
BY	3 Widowed 4
	15 (Spec
COMPLETE	Elementary/Second
Σ	
8	17. FATHER'S NAME (F
BE	Donald
	19a. INFORMANT'S NA
2	Managarat

Tmende	d		119191	5 /	MR			1110	on	1900r	ne	VM	Ctu
1 - STATE REGISTRAR		STATE OF #	MÁRÝLAND C		TMENT O				MENTA	L HYGIEN REG. NO.	E	1	7
1. DECEDENT'S NAME (First JOSEPH	Middle, Lest)	Leo			CRON	IN			JAN	OF DEATH	Ž, 1	9 95 °	3. TIME OF DEATH 12:30 A M
4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER 1 YE		IF UNDER		7. DATE	OF BIRTH		S. BIRTI	NPLACE (State or Foreign
578-34-6183	3	1 M 2 F	67	YRS.	MONTHS DA	478	HOURS	MIN.		h, Day, Year)	927	Penn	m sylvania
9a. FACILITY NAME (If not in	stitution, give st	reet and number)			9b. CITY, TO	WN OF	LOCATIO	ON OF OR				JNTY OF E	
THE JOHNS		NS HOSPI	TAL		BALT	IMO	RE (CITY					
10a. STATE	10b. COUNTY			10c. CITY	, TOWN OR L	OCATIO	ON						10d, INSIDE CITY
Maryland	Мо	ontgomery	J		Silve	r S	Sprii	nσ					LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER					01110		ZIP CODE				10g. CI	TIZEN OF	WHAT COUNTRY?
2023 Randol	h Road	d Apt. 10	0.1				2090	0.2				U.S	Δ
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A	RMED	13. WAS	DECE	NDENT O	F HISPAN	IIC ORIGII	N? (Specify Yes	or No-		E — American Indian, k, Whita, atc.
1 Never Married 2 K		IF YES, GIVE W	YES 2 WAR OR DATES	NO				n, Maxica Specify		Rican, atc.)		Spec	
3 Widowed 4 Dive			-1946				A						White
15. DEC (Specify only	EDENT'S EDUC highest grade	CATION completed)	(Give kind of w	USUAL OCCU			ю	168	. KIND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0	-12)	College (1-4 or 5	+)	e. Do NOT use	,								
		<u></u>	Mai	nutact	urers	Re	_	_				sale	
17. FATHER'S NAME (First, M										Middle, Maiden	Surname)		
Donald Lec		in						arie			ohla		7/4/2007
19a. INFORMANT'S NAME (7			- 1							ber, City or Town			20902
Margaret Pat		Cronin	1					#10		lver S	prin	g,Ma	ryland
20a. METHOD OF DISPOSIT 1 St Buriel 2 Crematic 4 Donation 5 Other	n 3 🗆 Ramo	oval from Stata	cemetery c	remetory or oth	r Disposition ther place)			rv 1	/19/			Spri	ng, Maryland
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE			22. NAN	E AND	ADDRES	SS OF FA	CILITY				
Jone	> 5(Dool	\		500	Un	ive	rsit	v Bl	s Fune	Sil	.Spr	, Inc.
23. PART I. Enter the di shock, or h	seases, or c	omplications tha	t caused tha d	lesth. Do no	ot antar tha	mod	a of dyi	ing, sucl	h as can	diac or respin	ratory si	rrest,	Approximats
IMMEDIATE CAUSE (Fir					4								Onset and Death
disease or condition resulting in death)	+	ng.	SEPT (OR AS A CONSI	C	Shoc	K							20 days
		DUE TO	(OR AS'A CONSI	EOUENCE OF):								
Sequentially list conditi		b	DNEN										70 days
If any, leading to imme	diata		(OF AS A CONSI		•								
CAUSE (Disease or Inju		D	(OR AS A CONS	1105	1 ppro	1551	بدو						130 days
that initiated eventa resulting in death) LAS		DUE TO	(OR AS A CONSI	EOUENCE OF	ansp	1	/	. /					
Trouting in douti, 270		d,	liver	TI	Ansp	/A	27	ATI	2-				130 days
PART ii. Other aignifica	nt conditions	s contributing to	death but not	reaulting in	tha under	lying	cause g	given in	Part i.	24a. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS
liver f										PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
Renal	La lui								_	1 YES 2	□ NO		OF DEATN?
DID TOBACCO U			LISE OF DE	ATH VE	S 🗆 NO		LINIC	ERTAIN					1 TYES 2 NO
25. WAS CASE REFERRED TO		CIDOTE TO CA		_	N (Check only		OIAC	EKIAII	A TEI				
EXAMINER?		HOSPITAL:	200-00		OTHER:		6 [] B-	-1-1		- 40			
27. MANNER OF DEATN		28a. DATE OF	INJURY	26b. TIME		. INJU		aldenca		SCRIBE HOW IN	NJURY OC	CURED	
	Pending investigation	(Month, D		INJU	M 1		K?] NO					
	Could not be determined	28a. PLACE O building,	F INJURY — At h atc. (Specify)	ome, ferm, at	ireet, factory,	offica			28f. LOC City	CATION (Street a or Town, State)	nd Numbe	or Rural I	Route Number,
29a. CERTIFIER 1 CERT	IFYING PHYSIC	CIAN: To the beat of	my knowledge. d	leath occurred	d at the time.	data =	nd place	and due	to the car	use(a) and men	ner as =1-	nted.	
anal													s) and manner as stated.
296. SIGNATURE/AND SYTLE	or targrityen	1					29c. LICE	NSE NUM			29d. DA	TE SIGNED	(Month, Day, Year)
1.1.1.						- 17	95415	1735	2565	ا		1/7	155
30 NAME AND ADDRESS OF	PERSON WNO	COMPLETED CAUS	SE OF DEATH (IT		Print)			/	1565	ں		117	185

—TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a new fleath. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 687604

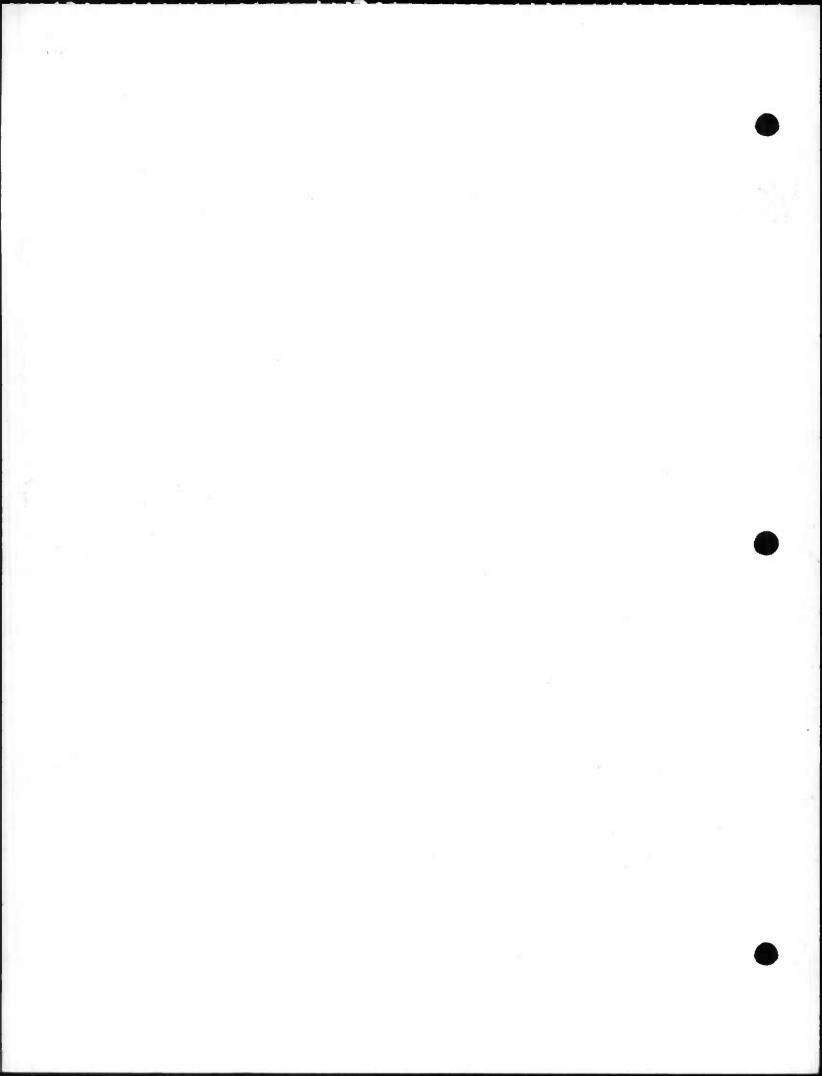
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Morith, Day, Year)

JAN 19 1995

BALTIMORE, MARYLAND 21215-0020

DHMH-18 Rev 1/89

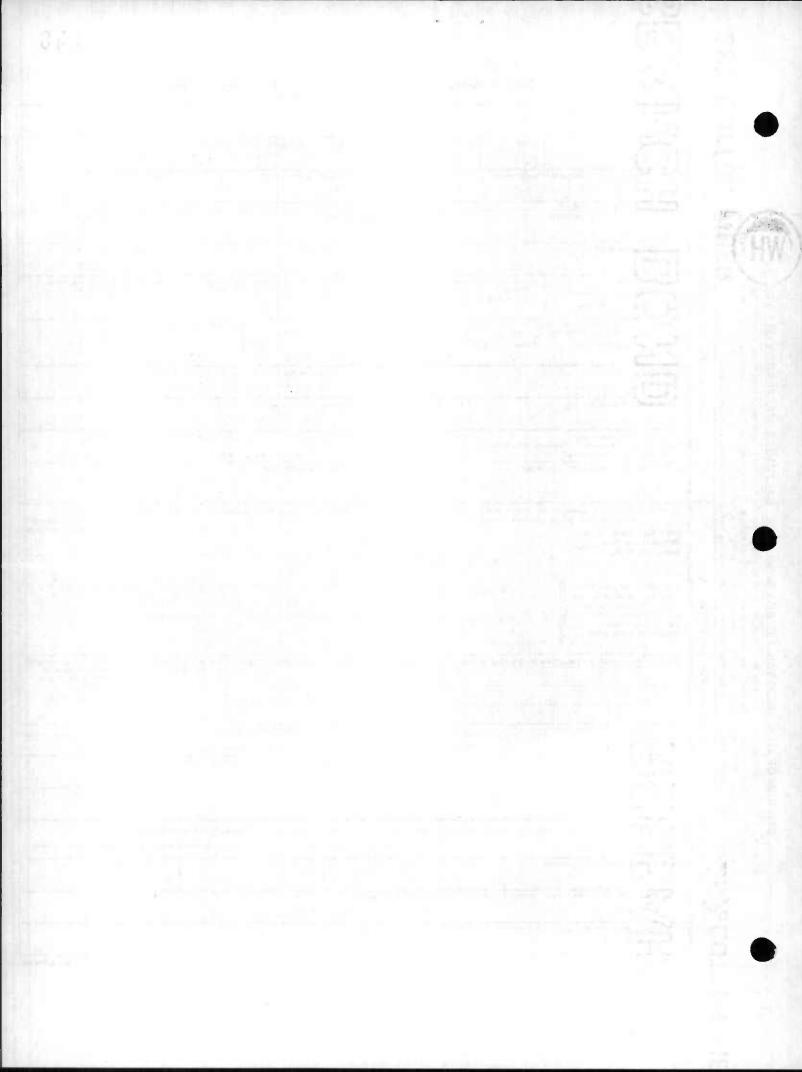


DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cardificate be executed within proper and the country of many the manned by the frontier of the manual by the frontier of the manual by the frontier of the manual by the frontier of	ours after death. Page 6 may be retained by the hospital or attending physic
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IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	nedical examiner must be notified at once.

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAR			EKIT	CATE OF	DEATH	F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF	DEATH		3.	TIME OF DEATH
	William Albert	Denner	A				Jan	26 DAY	1995	EAR:	4:40 Au
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	Innt historian	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF				ACE (State or Foreign
		1 X M 2 . F			MONTHS DAYS	HOURS MIN.	July	W Year)		Country)	
	218-36-8168		54	YRS.			Jury	2,194	.0	Mary	land
	Se. FACILITY NAME (If not institution, give	streer and number)			9b. CITY, TOWN	OR LOCATION OF C	EATH		9c. COUNTY	OF DEAT	гн
H.	9285 Pigeonwing	Place			Colu	mbia			Но	ward	
K	RESIDENCE OF DECEDENT										
DIRECTOR	10a. STATE 10b. COUN	TY		10c, CITY	, TOWN OR LOCA	TION				10	d. INSIDE CITY
1 1 1	Maryland How	ard			Columbi	a					LIMITS? YES 2 XNO
	10e. STREET AND NUMBER	raca				f. ZIP CODE					
Z.	The state of the s				10						AT COUNTRY?
iii ii	9285 Pigeonwing	Place				21045			Unit	ed S	tates
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT				CENDENT OF HISPA			or No.— 14.	RACE -	American indian, Vhite, etc.
	1 Never Merried 2 Merried	FORCES? 1		XNO		ecify Cuben, Mexic		n, etc.)		Specify:	Vhite, etc.
B	3 Widowed 4 Divorced					L Z 240 Open	·y.				White
0	15. DECEOENT'S ED	UCATION	16a, 1	DECEDENT'S	USUAL OCCUPATI	ON	16b. KII	ID OF BUSI	NESS/INDUS		
E	(Specify only highest grad		4	(Give kind of w	vork done during me e retired.)	ost of working					
1 2	Elementary/Secondary (0-12)	College (1-4 or 5+	,				me		C+-1-	T7	
Z		5+	A.	SSOC1	te Prof					Uni	versity
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)					18. MOTHER'S N.	AME (First, Midd	lle, Maiden Se	umeme)		
BE (William Denner					Loret	ta Dic	kinso	n		
	19a. INFORMANT'S NAME (Type/Print)			19b. MAILIND	ADDRESS (Street	and Number or Rural	Route Number	City or Town	State Zio Co	c(a)	
2	Cynthia Roth					ing Plac				,	21045
							e coru				
	20a. METHOD OF DISPOSITION 1.20 Burlat 2 Cremetion 3 Re	movul from State	20b.PLAC	E AND DATE	F DISPOSITION (N	ame of	OATE	20c. LOCA	ATION — City	or Town	, State
	4 Donation 5 Other (Specify)		Coli	umbia	Memoria	l Park j	ab 28	Co	lumbi	a, M	laryland
	21. SIDNATURE OF FUNERAL SERVICE L	ICENSEE			22. NAME A	ND ADDRESS OF F	ACILITY				
	12/ 5	11 11 7	-		Harry	H Witzk	e Fune	ral H	ome I	nc	
	Harry &	4. Wells	ne		4112	Old Colu	mbia P	ike E	llico	tt C	ity 21043
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	and the second of the second o	. List only one cau	se on each li	ne.		ad bi dying, so	on as cerdisc	or respire	itory sirest	1	Interval Between
76	IMMEDIATE CAUSE (Final		se on each li	ne.					nory sries	,	
	and the second of the second o		se on each li	ne.					itory sitest	,	Interval Between
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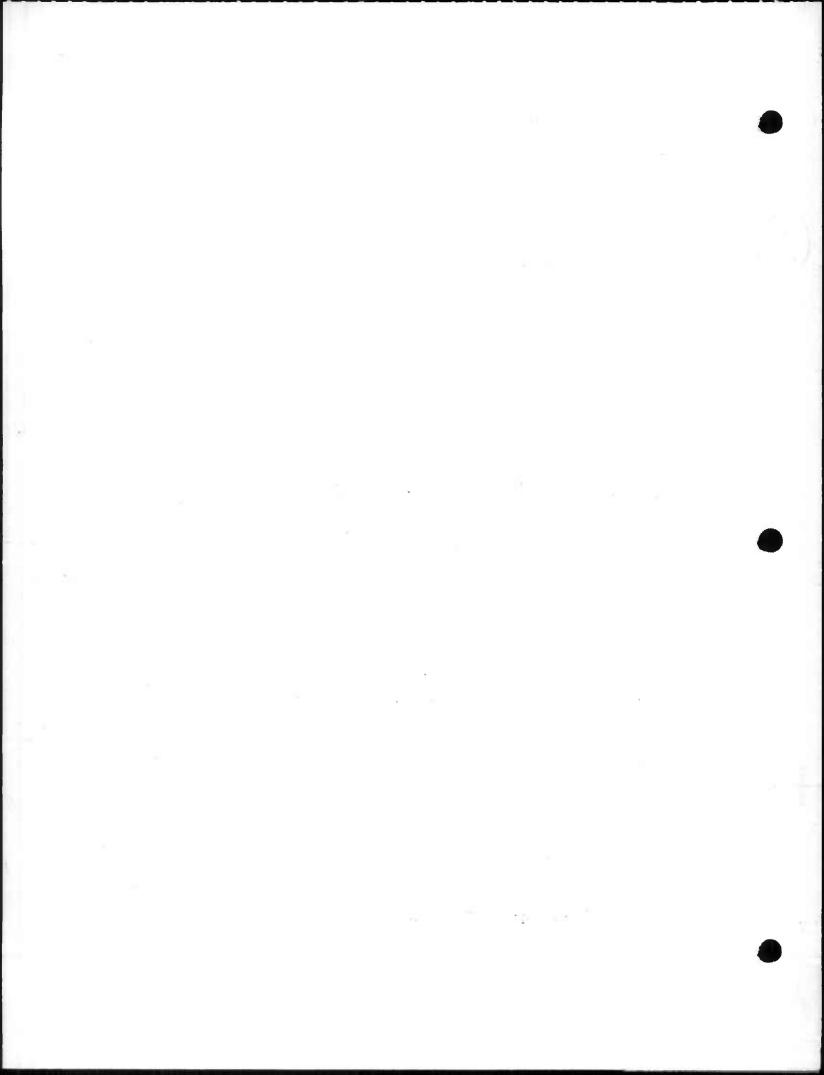


		1 - FOR STATE REGISTRAR	STATE OF MAR	YLAND / CE	DEPAR RTIF	TMENT ICATE	OF H	EALTH DEAT	AND M		YGIENE	E		
		- 11/21	Varo							2. DATE OF MONTH	DEATH DAY		YEAR 95	8 45 A M
Pin		4. SOCIAL SECURITY NUMBER 579-14-6302 D	1 🗆 M 2 😿 F	GE (In yrs. lest	birthday) YRS.	IF UNDER	DAYS	IF UNDER	MIN.	7. DATE OF (Month, D. Dec.	av. Year)	906 V	Vashi	ace (State or Foreign
should	TOR	9a. FACILITY NAME (# not institution, give Brooke Grove Nur RESIDENCE OF DECEDENT								тн			ty of DEA	
WH)	DIRECTOR	10e. STATE 10b. COUN	gomery			y, town o				-				0d. INSIDE CITY LIMITS? YES 2 NO
	FUNERAL	1309 Mullins Str	eet	101. ZIP CODE 20904							10g. CITIZEN OF WHAT COUNTRY? United States			
21215-0020 al or attending physician for use as the purishma	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 Y	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ₹ NO IF YES, GIVE WAR OR DATES			t yes, sp		n, Maxican,	Puarto Rican, etc.) Bla			14. RACE - Black, 1 Specify:	- American Indian, White, atc. White
AND 21215 the hospital or attend detached for use as once.	COMPLETED	15. DECEDENT'S ET (Specify only highest gra Elementary/Secondary (0-12) 12	College (1-4 or 5+)	(Give	e kind of a Do NOT us	se retired.)	during mo	on st of working tary	g		outy	Publi at GA	ic Pr	inter
2 8 8 Z	101	17. FATHER'S NAME (First, Middle, Last) James Mowatt 19a. INFORMANT'S NAME (Type/Print)		106	MAIL INC	4000500	Const.	Ele	anor	E (First, Midd Hagai	n			
RE, MAR nay be retained page 5 should it be notified		Joan D. Moore		130	09 M	ulli OF DISPOS	ns S	tree			Spri		lary1	and 20904
BALTIMORE, after death. Page 6 may be by the funeral director, page moval.		1 % Burlei 2 Cremetion 3 Re 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE I	Rock C	22. NAME AND ADDRESS OF FACILITY Hines—Rinaldi Fur 11800 New Hampshire Avenue Silver Spring, Maryland 20904						.C.				
d within an nours ompletely filled in L. cremation, or re- event, the medi		23. PART i. Enter the diseases, o ehock, or heert blium iMMEDIATE CAUSE (Final disease or condition resulting in death)	E Precen	esed the dearn each line.	2	not enter	the mo	de of dyli	ng, auch	as cerdiec	Dr reepir	atory arre	est,	Approximate interval Batween Onset and Daath
P.O. BO h certificate by anding physicia Hygiene prior or other tra	RTIFIC	Sequentially liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
CORE res that th igned by ealth and rs any is	₽ S	PART ii. Other eignificent conditi	ons contributing to deat	h but not re	suiting	in the un	deriying	g ceuse g	lven in P		PERFORM	MED?	C	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE F DEATH? YES 2 NO
TAL The la the has ate De ate De	ä	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			DEA.	26. PL	ACE OF DE	NO EATH (Chec					
OF V PHYSICIAN this certifi with the	B	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation		RY Br)	26b. TIM INJ	E OF URY M	26c. INJ WO 1 🔲 Y	URY AT RK? YES 2	NO	Other (Sp 28d. DESCRI	BE HOW IN	11		
OR ATTEN OR ATTEN DIRECTOR: bours after tem 28 i	LETE	3 Suicide 6 Could not be determined	Dunaning; ote: (c	Specify)	3	4	me			184	30	Bro	OKRO	grove Re
TO THE HOSPITAL TO THE FUNERAL DE filed within 72 h	E COMP		NER: On the basis of examina					esth occur		me, data and		due to the	cause(a) a	fonth, Day, Year)
1	TO BE	30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE OF					A	08	.50	(6)	▶ ८	Den	1995
15		31. DATE FILED (MORTH, Day, Year) JAN 20 1995	32. REGISTRAR'S SI	Randall	20	8)	(8)	5	-51	2	Ace		(30)	Charles

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68760, BALTIMORE, MARYLAND 21215-0020	ecuted within 24 hours after death. Page 6 may be retained by the hospital or attending	nd completely filled in by the funeral director, page 5 should be detached for use as the burial, cremation, or removal.	atic event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending small and the companion of the hospital or attending small and the companion of the hospital or attending small and the companion of the hospital or attending small and the companion of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF I		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last) JAMES	FREDERICK	DIETS	СН		JANUARY 9,		3. TIME OF DEATN 12:30 PM M
	4. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	8.	BIRTNPLACE (State or Foreign Country)
	217-14-2280 9a. FACILITY NAME (If not institution, give st	1 ☑ M 2 ☐ F 69	YRS.		OR LOCATION OF I	MAY 2, 192		Maryland
R	3604 Kayson Sti			Wheato		DEAIN	Monto	Comery
2	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY						Hone	
DIRECTOR		tgomery	10c. CIT	v, town on Loca Wheato				10d, INSIDE CITY LIMITS?
AL	10e. STREET AND NUMBER	550mery			. ZIP CODE		10g. CITIZER	N OF WHAT COUNTRY?
IER/	3604 Kayson Sti	reet			20906			nited States
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? XIX YES IF YES, GIVE WAR OR DATE OF THE YES, GIVEN OR THE YES, GIVEN OR THE YES, GIVEN OR THE YES, GIVEN OR THE YES, GIVEN OR TH	2 NO	It yes, sp	ENDENT OF NISPA ecity Cuban, Mexic 2 X NO Spec	ANIC ORIGIN? (Specify Year cen, Puerto Rican, etc.)		Black, White, etc. Specify: White
日	15. OECEDENT'S EDUC (Specify only highest grade	CATION completed)	18e. DECEOENT'S	vork done durina me	ON set of working	16b. KIND OF BUS	SINESS/INDUS	TRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Bowlin	e retired.)	at or working	Suitla	nd Bow	71
CON	17. FATHER'S NAME (First, Middle, Last)				18, MOTHER'S N	AME (First, Middle, Maiden	Sumame)	
H	unobtainable 190. INFORMANT'S NAME (Type/Print)					erine Anna		
2	Jacqueline Diets	sch				Route Number, City or Tow. Vheaton, MD		
	20e. METNOD OF DISPOSITION	20b.F	PLACE AND DATE O	F DISPOSITION (Na	ime of			y or Town, State
	1. SIGNATURE OF FUNERAL SERVICE 11	Ff.	Linco				ntwood	l, MD
	AT SHOWATURE OF PUNEHAL SERVICE INC	1 (/6)	1/2	N	O ADDRESS OF F	исын i Funeral Н	0.000	
	Mu The	the your	lance	- 111800	New Har	moshire Ave	Silve	er Spring MD
	I Enter the diseases, or c shock, or heert fellure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one ceuse on eet	ch line.	ot enter the mo			ratory errest	Approximate intervel Between Onset and Death
	resulting in dealtry	DUE TO (OR AS A	CONSEQUENCE OF	7:				100
ON	Sequentially list conditions,	OUE TO (OR AS A C	honor	ansis				10200
CAT	If sny, lesding to immediate cause. Enter UNDERLYING			<i>y</i> -				į l
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				
EH	resulting in deetiny EAST	ş						
	PART II. Other significent condition	s contributing to death but	t not resulting i		g ceuse given i	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AMJUABLE PRIOR TO
200	<i>U</i> *	what Mall		spell		1 YES 2		COMPLETION OF CAUSE OF DEATH?
Ψ.	DID TORACCO LIST CONTE	Aprila			out wil			1 - YES 2 - NO
AN	DID TOBACCO USE CONTR		B. PLACE OF GEAT	S NO C	UNCERTA	иПТ		
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpat	tient 3 DOA	OTHER:	e 5 Residence	6 ☐ Other (Specify)		
BY PHYSICIAN: MEDICAL	27. MANNER OF DEATH 1 Natural 5 Pending investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIMI	JRY WC	URY AT	28d. DESCRIBE HOW I	NJURY OCCUR	REO
	2 Accident investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY - building, atc. (Specify	At home, term, a	treet, factory, offic		26t. LOCATION (Street a City or Town, State)	and Number or I	Rural Route Number,
COMPLETED		CIAII: To the best of my knowled						
	296. SIGNATURE AND TITLE OF CHATTERER	R: Cin the basis of exemination	end/or Investigation	n, in my opinion, d				
TO BE	Mucho)	h Ooligo	Und		DO/	138		uary 10, 1995
	30. NAME AND ADDRESS OF PERSON WHO				11200			
	Dr. Michael Dobr	negistran's signa	Jeorgia	Avenue,	#308 ,		MD	
	JAN 17 1995	REGISTRAR'S SIGNAL	Kardall	_				



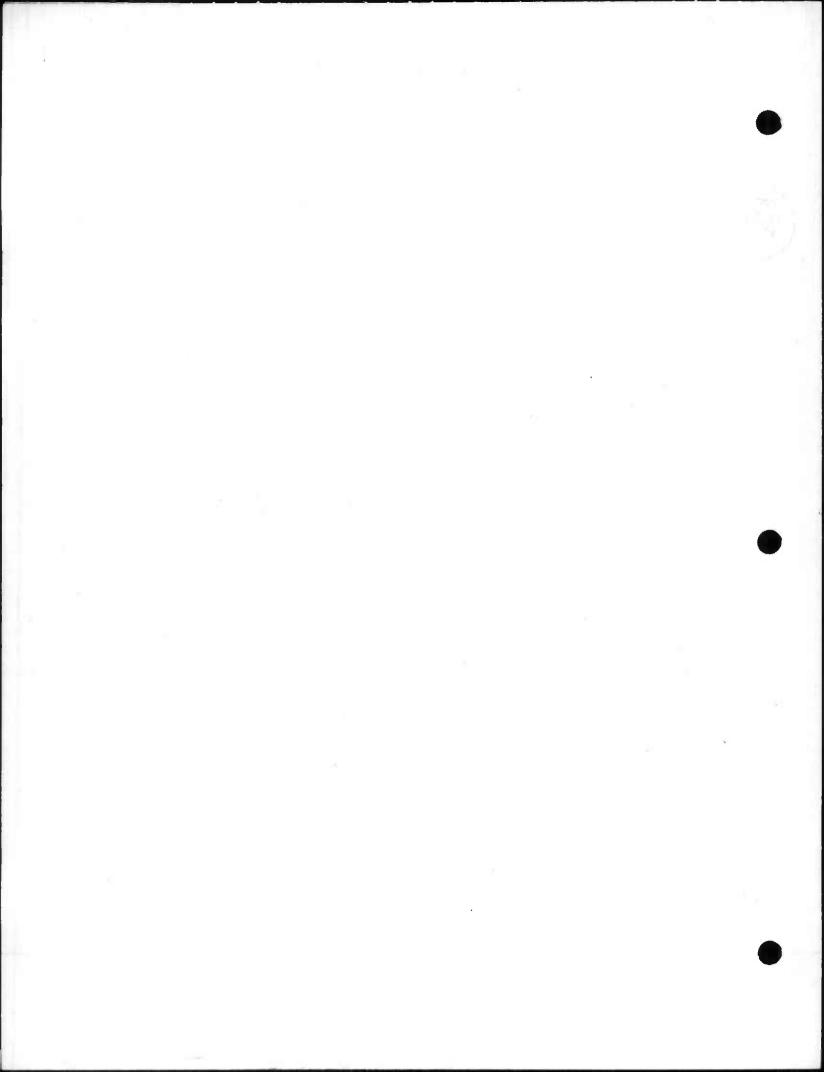
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		1 - STATE REGISTRAR		STATE OF I	MARYL	LAND / CE	DEPAR	TMENT ICATE	OF I	HEALTH DE A	AND	MEN	TAL HYGIEN REG. NO	E	7	Count
		1. DECEDENT'S NAME (Firs	t, Middle, Last)					IOAIL	. 01	DLA	111	2. D/	ATE OF DEATH	•		3. TIME OF DEATH
		•	Kennet	h Dawson	Dem	naree						MC		3, 1	995	2:17 A
		4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE	(In yrs. last	t birthday)	IF UNDER		IF UNDER			TE OF BIRTH		8. BIRTH	HPLACE (State or Foreign
	1	216-16-028	_	1 X M 2 F		71	YRS.	MONTHS	DAYS	HOURS	MIN.		b. 22,	1923	Count	w eorgia
4		9a. FACILITY NAME (If not i						9b. CITY,	TOWN	OR LOCATI	ION OF DI				NTY OF D	DEATH
١	2	Suburban		<u>al</u>					3eth	nesda	l .			M	ontg	omery
DIBECTOR	2	10e. STATE	106. COUNTY	Y			10c. CIT	Y, TOWN O	R LOCA	TION						10d, INSIDE CITY
		Maryland	Mon	tgomery				Chev	лу С	Chase	2				- 1	LIMITS?
1	4	10e. STREET AND NUMBER							101	. ZIP COD	E			10g. CIT	IZEN OF V	WHAT COUNTRY?
1 4		9 Lelan	d Cour	t						2	0815	5			Unit	ed States
FINEDAL	5	11. MARITAL STATUS 1 ☐ Never Married 2 🔀	Mondad	12. WAS DECEDEN	T EVER I	IN U.S. ARA	MED	13. V	WAS DEC	CENDENT C	OF HISPAN	NIC ORI	GIN? (Specify Yes	or No-	14. RACE	E — American Indian, k, White, etc.
2		3 Wildowed 4 Div		FORCES?						2 🔼 NO			no thour, etc.)		Speci	
		15. DE	CEDENT'S EDU	World W	ar 1	1	CEDENT'S	USUAL OC	CUPATIO	ON			16b. KIND OF BUS	SIMESS/INF	MICTOV	WILLCE
		(Specify on Elementary/Secondary (ly highest grade 0-12)	College (1-4 or 5	+)	(Giv	ve kind of a Do NOT us	vork done d	uring mo	ost of working	ng			311120011111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
, ā				4		Но	rtic	ultui	rist				U.S.	Gove	rnme	nt
COMPLETED	3	17. FATHER'S NAME (First, A											st, Middle, Meiden	Sumame)		
B R		Juan Bre		maree							ce W					
		190. INFORMANT'S NAME (Constance H		Demaree									lumber, City or Town			0015
90	1	20e. METHOD OF DISPOSIT	-	Demaree	Lon											
Must	1	1 ☐ Buriel 2 ☒ Cremation 4 ☐ Donation 5 ☐ Other	on 3 🗆 Remo	oval from State		metery, crem							Rot	heed		aryland
		21. SIGNATURE OF FUNERA		ENSEE	1	oneg	Onci	22. 1	IAME A	ND ADDRE	SS OF FA	CILITY				
E X		1 Pollin	15	1-1-		MOO	198	Rox	ert E	: A. Bethe	Pump sda-	nre Che	y Funer	al H	ome/	
	7	23. PART I. Enter the	iseases pro		_			175	57 W	Visco	nsin	1 Av	re.,Beth	iesda	MD	20814-3501
	- 111		23. PART I. Enter the diseases, Dr complications that caused the death, Do not enter the mode of dying, such as cardiac or respiratory extract									Approvimete				
	-	anock, or r	ieart fallure.	List only one cau	t cause ise Dn e	d tha dea each line.	eth. Do r	ot enter	tha mo	de of dy	ing, suc	h as c	ardiac or respi	ratory an	reat,	Approximata interval Batween
1 110		iMMEDIATE CAUSE (Fi	ieart fallure.	List only one cau	ise Dn e	each line.			tha mo	de of dyi	ing, suc	h as c	ardiac or respi	ratory an	reat,	
event, inc men		iMMEDIATE CAUSE (Fi	ieart fallure.	a. Acute	My	each line.	dia1	Infa	tha mo	de of dyi	ing, suc	h as c	ardiac or respi	ratory an	reat,	intarvai Batween Onset and Death
ON Covernit, time mean		iMMEDIATE CAUSE (Fi disease or condition resulting in death)	nai	Acute DUE TO Arte	OR AS	ocard a consequence	dia1 WENCE O	Infa	rct.	ion	ing, suc	h as c	ardiac or respi	ratory an	reat,	intarvai Batween Onset and Death
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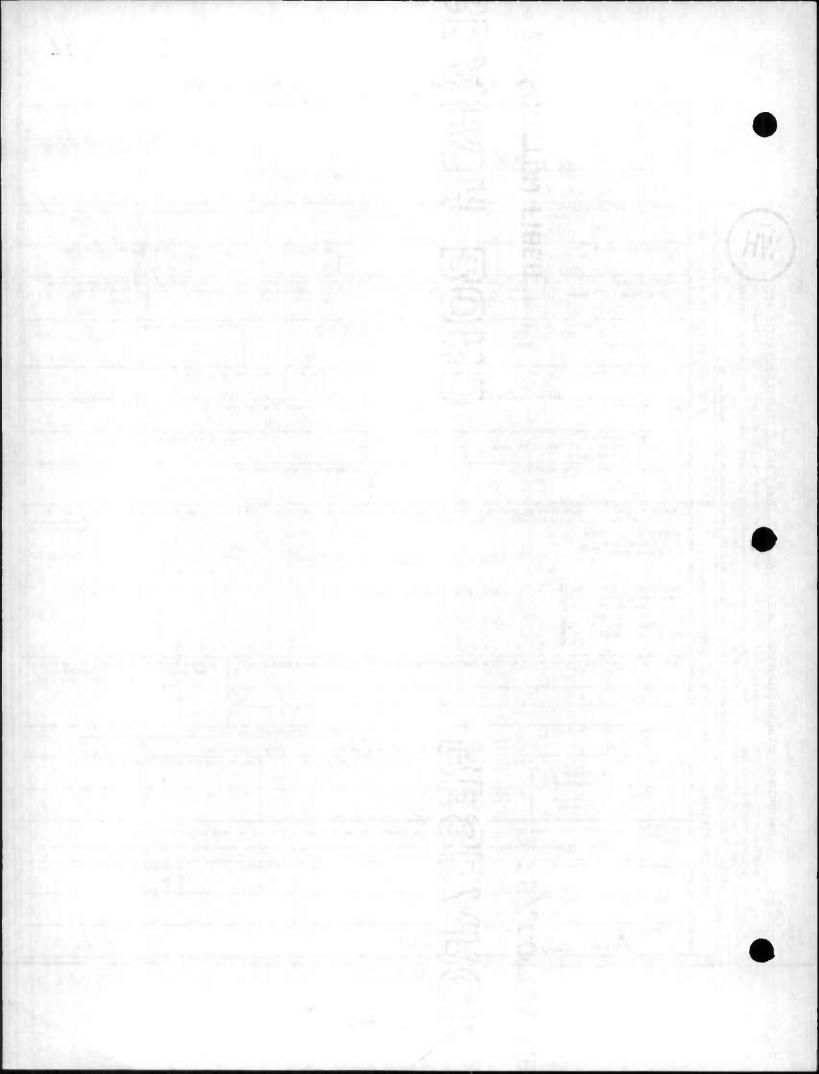


BALLIMORE, MARYLAND 21215-0020	within Jours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buffer settle begins of Health and Mental Mygiene prior to burfat, cremation, or removal.	rent, the medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	

STATE	OF MARYLAN	ID / DEPARTMENT	OF HEALTH A	ND MENTAL	HYGIENE
		CERTIFICATE	OF DEATH	4	DEC NO

REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO		
1. DECEDENT'S NAME (First, Middle, Last,)			(2 DATE OF DEATH		3. TIME OF DEATH
Robonn F		pnnic			MONTH D	10	EAR 2/2 4
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In vrs. last birthday)	UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	177	77///
577-07-5126	1 🗆 M 2 🗡 F		HITHE DAYS	HOURS MIN.	Month Dev. Vear)	1941	BIRTNPLACE (State or Foreign Country) Marvland
90 FACILITY NAME (If not institution, give		91	CITY, TOWN	OR LOCATION OF DEAT		9c, COUNTY	
Wilson Health	Care Center	-	Gait	hersburg	, Md	m	ontgomery
10a. STATE 10b. COUNT	тү	10c. CITY, T	OWN OR LOCAT	TION			10d, INSIDE CITY
Manual and	Manhaanana			Qui bh	1		LIMITS?
Maryland I	Montgomery			Gaither	sburg	Lacaran	1 TYES 2 NO
			101	, ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?
	ell Avenue			20877	7	Uni	ted States
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	N U.S. ARMED		ENDENT OF NISPANIC ocify Cuban, Mexican,		or No 14	. RACE — American Indian, Black, White, atc.
1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE WAR OR D			2 X NO Specify:	Puerto Fricani, etc.)		Specify: White
16. DECEDENT'S ED		16a. DECEDENT'S US	UAL OCCUPATION	ON .	16b. KIND OF BU	SINESS/INDUS	TRY
(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use n	done during mo etired.)	st of working	David '	ravlor	
12		Procure	ment Of	ficer		-	ch Center
17. FATHER'S NAME (First, Middle, Last)		1 TOCULE			(First, Middle, Meiden		CII CEILLET
	100						-1
	nce LeClair V				cence Ange		
19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural Roo			
George Edward	Dennis	18585 S	plit Ro	ock Lane (Germantown	n, Mar	yland 20874
20a. METHOD OF DISPOSITION 1/2/Buriel 2 Cremation 3 Res 4 Donation 5 Other (Specify)	moved from State 20	b. PLACE AND DATE OF I metery, crematory or other ROSE Hi	place) Jar	nuary 13,	1995 20c. LO		y or Town, State
21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE	Rose HI		ND ADDRESS OF FACIL		erstow	n, Maryland
· San	02.1	1 1 10033	Robert	A. Pumph da-Chevy	Chase, In	nc. 75	me/ 57 Wisconsin
23. PART I. Enter the diseases, or	countications that course	d the death Do not	asier the me	Bethesda	. Marylai	1a 208	t, Approximate
ahock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on a	each line.					Interval Between Onset and Death
	DUE TO (OR AS	A CONSEQUENCE OF):					
Sequentially list conditions,	DUE TO (OR AS	A CONSEQUENCE OF):					
if any, leading to immediate cause. Enter UNDERLYING	<u> </u>						
CAUSE (Disease or injury	C	A CONSEQUENCE OF):				4	
that initiated eventa resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF):					
	d						
PART II. Other algnificant condition	contributing to death	out not reaulting in t	ne underlyln	g cause given in Pr	nrt i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Alzhermers di	SEASE				_ 1 - YES 2	١.	COMPLETION OF CAUSE OF DEATH?
				T-Whee			1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL	I		26. PI	ACE OF DEATH (Check	k only one)		
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Out		THER:	e 5 Residence 8			
27. MANNER OF DEATH	28s, DATE OF INJURY	28b. TIME C	A		Red. DESCRIBE HOW I	NJURY OCCUR	PED .
1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	Y WC	YES 2 NO	ed. DESCRIBE NOW I	NJOHT OCCUP	NED
3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, stre	et, factory, offic	2	28t, LOCATION (Street of City or Town, State)	and Number or	Rural Route Number,
29a. CERTIFIER				The same of the same of		and the same of th	
(Check only	SICIAN: To the best of my know IEF: On the bests of examination						suse(a) and menner as stated.
296. SIGNATURE AND TITLE OF CERTIFI	7100			29c. LICENSE NUMB	ER		IGNED (Month, Day, Year)
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31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGI	NATURE	W C7	TI MIGUZOI	arg III b	20	0//
JAN 17 199	32. REGISTRAR'S SIGN	ion Randall					

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	FOR STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAF ERTIF					MENTA	L HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) JEANNETTE TOE	SY DEAN								OF DEATH		YEAR 3.	TIME OF DEATH 2:10 PM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER		IF UNDER	7	7. DATE	OF BIRTH	, _ , , ,	8. BIRTHPLA	ACE (State or Foreign
	013-10-8817	1 M 2 X F	7.5	YRS.	MONTHS	DAYS	HOURS	MIN.	SEP	Γ. 1,19	919	MASSA(CHUSETTS
œ	9a. FACILITY NAME (If not institution, give s		an-m	9b. CITY, TOWN OR LOCATION OF DEAT					ATH	TH 9c. COUNTY OF DEATH			
01.	MONTGOMERY GE	NEKAL HO	SPITAL			OLN	IEY				MONT	GOMER'	<u>Y</u>
DIRECTOR	10a. STATE 10b. COUNT		10c. CIT	Y, TOWN	OR LOCAT	ION						d. INSIDE CITY LIMITS?	
		D'GOMERY		5	ILVE	R SE	RING	}				14	YES 2 NO
FUNERAL	14508 HOMECRE				10f	20 2C	906				TED S		
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 🕅 Divorced	T EVER IN U.S. AR YES 2 10 AR OR DATES - 1946	MED 10		If yes, spi	ENDENT (selfy Cubs 2 X NO	n, Maxica	n, Puarto	N? (Specify Yes Rican, etc.)	or No-	Black, W Specify:	American Indian, Thita, etc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 -	(G.	CEDENT'S ive kind of Do NOT u	work done se retired.)	CCUPATIO during mo	ON st of worldi	ng		NATIONA	AL IN	STITU	res of
OMF	17. FATHER'S NAME (First, Middle, Last)		31	CREI	AKI		18 MOT	HED'C NA	ME (Elec	Middle, Maiden	HEAL	TH	
BE C	WILLIAM DEAN									SWERSE			
10 B	19a. INFORMANT'S NAME (Type/Print)						nd Number	or Rural F	Route Num	ber, City or Town	n, State, Zip		
-	WILLIAM P. DEPIE		16	CAM	BRID	GE C	OURT	TOM	IS RI	VER, 1	NEW J	ERSEY	08753
	20 METHOD OF DISPOSITION 1 A Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE A					ETERY	Z 1-	E 20c. LO		City or Town,	Stata MARYLAND
	21. SIGNATURE OF TUNERAL SERVICE LIC	ENSEE 0	-		22.	NAME AN	D ADDRE	SS OF FA	CILITY				
	Holand	Sh	orano	$\overline{}$									LS, INC.
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line.												
2	IMMEDIATE CAUSE (Final disease or condition	st billy bile cat	TROX	- =									Onset and Daath
	resulting in death)	DUE TO	(OR AS A CONSEC	DUENCE O	F): /)		,		19				man
N	Sequentially list conditions	5uba		no	id	1	em	lov	2hg	-8			1 more
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEC	OUENCE O	F):								
FIC	CAUSE (Disease or Injury that initiated aventa	DUE TO	OR AS A CONSE	SUENCE O	F):								yeing
RTI	resulting in death) LAST	Die	bat	2	,-								years
2	PART II. Other significant condition	a contribution to	doub but not a		- Ab	d abda							
CAL	TALL III OTHER SIGNIFICANT CONDITION	e contributing to	death but not r	eauting	in the un	aeriying	cause (given in	Part I.	24s. WAS AN PERFOR		AM	RE AUTOPSY FINDINGS ALABLE PRIOR TO MPLETION OF CAUSE
MEDICA									-	1 YES 2	□ NO	OF	DEATH?
Σ.	DID TOBACCO USE CONTI	RIBUTE TO CA	USE OF DEA	TH YE	S 🗆 I	NO \square	LINC	ERTAIN				1	YES 2 NO
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			E OF DEA			0110	EKIAN	10				
PHYSICIAN:	1 TYES 2 NO	HOSPITAL:	ER/Outpetlant 3	□ DOA	OTHER 4 Nur		5 🗆 Ra	aldenca	6 🗆 Othe	r (Specify)			
ву РН	II 1 25-Netural 5 Pending							NO	28d. DE	CRIBE HOW II	NJURY OCC	URED	
	3 Suicida 6 Could not be detarmined 28a. PLACE OF INJURY — At home, tarm, street, factory, office building, atc. (Specify) 28a. PLACE OF INJURY — At home, tarm, street, factory, office City or Town, State) 2af. LOCATION (Street and Number or Rural Route Number, City or Town, State)								Number,				
COMPLET	29a. CERTIFIER (Check only One) 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, dasth occurred at the time, data and placa, and due to the cause(a) and manner as stated.												
S	296. SIGNATURE AND TITLE OF CERTIFIE		4					NSE NUM		- France, and			onth, Day, Year)
m	6. 7	has	MA				7).	424	30		>	1///	Simin, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CALL	E OF DEATH STEE	1.07 (T	Delegan	77	- 1/	111	-				



30. NAME AND ADDRESS OF PERSON WHO CO

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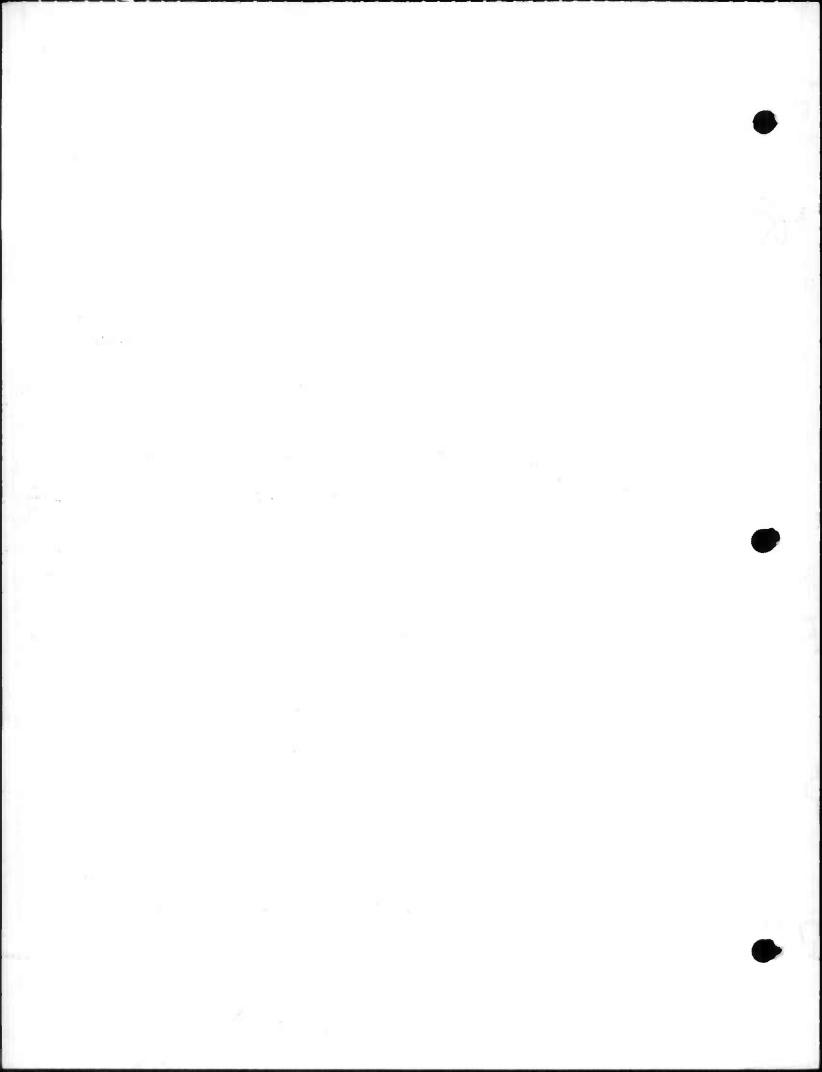
32 REGISTRAR'S SIGNATURE
Julia Davidson Randall

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31. DATE FILED (Month, Dey, Year)

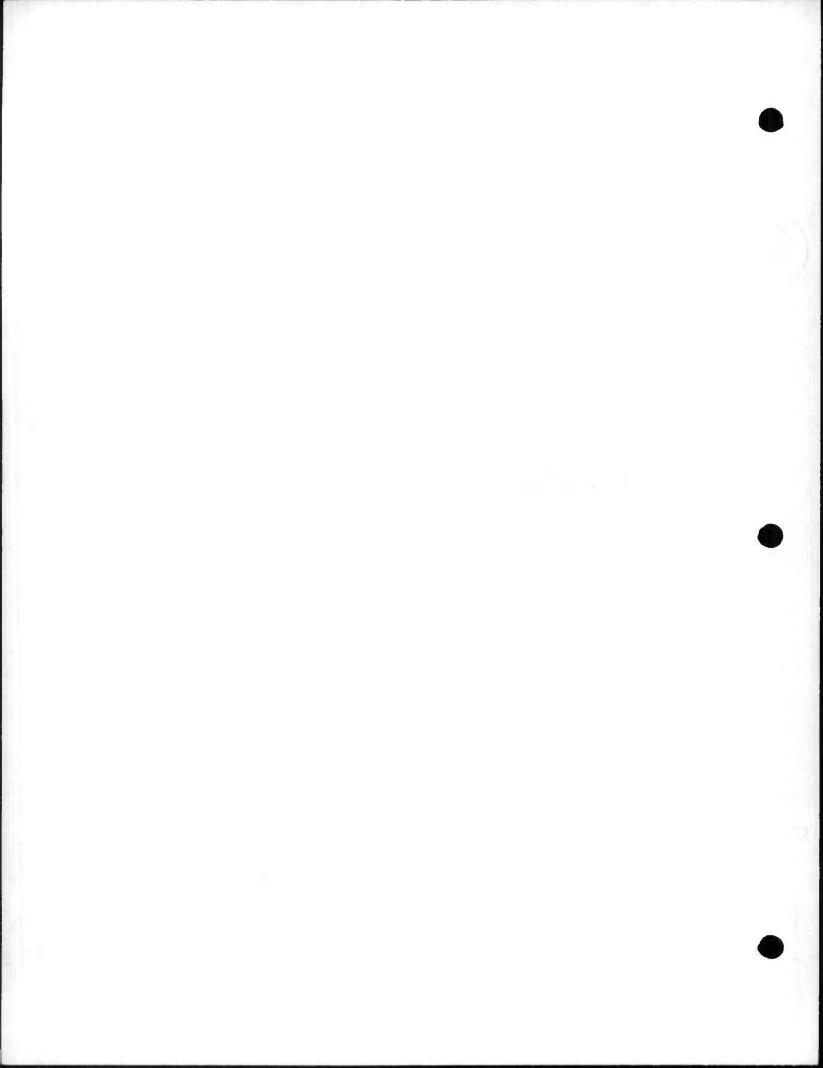
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BALTIMORE, MARYLAND 21215-0020	Page 6 may be retained by the hospital or attending programme	director, page 5 should be detached for use as the burner	er must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-24 hours after death. Page 6 may be retained by the hospital or attending printers.	TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burned be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIFI	TMENT OF H	EALTH AND	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			E OF DEATH
	Susanita	М.	de la	a Cruz		January .	1 6, 19	95 7:	50 A M
	The state of the s	S. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)		BIRTHPLACE	(State or Foreign
1	070 OL 1000		8 YRS.	MONTHS DAYS	HOURS MIN.	June 9, 1	936 Pr	hilippir	ne Islands
-	9a. FACILITY NAME (If not institution, give stream	t and number)		9b. CITY, TOWN C	R LOCATION OF D			Y OF DEATN	
FUNERAL DIRECTOR	6629 23rd Place			Lewisd	ale		nce Ge	orge's	
EC	10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCAT	ION			10d. I	NSIDE CITY
5	Maryland Prince	George's	Lev	wisdale				1 🗆	YES 2 NO
A	10s. STREET AND NUMBER			10f	ZIP CODE		10g. CITIZE	N OF WHAT C	
Ë	6629 23rd Place			2	0782		Philip	ppine Is	slands
5	11. MARITAL STATUS 1 Never Married 2 Married	2. WAS DECEDENT EVER I FORCES? 1 YES	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Year, Puerto Rican, atc.)	a or No — 14	4. RACE — Am Black, White	nerican Indian, n, atc.
BY	3) Widowed 4 Divorced	IF YES, GIVE WAR OR D	DATES T	1 TYES	2 NO Specif			Specify:	
	15. DECEDENT'S EDUCAT	TION	16a. DECEDENT'S	USUAL OCCUPATION	N	16b. KIND OF BU	SINESS/INDUS	Filip	ino
COMPLETED	(Specify only highest grade cor Elementary/Secondary (0-12)	mpleted) College (1-4 or 5+)	(Give kind of w life, Do NOT use	ork done during mo: o retired.)	nt of working				
MP	4		Che:	f		Domest:	ic		
00	17. FATNER'S NAME (First, Middle, Last)					AME (First, Middle, Maider			
BE	Cornelio de la C	ruz			Alejano				
0	19a. INFORMANT'S NAME (Type/Print) Romeo de la Cruz				nd Number or Rural	Route Number, City or Tox	vn, State, Zip Co	ode)	
				as 10	_	, ,			
	20s. METNOD OF DISPOSITION 1 A Burlal 2 Cremation 3 Remova 4 Donation 5 Other (Specify)		metery, crematory or off	ner plece)	ne of		CATION — CIT		
	21. SIGNATURE OF FUNERAL SERVICE LICEN		Altavas C		D ADDRESS OF FA	1-26 Alta	vas, AK.	lan, Mi	Lippines
	· Clen	N. Ra	P	Rapp F	uneral 9	Services, D De, Silver		a. MD	20910
	23. PART I. Enter the diseasea, or con ahock, or heart fallure. I.ia	aplications that cause	d the death. Do no	ot enter the mo	ie of dying, auc	h aa cardiac or reap	iratory arrea	it,	Approximata
	IMMEDIATE CAUSE (Final	Comy one cause on e	0 1	e A					Interval Between Onset and Death
	disease or condition		Vancuenti	c Ut					o mor
		DUE TO (OR AS	CONSEQUENCE OF	- 4					
8	Sequentially list conditions,	DUE TO (OR AS	A CONSEQUENCE OF	farly					e WK.
Ĕ	if any, leading to immediate cause. Enter UNDERLYING	DOC TO (ON AS A	CONSEQUENCE OF)					
띮	CAUSE (Disease or injury that initiated events	DUE TO (OR AS /	A CONSEQUENCE OF):				<u> </u>	
CERTIFICATION	resulting in death) LAST								
	PART II. Other algnificant conditions of	contributing to death	us not regulation to	the underhales	anne elice la	D-01 01 110			
CAL			or not readiting in	i tile underlying	cause given in	Part I. 24a. WAS AN PERFOI		AWAILA	AUTOPSY FINDINGS BLE PRIOR TO LETION OF CAUSE
		10				1 YES :	M NO	OF DE	ATH?
2	DID TOBACCO USE CONTRIB	BUTE TO CAUSE C	OF DEATH YES	5 □ № □	UNCERTAII			1 1 7	/ES 2 💢 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH		OTTOLINA				
Sic		IOSPITAL:	patient 3 DOA	OTHER:	X Residence	8 Other (Specify)			
E	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJU	IRY AT	28d. DEŞCRIBE NOW	NJURY OCCUP	RED	
BY	1 Natural 5 Pending 2 Accident Investigation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ES 2 NO				- 1
ED	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, at cify)	reel, factory, office		281. LOCATION (Street City or Town, State)	and Number or	Rural Route Nu	mber,
린	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my know	riedge, death occurred	at the time, date	end pleca, and due	to the cause(a) and ma	nner ea stated.		
COMPLET	2 MEDICAL EXAMINER: (In the beals of examination	n and/or investigation	, in my opinion, de	ath occured at the	Ilme, date and place, ar	nd due to the c	cause(a) and m	anner as stated.
BE	29b. SIGNATURE AND TITLE OF GERTIFIER	MARIE	My		29c. LICENSE NUM	MBER		SIGNED (Month,	
2	EUN	MACA	M/		Dart	40	▶Janı	uary l	6, 1995
	30. NAME AND ADDRESS OF PERSON WHO C		111		1/-		00005		
]	Dan McDougal, M. D 31. DATE FILED (Morth, Day, Year)			ut Avenu	e, Kens	ington, MD	20895		
	31. DATE FILED (MONTH, Day, Mar)	JULA DAUGLO	Rardall						



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the because the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

2, 3 should

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				ENTIF	ICALL	E OF	DEAL	П	F	REG. NO.				
	1. DECEDENT'S NAME (First, A	Aiddle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH	
- 1	FLOF	RENCE	D.	ANDREA						MONTH	DA 'I		YEAR 1995	Talia Tim	
	4. SOCIAL SECURITY NUMBER		S. SEX	6. AGE (In yrs. las	nt histhelms	IF UNDER	A VEAR	IF UNDER	0.1.1100	JAN.				1:43 P M	
	058-24-1873					MONTHS	DAYS	HOURS	24 MRS.	7. DATE OF (Month, Di	ny Wanti		Countr		
	, 10		□ M 2 □ F	63	YRS.					FEB.	14,	1931	NI	EW YORK	
	9e. FACILITY NAME (If not insti	tution, give stree	of and number)			9b. CITY	, TOWN C	R LOCATIO	ON OF DE	ATH		9c. COU	NTY OF D	EATH	
E	HOLY CROSS	HOCDIT	TAT			١,	7777	Do at	OTO TRE	~			on Time of	22 FE 121 F	
KI	RESIDENCE OF DECE	DENT	AL			SILVER SPRING MONTG							UNTG	DMEKI	
DIRECTOR	10e. STATE	IOB. COUNTY			10c. CIT	Y, TOWN C	OR LOCAT	ION						10d, INSIDE CITY	
E	MD.	MONTH	1010000			-								LIMITS?	
		MOMT	OMERY			5.	_	R SPI						1 YES 2 NO	
₹	10e. STREET AND NUMBER						101	. ZIP CODE				10g. CIT	IZEN OF V	VHAT COUNTRY?	
出	llll UNI	[VERSI]	Y BLVD.	W.#101	1			20	910				U.S	5.A.	
FUNEBAL	11. MARITAL STATUS	T EVER IN U.S. AF		13.	WAS DEC	ENDENT O	F HISPAN	IIC ORIGIN? (S	nacity Van	or No		- American Indian,			
	1 Never Merried 2 N	YES 2 X	NO		If yes, sp	ecify Cube	n, Mexice	n, Puerlo Rice	n, etc.)	0. 110	Black	c, White, etc.			
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES						1 YES	2 💹 NO	Specify	y :			Speci	WHITE	
	15. DECEOENT'S EDUCATION 16e. O													MUTIE	
쁘ㅣ	(Specify only h	eighest grade co	mpleted)	(G	CEDENT'S	work done	CCUPATIO during mo	ON st of workin	g	16b. Kil	D OF BUS	INESS/IN	DUSTRY		
"	Elementary/Secondary (0-12	2)	College (1-4 or 5	+) life	. Do NOT us										
A P	12				HOM	EMAKE	ER				TA	HOM	T -		
COMPLETED	17. FATHER'S NAME (First, Midd					18. MOTH	IER'S NA	ME (First, Midd							
	SALVATORE	3	FALCO)							LILL	,	77.60	SSALO	
BE														SALU	
2	19a. INFORMANT'S NAME (Type	19						Route Number,			Code)				
- 1	MICHAEL D'	ANDREA	L.		2951	+ Mc	GEE	WAY,	OL	NEY, M	D. 20	0832			
	20e. METHOD OF DISPOSITION			20b, PLACE	AND DATE	OF DISPOS	ITION (Na	me of		OATE	20c, LO	CATION —	Clly or To	wn, Slate	
	1 Donetion 5 Other (S	3 - Remova	I from State			tory or other place)							RDALE, MD.		
	21. SIGNATURE OF FUNERAL		1000	CILA	PUDEA						R.	LVERU	ر تقسلم <i>ا</i>	MU.	
i	21. SIGNATURE OF FUNERAL	SERVICE LICITY	DEE /	1		22.	NAME AN	ID ADDRES	SS OF FA	CILITY				0007.0	
	2011	1 KK	MINN	WILL MO	0091	7.7	7.7	CHIAR	(COTIO	7 70	Tara	CT	7 77777	20910	
\dashv	22 DADT i Enter the die	A 1563	The Dist				· VV »	CILAI	TDEL	5 00.	TINC.	PITI	JVER	SPRING, MD.	
										Approximats Interval Between					
1	IMMEDIATE CAUSE (Fine)													Onset and Deeth	
1	disease or condition		TOTAL	EUMONIA										ol ma	
- 1	resulting in death)	4.		(OR AS A CONSE	OUENCE O	E).								24 HRS	
			902 10	(OII AS A CONSE	aoritor o										
S	Sequentielly list condition	h									_				
Ĕ	if any, lesding to immedia	ste	DUE TO	(OR AS A CONSE	DUENCE O	F):									
2	cause. Enter UNDERLYING CAUSE (Disease or injury														
回日	that initiated events		DUE TO	(OR AS A CONSE	OUENCE O	F):									
E	resulting in death) LAST														
B I		а.												-	
EDICAL CERTIFICATION	PART II. Other aignificant	conditions of	contributing to	death but not i	eeuiting	in the un	darlying	cause g	iven in	Part I. 24	. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
5											PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ā										1	YES 2	NO NO		OF DEATH?	
ME											•			1 YES 2 NO	
	DID TOBACCO USI	E CONTRIE	BUTE TO CA	USE OF DEA	TH YE	SIL	NO I	UNC	ERTAIN	V [X]					
PHYSICIAN:	25. WAS CASE REFERRED TO I				E OF DEA			3110	-11/1/11	· E3					
힐	EXAMINER?	H	QSPITAL:			OTHER									
YS	1 TYES 2 NO	1	Inpatient 2	ER/Outpatient 3	□ DOA			e 5 🗌 Re	eldence	8 🗆 Other (Sp	ecify)				
ᆵ	27, MANNER OF DEATH		28e. DATE OF (Month, D	INJURY	28b. TIM	E OF URY	28c. INJ	URY AT		28d. OEŞCRI	BE HOW IN	JURY OC	CURED		
	1 🖾 Natural 5 🗌 Pe	nding restigation	(internit, D	-,,)	1113	М		ES 2) NO						
BY	2 Culate		28e. PLACE O	F INJURY At ho	me, ferm	street, fact				281. LOCATIO	N (Street -	nd Mumb-	or Parel C	Inute Number	
	_ 0 _ 00	uld not be termined	building.	etc. (Specify)			,,			City or To	wn, Stete)		or nutting	wate Humber,	
ti	- 17/4171														
- 1	29e CERTIFIER AVV											ner ee ate	led.		
ᆲ	29e. CERTIFIER 1 XXCERTIF	(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated.													
MPL	(Check only			camination and/or	2 MEDICAL EXAMINEF: On the beets of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end me								and manner on chief A		
COMPL	(Check only one) 2 MEDICA	AL EXAMINEF:		kamination end/or	investigatio						,	due to ti) end menner ee atated.	
	(Check only	AL EXAMINEF:		xamination end/or	IIIVeatigatio			29c. LICE	NSE NUN	IBER	T			(Month, Day, Year)	
H	(Check only one) 2 MEDICA	AL EXAMINEF:		termination end/or	investigatio			29c. LICE					E SIGNED	(Month, Day, Year)	
H	(Check only 1 MCCENTIF one) 2 MEDICA 29b. SKINATURE AND TITLE O	SERTIFIER)	On the beets of e	20				29c. LICE	D340				E SIGNED		
H	(Check only 1 MEDICAL ONE) 2 MEDICAL 29b. SUSPICITUDE AND TITLE O	ERSON WHO	On the beels of e	SE OF DEATH (ITE	М 27) (Туре,	Print)		29c. LICE	D340	32		29d, DAT	1/18	(Month, Day, Year)	
H	(Check only 1 A CERTIFONE) 2 MEDICA 29b. SIGNATURE AND TITLE O 30 NAME AND ADDRESS OF P JEANNE P.	ERSON WHO C	On the beels of e	20	М 27) (Туре,	Print)	. AVE	29c. LICE	D340			29d, DAT	1/18	(Month, Day, Year)	
TO BE COMPLETED	(Check only 1 MEDICAL ONE) 2 MEDICAL 29b. SUSPICITUDE AND TITLE O	PERSON WHO C	COMPLETED CAUSE R M. D. 32. REGISTAL	SE OF DEATH (ITE	М 27) (Туре,	Print)	AVE	29c. LICE	D340	32		29d, DAT	1/18	(Month, Day, Year)	

and the second second

	REGISTR
I	1. DECEDENT'S
l	Salva:
г	4 0000111 0001

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.

IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL	HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Las	nt)	02.1111.10	112 01	DEATH	2. DATE O	OF DEATN	<u> </u>	3. TIME OF DEATN
Salvatore Franc	cis Domino				Тапиа	ary 14,	1995	6:42 P M
4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTN 19	10 6. BIRT	INPLACE (State or Foreign
114-07-0099	1 🗔 M 2 🗆 F	84 YRS. MON	THS DAYS	HOURS MIN.		$\frac{1}{1}$		York
9a. FACILITY NAME (If not institution, giv	e street and number)	9b.	CITY, TOWN C	R LOCATION OF D			c. COUNTY OF	DEATN
Montgomery Gener	al Hospital		01	ney			Montgo	nery
10e. STATE 10b. COU	NTY	10c. CITY, TO	WN OR LOCAT	ION				10d. INSIDE CITY
	ntgomery	Roc	kville					1 TES 2 NO
10e. STREET AND NUMBER			101	ZIP CODE		1	10g. CITIZEN OF	WHAT COUNTRY?
12002 Rocking Ho				20852-			U.S.	
11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	N U.S. ARMED 2 NO	13. WAS DEC	ENDENT OF NISPA	NIC ORIGIN? In, Puerto Ri	(Specify Yes or can, atc.)	No- 14. RAI Bla	CE — American Indian, ck, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES		2 NO Specif				ite
15. DECEDENT'S E	DUCATION	16a. DECEDENT'S USU	AL OCCUPATIO	N	16h I	KIND OF BUSIN	-	ILLE
(Specify only highest gra Elementery/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use ret	done during mo: ired.)	sl of working	1000	AIND OF DOOR	200/11/2007/11	
	2	Junior Ac	counts	nt	Fo	doral	Govern	
17. FATNER'S NAME (First, Middle, Last)		odilioi Ac	counta	18. MOTHER'S NA				ilent.
Marino	Domino			Antonia		Gi	0010	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADE	RESS (Street a	nd Number or Rural	Route Numbe	r, City or Town, S	Stete, Zip Code)	0852-2353
Alma H. Domino				Horse F				
20e. METNOD OF DISPOSITION 1 Burial 2 Cremation 3 - Re		. PLACE AND DATE OF DI	SPOSITION (Na	me of	DATE		TION — City or 1	
4 Donation 5 Other (Specify)	St	netery, crematory or other p. Raymond*	s Ceme	tery 13	19 95	Bronx	. New Y	/ork
21. SIGNATURE OF PUNERAL SERVICE	LICENSEE	0	22. NAME AN	D ADDRESS OF FA	CILITY			
IMMIO	11)(// ~			s J. Col				, Inc. ,MD 20901
23. PART I. Saler the diceases, D	r complications that cause	the deeth. Do not e	nter the mo	de of dving, auc	h as cerdi	ec or resolret	Dry errest	Approximate
shock, or heart failur	e. List only one cause on e	ech line.		, , , , ,		o o	ory officer,	Interval Between
IMMEDIATE CAUSE (Finel disease or condition	UROSE	POLC						Onset end Death
resulting in deeth)		CONSEQUENCE OF						36 Hours
_		24TORY	FA	LIRZ				
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	CONSEQUENCE OF):		0.40				1
cause. Enter UNDERLYING	C							
CAUSE (Disease or Injury thet initieted events	DUE TO (OR AS A	CONSEQUENCE OF):						
resulting in death) LAST	d							
PART il. Other algnificent conditi	one contributing to death h	ut not resulting in th	a undarluina	anuna aluan la	Boot I			
Chronic Obstru				cause given in	Part I.	PERFORME		b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
		ily bibease			- 1	t 🗌 YES 2 🔀	NO	OF DEATH?
DID TOPACCO LICE CON	TDIDLITE TO CALLEE O		<u>~</u>					1 TES 2 NO
DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL	T TO CAUSE O	26. PLACE OF DEATH (C		UNCERTAI	иПТ			
EXAMINER?	HOSPITAL:	ОТ	HER:					
27. MANNER OF DEATN	1 Anpetient 2 ER/Outp	28b, TIME OF	Nursing Nome 28c, INJU	5 Realdence		(Specify)	Im. 00011000	
1 Natural 5 Pending	(Month, Day, Year)	INJURY	WOI	RK?	260. DESC	HIBE NOW INJU	JRY OCCURED	
2 Accident Investigation 3 Suicide Could not be	28a PLACE OF INJURY	— At home, farm, atreal			201 1 0047	NON Oracles	M	
4 Nomicide 8 Could not b	building, atc. (Spec	offy)	, lactory, office		City or	Town, State)	Number or Rural	Houte Number,
29a. CERTIFIER 1 X CERTIFYING PNY	/SICIAN: To the best of my know	ladge death secured at	the time date				= -7015.	
	NER: On the beele of examination							(a) and manner as stated
29b. SIGNATURE AND TITLE OF CERTIF								
Sel 10.	()//	0		29c. LICENSE NUI	WIBER	29	DATE SIGNE	D (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON V	VNO COMPLETED CAUSE OF DE	ATN (ITEM 27) (Time Dring)	0430	17		1200	Mey 16/1995
ISABELLA M	ARTIRE, NO	OLANOW		CT SUIT	न्हे ॥।	04	very /	145
JAN 1 9 199	32. REGISTRAR'S SIGN	- Rardall						

DIVISION OF VITAL RECORDS, P.O. BOX 68760

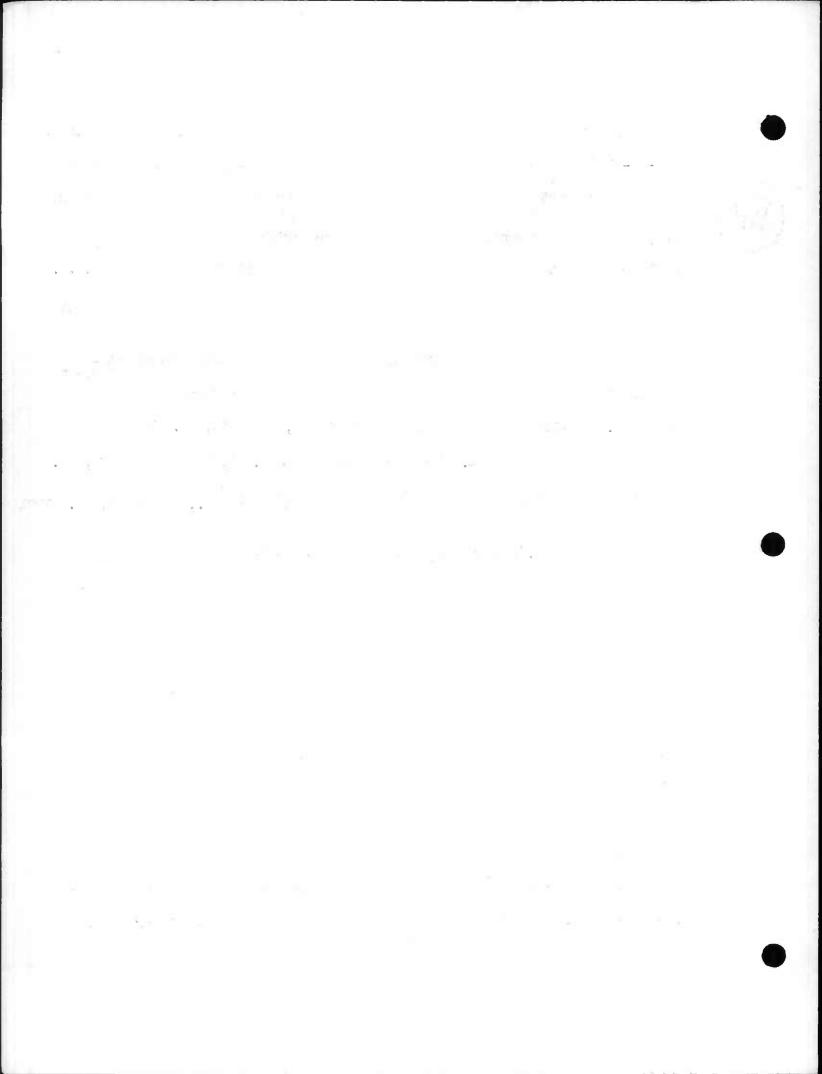
DHMH-16 Rev 1/89

(WH)	
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pent be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	W_W_	CE	RTIF	ICATE OF	DEATH		REG. NO				
	1. DECEDENT'S NAME (First, Middle, Lest) MATTHEW J	LUAL DA	4111				2. DATE	OF DEATN			TIME OF DEATN	_
	MATTHEW >						0/		3 4	75	1858	1
15	4. SOCIAL SECURITY NUMBER 087-09-5508	5. SEX 1 1 M 2 F	8. AGE (In yrs. last	birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS	7. DATE (Mort	OF BIFTH	114	a. BIRTHPLI Country) New	York	
DIRECTOR	9a. FACILITY NAME (If not institution, give street and number) 6897 Arbor Court BESIDENCE OF DECEDENT 9b. CITY, TOWN OR LOCATION OF DEATH Frederick Frederick										derick	_
EC	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN OR LOCAT	TION				10	d. INSIDE CITY	_
	Maryland	Frederick				rederic	k			100	LIMITS?	
FUNERAL	6897 Arbor Court				101	. ZIP CODE	217	01	10g. CITIZ	EN OF WHA	T COUNTRY?	_
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARI YES 2 N MAR OR DATES	MED O	If yes, sp	ENDENT OF NISI ecity Cuban, Mex 20 NO Spe			or Ne-	14. RACE — Black, W Specify:	American Indian, hita, etc. White	
9	15. DECEDENT'S EDU (Specify only highest grade	JCATION e completed)	/Gh	re kind of v	USUAL OCCUPATION	ON set of working	168	. KIND OF BU	SINESS/IND	ISTRY		_
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +	Iffe.	emar	se retired.)	at or working		City g	overn	ment	- city	
BE CO	17. FATNER'S NAME (First, Middle, Last) Patrick Daly					18. MOTNER'S		Middle, Maiden Farre				
TO B	Dorothy T. Hupfel	d	196	MAILING	ADDRESS (Street a	Row, C	olumb	ia, Md	n, State, Zip	45	5	
	20a METHOD OF DISPOSITION 1 M Burlel 2 Cremelion 3 Ren 4 Donation 5 Other (Specify)	noval from Stata			of disposition (Na ther place) enetery		n. 21		cation — c		Store K. Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	Xubard C.	Meton	& MC	0002	l Ke	eney an East C	d Bas hurch	ford F	unera Frede	1 Hom	e Md. 2170	7
	23. PART I. Enter the diseeses, or shock, or heart fellure.	complications that	t ceused the dec	th. Do r	not enter the mo	de of dying, s	uch es cen	dlec or respi	ratory arre	at,	Approximete	
	ahock, or heert fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE DUE TO (OR AS A CONSEQUENCE OF):											
NOI	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
8	cause. Enter UNDERLYING											
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST											-
	5055 H ON 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	d										_
MEDICAL	PART II. Other significant condition	e contributing to	death but not re	sulting I	in the underlying	g ceuse given	In Part I.	24a. WAS AN PERFOR	RMED?	CO	RE AUTOPSY FINDINGS MLABLE PRIOR TO MPLETION OF CAUSE DEATHS	
ME											YES 2 NO	
PHYSICIAN:	OF WHE CASE DEFENDED TO MENDA											
SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 1 YES 2 NO	HOSPITAL:	EDIO A THE D	7.004	OTHER:	ACE OF DEATN						_
×	. 22 .20 2			28b. TIM				SCRIBE NOW I	NJURY OCC	JREO		-
ΞI	27. MANNER OF OEATN	28a. DATE OF										
	1 Natural 5 Pending	28a. DATE OF (Month, Di		INJ		RK? res 2 \sum NO						
B	1 🐹 Netural 5 🗌 Pending	(Month, De	ay, Year)	INJ		RK? res 2 \sum NO	28I. LOC	CATION (Street or Town, State)	and Number o	or Rural Route	Number,	
B	1 M Natural 5 Pending Investigation 3 Suicide 4 Nomicide 8 Could not be detarmined 29a. CERTIFIER (Check only)	(Month, Da 28a. PLACE Of building,	F (NJURY — At honetc. (Specify)	in, ierm, s	M 1 1	PK? rES 2 NO and place, end d	281, LOC City	or Town, State)	nner an state	d.		
BE COMPLETED BY	1 Metural 2 Accident 3 Suicide 4 Nomicide 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI 29b-STONATURE AND TITLE OF CERTIFIE	28a. PLACE Of building.	sy, Year) F (NJURY — At honetc. (Specify) my knowledge, deasamination and/or in	th occurre	M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PK? PES 2 NO and place, end deth occured at 1:	28I, LOC City us to the can ha lime, deta	or Town, State) use(e) and mar	nner as state	d. cause(s) an	d manner as stated.	1 1
COMPLETED BY	1 Metural 2 Accident 3 Suicide 4 Nomicide 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI 29b-STONATURE AND TITLE OF CERTIFIE	28a. PLACE Of building.	sy, Year) F (NJURY — At honetc. (Specify) my knowledge, deasamination and/or in	th occurre	M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PK? PES 2 NO and place, end deth occured at 1:	28I, LOC City us to the can ha lime, deta	or Town, State) use(e) and mar	nner as state	d. cause(s) an	d manner as stated.	1 1 1
BE COMPLETED BY	1 M Natural 2 Accident 3 Suicide 4 Nomicide 29a. CERTIFIER (Check only one) 2 M MEDICAL EXAMINI 29b. STONATURE AND TITLE OF CERTIFIE	ilCIAN: To the best of exercises of exercises of the basis of exercises of the basis of exercises of the basi	sy, Year) F (NJURY — At honetc. (Specify) my knowledge, deasamination and/or in	th occurre	M 1 nstreet, fectory, office and at the time, data in, in my opinion, d	PK? PES 2 NO and place, end deth occured at 1:	28I, LOC City us to the can ha lime, deta	or Town, State) use(e) and mar	nner as state	d. cause(s) an	d manner as stated.	



> Approximata Intarval Between **Onset and Death**

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE

10/95

8. BIRTHPLACE (State or Foreign Washington, D.C.

/	DWG 1	1 HM	-t 10	71	N	10-	-	1100	100	m	1 -		0203
	mended.	STATE OF	WARYLAND	/ DEPAR	RTMEN	T OF H	/ IFAITH	AMD I	MENTAL L	IVEIEN	190	me	ry Cly
	1 - STATE REGISTRAR		С	ERTIF	ICAT	E OF	DEA	TH		REG. NO.	0		0
	1. DECEDENT'S NAME (First, Middle, Last)		TANI O)		ENGI	PT.		2, DATE OF MONTH	DEATH	ıv.	YEAR	3. TIME OF DEATH
	GEOFFREY		Allen						JAN		9	95	09:44A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is		MONTHS	R 1 YEAR	IF UNDER	R 24 HRS.	7. DATE OF (Month, De			8. BIRTI Coupt	IPLACE (State or Foreigny)
	220-70-8245 9s. FACILITY NAME (If not institution, give st	1 M 2 □ F	36	YRS.					MARCH	(2)			ington,D.
Œ	GEORGIA AND POST		DS				SPR]	ION OF DE	EATH	20	9c. COU	ERY	
DIRECTOR	RESIDENCE OF DECEDENT												
E	100. STATE 10b. COUNTY					OR LOCAT	TION						10d. INSIDE CITY
	MARYLAND MONTGO	DMERY		ROCI	KVIL								1 X YES 2 NO
FUNERAL	1 / 2 2 1 CITA DITY OF TAN				. ZIP COD	101					WHAT COUNTRY?		
N.	14221 CHADWICK LAN	IT EVER IN U.S. A				2085					S.A.		
	12 Never Married 2 Married	FORCES? 1	YES 2 W	NO		If yes, sp	ecify Cube	n, Mexica	IIC ORIGIN? (S n, Puerto Rice		or No	14. BACI Blac	E American Indian, k, White, atc.
8	3 Widowed 4 Divorced	IF TES, GIVE Y	WAN ON DATES			1 U YES	2 (X) NO	Specify	<i>r</i> :			Spec	/y: WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a. D	ECEDENT'S	USUAL O	CCUPATIO	ON of working	0.07	16b. Kil	ID OF BUS	INESS/INI	DUSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5	+) His	e. Do NOT u	se retired.)	during inc	St OF WORK	''y					
MP	12 Unemployed												
	17. FATHER'S NAME (First, Middle, Last) Joseph	T' 1							ME (First, Midd	le, Maiden	Sumame)		
BE										24 T	01-1-7	0.4.	
2	Irene E. Scher			610 N					o Di	gnto	77.0	E Low	ida 33322
	20a. METHOD OF DISPOSITION	AND DATE	OF DISPOS	SITION /Na	me of		OATE			City or To			
	1 Burlei 2 Cremetion 3 Remo	METRO	POLI	TAN (CREMA	ATORY	Y 1/	/12/95				IRGINIA	
	21. SIGNATURE OF PUNERAL SERVICE LIC	engel /	100	à				SS OF FAC			-		
	1//ach	. //	lleli	Francis J. Collins Funeral Home									
	23. PART I. Efter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest,										Approximata		
	ahock, or haart fallura. I IMMEDIATE CAUSE (Final	at only one cau	ise on each iin	е.			•				,	,	Intarval Betw Onset and De
	disease or condition resulting in death)	. M	ultin	le OUENCE O	Tai	ilizi	00)
	resouring in country	DUE TO	(OR AS A CONSE	OUENCE O	F): [7	- Car	CJ						
Z	Sequentially list conditions,												
ATIC	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	QUENCE O	F):								
FIC	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSE	QUENCE O	F):								
CERTIFICATION	resulting in death) LAST				,								į
- II	DADT II Other electificant and Miles												
B	PART II. Other aignificant conditions	contributing to	deeth but not	resulting	in the ur	nderlying	ceuse (given in !	Part I. 24	PERFOR		24b.	WERE AUTOPSY FINDIN
ED	Schizoph	renting							_ 1[YES 2	□ NO		OF DEATH?
Σ	DID TOBACCO USE CONTR	IDLITE TO CA	LICE OF DE	TU VI	· C 🗔	NO E	1 11110	EDTAIN					1 TES 2 NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL	IDUIE IO CA		CE OF DEAT		only one)	UNC	ERTAIN	4 🗆 📗				
SIC	EXAMINER?	HOSPITAL:			OTHE	R:	e 5 □ Re	eldense	8 Nother (Sp	molful.	DO2	T)[.73 % *	
	27. MANNER OF DEATH	28e, OATE OF	INJURY	28b. TIM	E OF	28c. INJ	URY AT	- IOETCE	28d. DESCRI	BE HOW IN	JURY OC	DWAY CURED	, /
7	1 Natural 5 Pending	(Month, D	9.5	944	M M		RK? ES 2	YNO	pede	stria	m st	ruch	e by car

1 YES 2 NO ROADWAY CRIBE HOW INJURY OCCURED estrian structe and Number or Rural Route Number Georgia Ave

29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

28e. PLACE OF INJURY - At home,

2XX MEDICAL EXAMINER: On examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.

296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) O.C.M.E. JAN.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Penn Street, Baltimore, Maryland 21201

31. DATE FILED (Month, Day, Year) 22. REGISTHAR'S SIGNATURE, 1995

Investigation

8 Could not be determined

BALTIMORE, MARYLAND 21215-0

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hospital or attending by THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BE COMPLETED BY

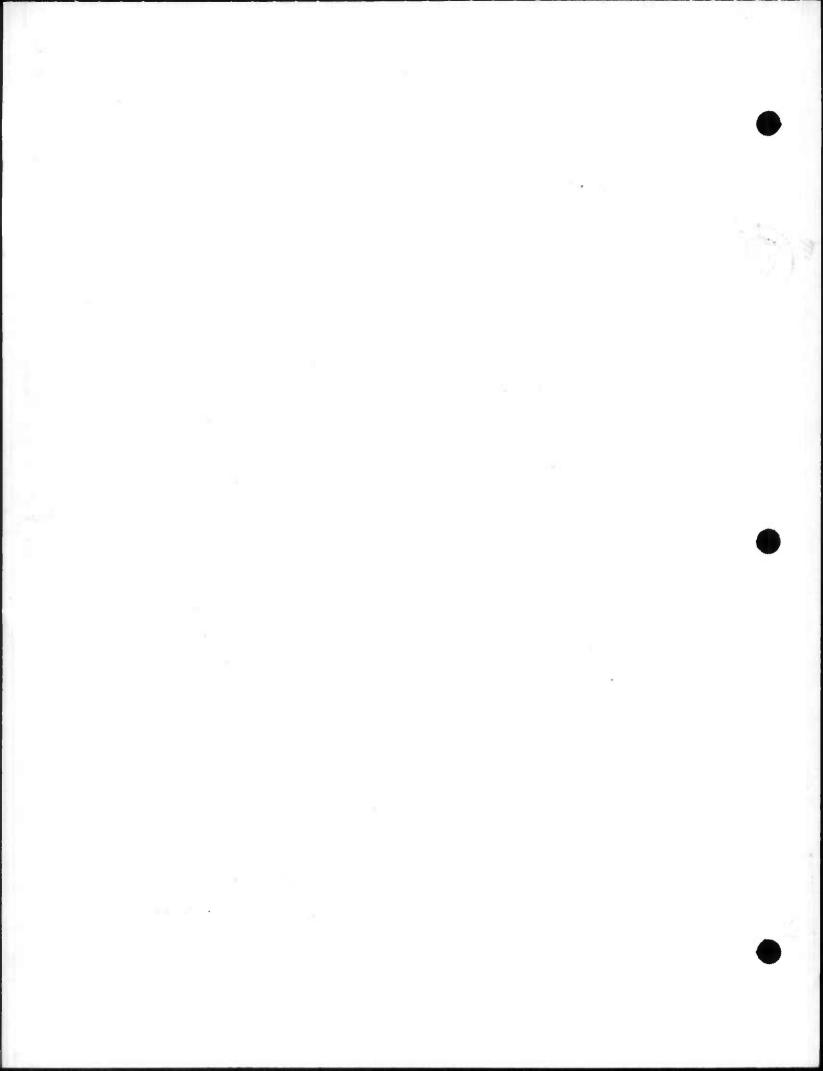
2

2 Accident

3 Sulcide

4 Homicide

DIVISION OF VITAL RECORDS, P.O. BOX 68760



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BALTIMORE, MARYLAND 21215-0020	fler death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the bunal-transit permit	oval.	al examiner must be notified at once

1 - FOR STATE REGISTRAR

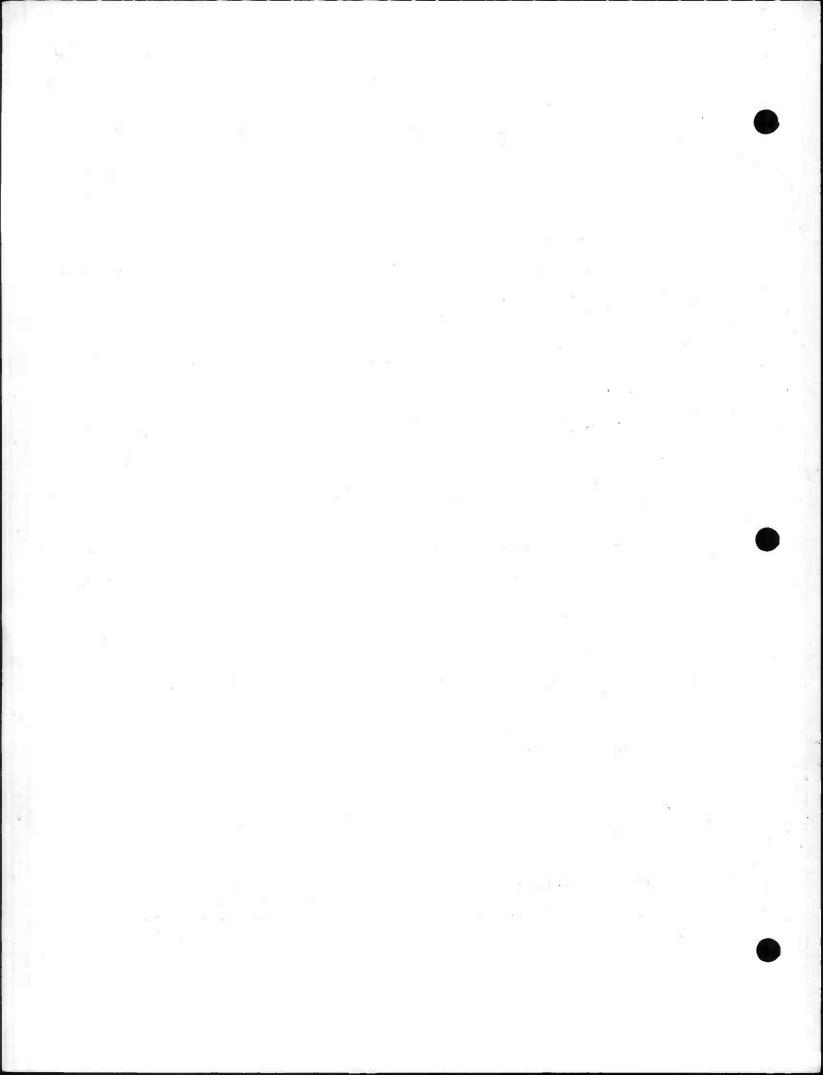
or atte

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mours after death. Page 6 may be retained by the hospital of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burdal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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withir !	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burfal, cremation, or removal.	vent,	
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101	5 m	불	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

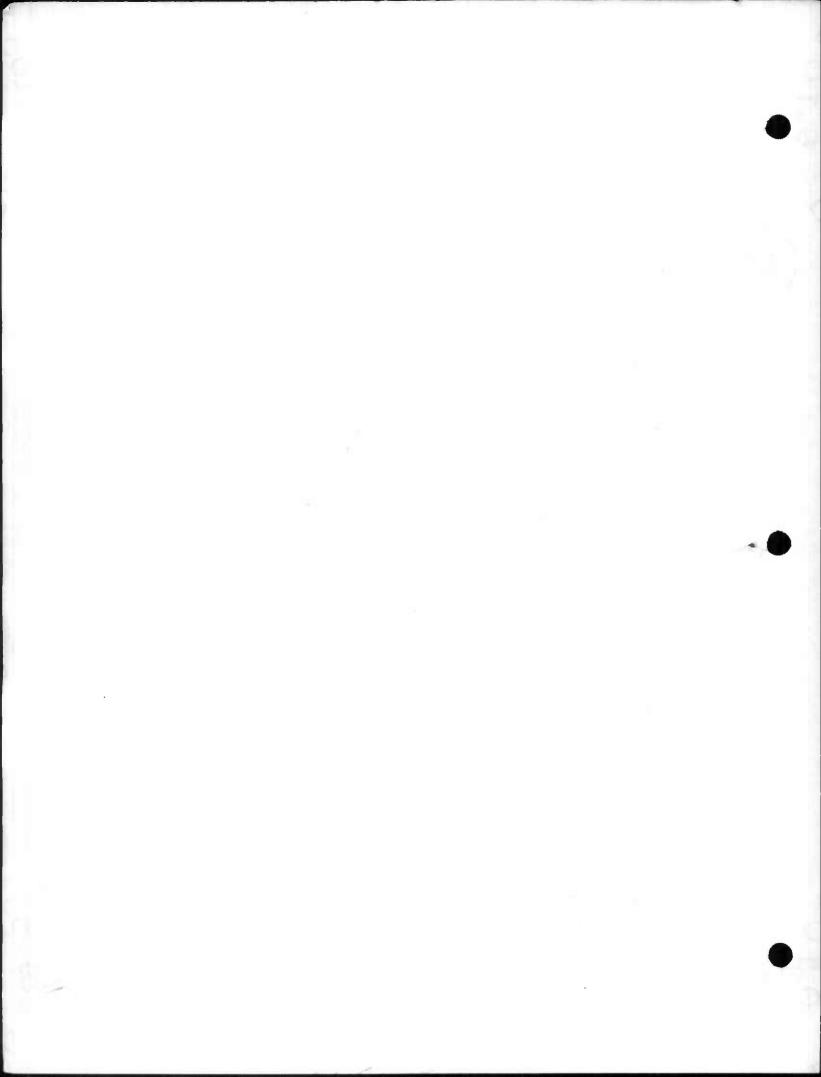
	1. DECEDENT'S NAME (First,	, Middle, Last)		4						2. DATE OF MONTH	DEATH	,	YEAR	3. TIME OF DEATH
			Bernard							Janua				9:57 am M
	4. SOCIAL SECURITY NUMB	SER .		8. AGE (In yrs. las		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH W. Year)		BIRTHPLACE (State or Foreign Country)	
	316-18-8558		1 X M 2 - F	71	YAS.					Decem 4, 19	ber 23		12.64	Indiana
m	9a. FACILITY NAME (If not in	stitution, give str	ent and number)			9b. CITY,	TOWN C	OWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					EATH	
DIRECTOR	HOLY	Cross	<u>Hospital</u>			S	ilve	er Sj	oring			Montgomery		
ည္	10a. STATE 10b. COUNTY 10c. CITY, TON							TION				10d. INSIDE CITY		
5	Maryland	М	ontgomer	У				I	Bethe	sda				LIMITS?
AL	10e. STREET AND NUMBER						101	. ZIP COD	E			10g. CITI	ZEN OF V	WHAT COUNTRY?
FUNERAL	442	2 Rose	dale Ave	nue					2081	4			Unit	ted States
Ē	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AR	MED	13. V	NAS DEC	ENDENT C	OF HISPANI	C ORIGIN? (S	pecify Yea	or No-	14. RACE Black	- American Indian, c. White, atc.
B	3 Widowed 4 XDivo		IF YES, GIVE W						Specify:				Speci	White
	15. DEC	EDENT'S EDUC	ATION I	16a, DE	CEDENT'S U	SUAL OC	CUPATIO	ON		16b. KIP	ID OF BUS	INESS/IND	USTRY	wurte
COMPLETED	(Specify only Elementary/Secondary (0	y highest grade c	College (1-4 or 5+)	(Gi life.	ve kind of wo Do NOT use	retired.)	during mo	st of working	ng					
4			2		Α	ccou	ntai	nt		A	ccour	ntino	off	ice
8	17. FATHER'S NAME (First, Mi	iddle, Last)						16. MOT	HER'S NAM	NE (First, Midd	le, Malden S	Surname)		
BE			able/Ell							Helen				able
2	19a. INFORMANT'S NAME (7)									oute Number, (
	Joseph W		Anderson						enue					20814
	1 Donation 5 Other	n 3 🗆 Remo	val from Stata	cemetery, cre	metory or oth	er plece)	Jai	nuary				ATION —		
	21. SIGNATURE OF FUNERAL		HSEE	Monte	gomer	V Cr	ema 1	tori	IM In	ic.	L B∈	thes	da,	Maryland
	· B		2			Ro	ber	t A.	Pump	hrey	Funer	al E	Iome/	Wisconsin
	23. PART i. Enter the di	or or or	molifications that	MI MI	00335	△ ₹7	enne	a Rei	-heed	a Ma	rarlar	75 20	211	-3501
	anock, or ne	eert failure. L	ist only one caus	e on each line		n emer	the mo	de or dy	ing, auch	aa cerdiec	or reapir	etory arr	eat,	Approximata interval Between
	IMMEDIATE CAUSE (Fin disease or condition		coa-											Onset and Death
	reauiting in death)	a	SEPTICE DUE TO	OR AS A CONSEC	UENCE OF)	:								MONERS
z				ONLAHE			TE	404	THI	2,24				HONTHS
	Sequentieily list conditi if any, leading to immed	diate	DUE TO (OR AS A CONSEC	UENCE OF)									7.157
8														
Cause. Entar UNDERLYING CAUSE (Disease or Injury														
HE	that initiated eventa DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFIC	100000000000000000000000000000000000000	d.		d										
- 23	PART II. Other algolfica	nt conditions					deriyinç	g cause (given in F	Part I. 24	n. WAS AN /		24b.	WERE AUTOPSY FINDINGS
- 23	100000000000000000000000000000000000000	nt conditions					deriyinç	g cause (given in F		PERFORI	MED?	24b.	AVAILABLE PRIOR TO COMPLETION DF CAUSE
MEDICAL CERTIFICATION	PART II. Other algolfica	nt conditions					deriyinç	g cause (given in F		PERFORI	MED?	24b.	AVAILABLE PRIOR TO
MEDICAL	PART II. Other algoritica	nt conditions					deriyinç	g cause (given in F		PERFORI	MED?	24b.	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
MEDICAL	PART II. Other algoritica STATUS 25. WAS CASE REFERRED TO EXAMINER?	ent conditions	HOSPITAL:	البطلم	TION		26. PL				PERFORI	MED?	24b.	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
MEDICAL	PART II. Other algoritica STATUS 25. WAS CASE REFERRED TO	ent conditions	HOSPITAL:	ER/Outpetlent 3	TI DOA	OTHER	26. PL t: sing Hom	ACE OF D	EATH (Che	ck only one)	PERFORI	MED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	PART II. Other algnifica STATUS 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH NO Natural 5	d. nt conditions EP 1 LAP D MEDICAL Pending	HOSPITAL:	ER/Outpetlent 3	7100	OTHER	26. PL R: sing Hom 26c. INJI WO	ACE OF D	EATH (Cheasidence &	ck only one)	PERFORI	MED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 2 Accident	d. Int conditions EP I LEP D MEDICAL Pending Investigation	HOSPITAL: 11 Cinpettent 2 26s. DATE OF 1 (Month, De) 26s. PLACE OF	ER/Outpetient 3 NJURY (x Year)	DOA 26b. TIME INJU	OTHER 4 - Nurs	26. PL R: sing Hom 26c. INJI WO 1 \(\)	ACE OF D a 5 Ra URY AT RK? YES 2	EATH (Cheasidence &	ck only one) B Other (Sc 26d. DESCRI	PERFORI	JURY OCC	CURED	AMALABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO
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ED BY PHYSICIAN: MEDICAL	PART II. Other algnifica STATUS 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Natural 2 Accident 3 Sulcide 6 4 Homicide 29a. CERTIFIER (Check only	ont conditions EP 1 L C D MEDICAL Pending Investigation Could not be determined	HOSPITAL: 'INCORPORATION IN COMPANY 26a. DATE OF INCOMPANY 26a. PLACE OF building, a	ER/Outpetlant 3 NJURY , Year) INJURY — At holds. (Specify) my knowledge, de	DOA DOA TIME INJU	OTHER 4 Nurse OF RY M	26. PL 1: 26c. INJ WO 1 _ \text{V}	ACE OF D a 5	EATH (Chooseleance Constitution NO NO no no no no no no no no no no no no no	Ck only one) 3 Other (Sp. 26d. DESCRI City or R	PERFORI	MED? LNO JURY OCC Ind Number	or Rural F	AMALABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO
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BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnifica STATUS 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5	D MEDICAL Pending Investigation Could not be determined IFYING PHYSIC CAL EXAMINER	HOSPITAL: 'INCORPORATION IN COMPANY 26a. DATE OF INCOMPANY 26a. PLACE OF building, a	ER/Outpetlant 3 NJURY , Year) INJURY — At holds. (Specify) my knowledge, de	DOA DOA TIME INJU	OTHER 4 Nurse OF RY M	26. PL 1: 26c. INJ WO 1 _ \text{V}	ACE OF D a 5 Re URY AT PRK? YES 2 a and place eath occur 29c, LICE	EATH (Cheolasidenca & NO NO NO NO NO NO NO NO NO NO NO NO NO	ck only one) 5 Other (Sc 26d. DESCRI 26f. LOCATIC City or R to the cause(4) Ime, data and	PERFORI	JURY OCC Number as state due to the	or Rural F	AMALABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 1 CERT 2 Accident 3 Sulcida 6 1 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDI 29b. SIGNATURE AND TITLE 30. NAME AND ADDRESS OF	D MEDICAL Pending Investigation Could not be determined IFYING PHYSIC CAL EXAMINER OF CERTIFIER PERSON WHO	HOSPITAL: 1 Sippetlent 2 2 26e. DATE OF I (Month, De) 26e. PLACE OF building, a IAN: To the best of r	ER/Outpetient 3 NJURY (x Year) INJURY — At hole. (Specify) my knowledge, despiningtion and/or i	DOA 26b. TIME INJU	OTHER 4 Nurs OF RY M reet, factor	26. PL 1: 26c. INJ WO 1 _ \text{V}	ACE OF D a 5	EATH (Choose saidence to saide	26f. LOCATIC City or R 26f. LOCATIC City or R do the cause(a lime, data and BER	PERFORI VES 2* Decity) BE HOW IN ON (Street as wwn, State) and manual place, and	JURY OCC Author Auth	or Rural F	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO Route Number, and manner as stated. (Month, Day, Year)
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5	D MEDICAL Pending Investigation Could not be determined IFYING PHYSIC CAL EXAMINER OF CERTIFIER PERSON WHO	HOSPITAL: 11 Inpettent 2 26a. DATE OF I (Month, De) 26a. PLACE OF building, a IAN: To the best of r On the best of axi	ER/Outpatient 3 NJURY (x Year) INJURY — At horite. (Specify) my knowledge, de amination and/or i	DOA 26b. TIME INJU	OTHER 4 Nurs OF RY M reet, factor	26. PL 1: 26c. INJ WO 1 _ \text{V}	ACE OF D a 5	EATH (Choose saidence to saide	ck only one) 5 Other (Sc 26d. DESCRI 26f. LOCATIC City or R to the cause(4) Ime, data and	PERFORI VES 2* Decity) BE HOW IN ON (Street as wwn, State) and manual place, and	JURY OCC Author Auth	or Rural F	AMALABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO Route Number, and manner as stated. (Month, Day, Year)
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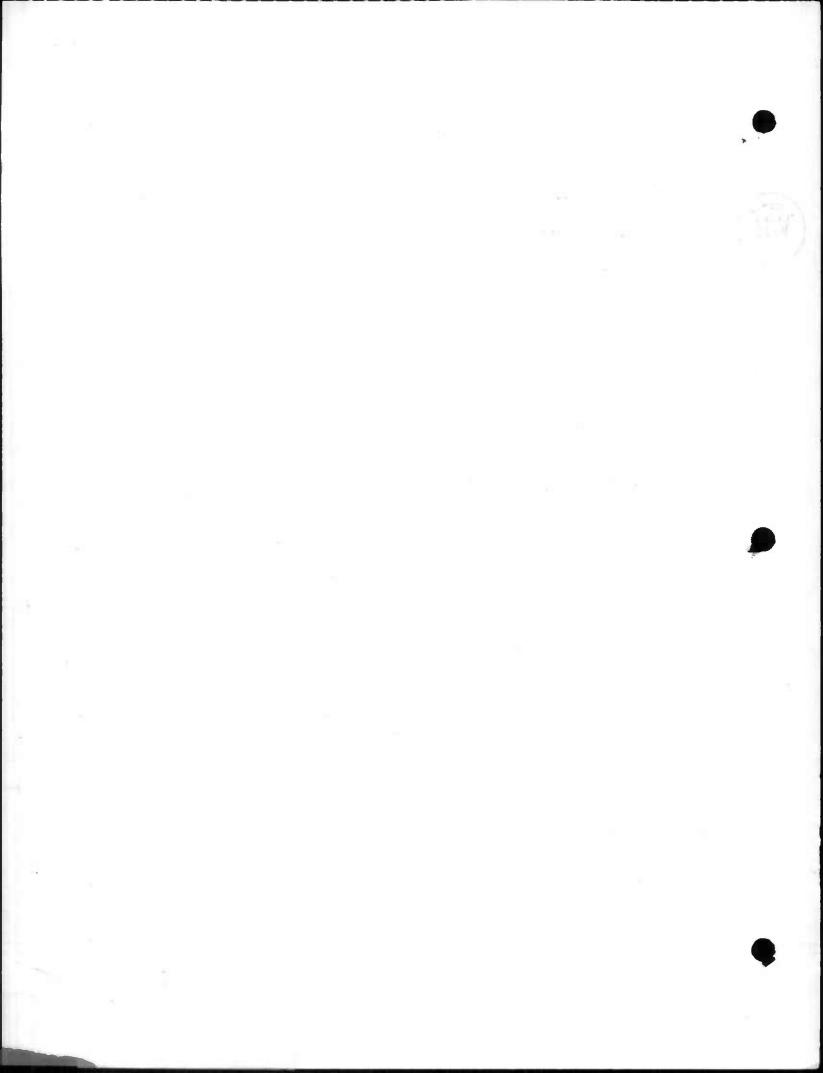
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UNECTUR: After this certificate has been signed by the attending physician and completely fred in by the funeral director, page 5 should be detached for		item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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npietery	hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	vent,
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	1 - STATE REGISTRAR	STATE OF MA	ARYLAND / CE	DEPAR	TMENT	OF H	EALTH DEAT	AND M	ENTAL HYGIE				
		HARD							2. DATE OF DEATH MONTH	DAY 7.	YEAR 95	3. TIME OF DEATH 5 20 A.M. M	
		I □ M 2 📉 F	5. AGE (In yrs. last 94	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	9. DATE OF BIRTH (Month, Day, Year) JUNE 8,		Count		
TOR	99. FACILITY NAME (If not institution, give str NATIONAL LUTHE RESIDENCE OF DECEDENT		ΙE			ROCI	MERY CO.						
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY	RANT CO	10c. CITY, TOWN OR LOCATION ARLINGTON									10d. INSIDE CITY LIMITS? 1 N YES 2 NO	
ERÁL	10e. STREET AND NUMBER 2109- PREST	ONWOOD DR. 101. ZIP CODE 760						012		10g. CI1		S.A.	
ВҰ	11. MARITAL STATUS 1 Never Married 2 Married XIX Widowed 4 Divorced	EVER IN U.S. ARM YES XX NO R OR DATES	IED	- 1 '	f yes, spi	ecify Cube	F HISPANIC n, Mexican, Specify:	C ORIGIN? (Specify Puerlo Rican, etc.)	fes or No-	Blaci	E — American Indian, x, White, etc.		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	(Ghr Me. L	e kind of v Do NOT us	USUAL OF rork done of e retired.)	during mo	N st of workin	g	16b. KIND OF E	CCOUN		G	
BE COI	17. FATHER'S NAME (First, Middle, Lest) WILLIAM E.	ALLNUTT						FLOF		HOUCE	•		
101	19e. INFORMANT'S NAME (Type/Print) REV.DR. REICHAR	lD .	9	701	- VI	EIRS	5 DR	or Rural Ro	ROCKV	own, State, Zi	p Code) MD	.20850	
	20a. METHOD OF DISPOSITION 4 Burlel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)		cemetery, crem	BIA	her plece) GAI	RDE	VS C		1/10 A	RLINC	City or To	wn, State , VIRGINIA	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE W. W. HYSONG CO., INC. 1300- N STREET, NW, WASH., DC									.,DC			
	23. PART I. Enter the diseases, of complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or reepiratory arreet, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Chekia of Old age OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):									Approximete Interval Between Onset and Desth			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Lary, leading to immediate acuse. Enter UNDERLYING C. Parkinson 15 AUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE							rscule	r Di	sea	30 m	
PHYSICIAN: MEDICAL C	PART II. Other significent conditions Congestine E pelafase	contributing to de	eath but not ra	sulting i	n the un	dariying	cause g	iven in Pa		N AUTOPSY ORMED? 2 NO	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIA		HOSPITAL:	R/Outpatient 3	DOA	OTHER	t:		EATH (Check	k only one) Other (Specify)				
ВУ РН	27. MANNER OF DEATH Neturel 5 Pending Accident Investigation	28e. DATE OF IN (Month, Day,	Year)		JRY M		RK? ES 2		28d. DESCRIBE HOV	INJURY OC	CURED		
	3 Suicide 6 Could not be detarmined	28e. PLACE OF I building, etc	NJURY — At hom c. (Specify)	e, farm, s	treet, facto	ory, office		2	281. LOCATION (Stree City or Town, Ste		r or Rural R	oute Number,	
COMPLETED	29e. CERTIFIER Check only 2 MEDICAL EXAMINER											end menner ae stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER							NSE NUMB 566		29d. DAT	E SIGNED	(Month, Day, Year) 7 /95	
	30. NAME AND ADDRESS OF PERSON WHO DR. C. SC 31. DATE FILED (Month, Day, Year)	HEMM- 9	701- V			RIVE	E, R	ockv	ILLE,MI	208	350		
	JAN 17 1995	32. REGISTRAR	S SIGNATURE	4			-	-					
	(/										DHMH-16 Rev 1/89	



BALTIMORE, MARYLAND 21215-0020	ath. Page 6 may be retained by the hospital or attending obscici-
BALTI	ours after death. F
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	law requires that the death certificate be executed with
ISION OF VITAL	DING PHYSICIAN: The la

	FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATH
	William F	Epp	erlv	Sr.		Jan 6		11:40P M
			in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN	8. BIR	TNPLACE (State or Foreign
	220-05-0693 1 9a. FACILITY NAME (If not institution, give stree	▼ M ² □ F 87	YRS.	MONTHS DAYS	HOURS MIN.	May 17, 19		rginia
α	Memorial Hospita				OR LOCATION OF DE	ATN	9c. COUNTY OF	
DIRECTOR	RESIDENCE OF DECEDENT	il @ Easton		East	n		Talbot	t
E	106. STATE 106. COUNTY			Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
	Maryland Caroll	ine	R	idgely				1 X YES 2 NO
FUNERAL	407 Sunset Manor A	nt.		110	1. ZIP CODE 2166	50	U.S.A.	WHAT COUNTRY?
3		2. WAS DECEDENT EVER IN		13. WAS DE		IC ORIGIN? (Specify Yes		CE — American Indian,
BY F	1 Never Married 2 Married 3 XWidowed 4 Divorced	FORCES? 1 YES		If yes, s	ecify Cubsn, Mexican 2 XNO Specify.	n, Puerto Rican, etc.)	Bla	ick, Whits, etc.
	15. DECEDENT'S EDUCAT	ION	18a. DECEDENT'S	USUAL OCCUPATI	ON	16b. KIND OF BUS	DINESS (INDI ISTRY	White
E	(Specify only highest grade con Elementary/Secondary (0-12)	mpleted) College (1-4 or 5 +)	(Give kind of life, Do NOT u	work done during m	ost of working	IOU. KIND OF BOS	SINESS/INDUSTRY	
COMPLETED	12 4		Capta:	Captain			erchant	Marine
	17. FATNER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	ME (First, Middle, Maiden	Surname)	
BE	Isaac Epperly 19s. INFORMANT'S NAME (Type/Print)					a Weddle Ej		
2	Linda Epperly					loute Number, City or Town		
	20a. METNOD OF DISPOSITION	20b	PLACE AND DATE			DATE 20c. LOC		
	1 🔀 Burial 2 🗆 Cremation 3 🗆 Ramova 4 🗆 Donation 8 🗆 Other (Specify)	I from State cem	etery, crematory or o	ther place) ille Cem	etery	1/10 St		Mark Control
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE		22. NAME A	ND ADDRESS OF FAC	CHLITY		
	May	The	>	Fleeg	le-Helfer Box 160 (ibein Fune: Greensboro	ral Home	30
	23. PART i. Entar the diseases, or comehock, or heart failure. Lia	pilcationa that ceused	the deeth. Do	not anter tha me	de of dying, such	aa cerdlac or reepid	ratory erreat,	Approximata
	IMMEDIATE CALISE (Final			,				Intarval Between Onset and Daath
	resulting in death)	DUE TO COR AS A	consequence	Ti fe	Brull		<10min	
_		Core	CONSCOUENCE O	sevence or:				110-
<u>S</u>	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	consequence of: rang thrombosis consequence of: russ Carotic Reart dus			·	7 1700.
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	ante	CONSEQUENCE OF	Darot	ie Ke	ent dusi	eake	Unknow
CERTIFICATION	that initieted events resulting in death) LAST	DUE TO (OH AS A	CONSEQUENCE O	r):				
	DART II Other cignificant conditions							
SAL	PART II. Other eignificant conditions of	tial ky	of not resulting	In the underlyin	g cause given in F	PERFOR	MED?	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
ED		, , ,	12000	1			₩ NO	COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIB	SUTE TO CAUSE O	F DEATH YE	S II NO B	UNCERTAIN			1 YES 2 NO
N N	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEA	TH (Check only one)	J OTTOLICIALITY			
YSIC	1 TYES 2 NO 1	OSPITAL:	etlent 3 🗆 DOA	OTHER: 4 Nursing Hon	a 5 Residence 8	B ☐ Other (Specify)		
	27. MANNER OF DEATN 1 W Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY WO	URY AT DRK? YES 2 NO	28d. DEŞCRIBE HOW IN	JURY OCCURED	
ED BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY building, atc. (Speci	— At home, ferm,			281. LOCATION (Street as City or Town, State)	nd Number or Flural	Route Number,
ETE	4 Homicide determined					Ony or lown, state)		
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAI (Check only one) 2 MEDICAL EXAMINER: C							
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM			D (Month, Day, Year)
3 BE	Robert W.				D109			- 95
2	30. NAME AND ADDRESS OF PERSON WHO CO	Cateur	TH (ITEM 27) (Type	Print)	A 111	01/-		. ~
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA		コントムのコ	1, 1 d	. 2160	1	



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physician	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-training the filled within 72 hours after death with the State Dent, of Health and Mental Horisen prior to burial, cremation, or removal.	-
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician	se as the	
spital or	n of bay	-2
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death cert	attending intal Hydii	ry, or of
that the	ed by the	any inju
requires	been sign	shows
N: The law	State Den	item 23
HYSICIA	this certif	ked, or
ENDING F	IR: After I	Is mar
L OR ATT	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fire within 72 hours after death with the State Dent of Health and Mental Holiene prior to burlal cremation, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HOSPITAL	FUNERAL within 72	TANT: II
TO THE	TO THE	IMPOR

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

	1 - STATE STATE OF MARTLAND /			OF DEAT		IENIAL HYGIEN REG. NO.	Ė				
8	1. DECEDENT'S NAME (First, Middle, Last)	=				2. DATE OF DEATH MONTH DA	W.	YEAR 3. TIME OF DEATH			
T)	MARGARET ANN EDGELL			1/18/9	5						
j	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (in yrs. las		IF UNDER 1 YE	AR IF UNDER	Man	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)			
	220-32-8478 1 M 2 XF 81 9s. FACILITY NAME (If not institution, give street and number)	YRS.						MARYLAND			
œ				WN OR LOCATIO	ON OF DEA	АТН		TY OF DEATH			
5	WILLIAM HILL HEALTH CARE		EAS	TON			TA	LBOT			
DIRECTOR	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR L	OCATION	•			10d. INSIDE CITY LIMITS?			
	MARYLAND TALBOT		EA	STON				YES 2 NO			
3AL	10e. STREET AND NUMBER			10f. ZIP CODE			10g. CITIZ	EN OF WHAT COUNTRY?			
FUNERAL	501 DUTCHMAN'S LANE				2160			USA			
	11. MARITAL STATUS 1 Never Merried 2 Married 12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 X	NO NO	If ye	s, specify Cubs	n, Mexicen	C ORIGIN? (Specify Yes , Puerlo Ricen, atc.)	or No—	14. RACE — American Indian, Black, White, stc.			
B≼	3 Widowed 4 Divorced		1 🗆	YES XXNO	Specify:			Specify: WHITE			
<u>E</u>			USUAL OCCU			166, KIND OF BUS	INESS/INDU				
		. Do NOT u	work done durii se retired.)	g most of workin	g						
COMPLETED		NER/	OPERA	TOR		GRO	CERY	STORE			
	17. FATHER'S NAME (First, Middle, Last)			18. MOTH		E (First, Middle, Maiden					
8	GEORGE WASHINGTON LEGG 196. INFORMANT'S NAME (Type/Print) 191					MA VIOLA					
임	The state of the s					oute Number, City or Town		20002			
	20s. METHOD OF DISPOSITION 20b PLACE		OF DISPOSITION		EM D	OATE 20c. LO		BURG, MD			
- 1	1 Burisi 2 Cremstion 3 Removal from State complexy cre	matory or o	ther plecel		ERY	1		VILLE, MD			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NA	E ANO ADDRES	S OF FAC	ILITY					
	ME Newsman C	FSI				AL HOME,					
\neg	23. PART I. Enter the disesses, or complications that caused the de	eth. Do	not enter the	mode of dyl	ng, such	se cerdiec or reepi	retory arre	st, Approximate			
	shock, or heert fellure. List only one ceuse on eech line IMMEDIATE CAUSE (Final	9.						Interval Between Onset and Death			
		DMUNIA ~									
	DUE TO (OR AS A CONSEC	DUENCE O	20 -	(10			
No.	Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF)										
¥	If any, leading to immediate cause. Enter UNDERLYING	AVERGE O									
띮	CAUSE (Disease or Injury thet Initiated events DUE TO (OR AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTIO	OUENCE O	F):								
CERTIFICATION	resulting in deeth) LAST										
	PART II. Other significant conditions contributing to death but not r	regulting	In the under	tulno ceuse c	lven la F	Part I. 24e, WAS AN	ALITTORRY	24b. WERE AUTOPSY FINDINGS			
CAL	presidetultar paralysis	counting	ni the onder	lying couse g	JIVOII III F	PERFOR	AMAILABLE PRIOR TO COMPLETION OF CAUSE				
ED	dimen in					1 YE\$ 2	□-MO	OF DEATH?			
Σ.						_		1 TES 2 NO			
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			6. PLACE OF O	EATH (Chec	ck only one)					
SIC	1 YES 2 NO HOSPITAL: 1 topetient 2 ER/Outpetient 3	□ DOA	OTHER:	Home 5 🗆 Rs	sidence 6	Other (Specify)					
H	27. MANNER OF OEATH 28e. DATE OF INJURY (Month, Day, Year)	28b. TIN	IE OF 28	:. JNJURY AT WORK?		26d. DESCRIBE HOW II	NJURY OCC	URED			
BY	1 Netural 5 Pending 2 Accident Investigation		M 1	YES 2	NO						
	3 Suicide 8 Could not be determined 26e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm,	street, factory,	offics		26t. LOCATION (Street a City or Town, State)	nd Number o	or Rural Route Number,			
COMPLETED	M. CENTERD		_								
29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dus to the cause(s) end manner to one)											
8	2 MEDICAL EXAMINEN: On the basis of examination end/or	trivestigation	on, in my opini	on, death occur	ed at the ti	lme, dats and placs, an	d due to the	csuse(s) and manner as stated.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICE	NSE NUME	DER (T)	29d, DATE	SIGNED (North, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITE	M 27) (3:	Defeat	10	1	120	-1/	14/95			
	ROBERT B. SANCKET SUI	7 Z	delie.	12 Ar	11 -	Easton	ne	0 21601			
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	-	Jose /	110		C-111014	0	-1100/			
	IAN O A SOOT Why Davidson Rand	all									

6	W	H	ages, 4. 2. should)
1	0020	g physician.	e burial-transit per ur. P	
	TIMORE, MARYLAND 21215-0020	Page 6 may be retained by the hospital or attending physician.	al director, page 5 should be detached for use as the burial-transmit	
	DRE, MARYL	may be retained by	tor, page 5 should be	the second first madelined and
	IMC	Page 6	al direct	

P e executed with. hours after death. In and completely filled in by the funeration to bunial, cremation, or removal. medical the event. traumatic certificate be signed by the attending physician Health and Mental Hygiene prior to other 0 injury, any Shows been . has be Dept. WE 23 certificate the State L OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate bours after death with the State 50 marked. 69 28 HOSPITAL FUNERAL I = TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: I

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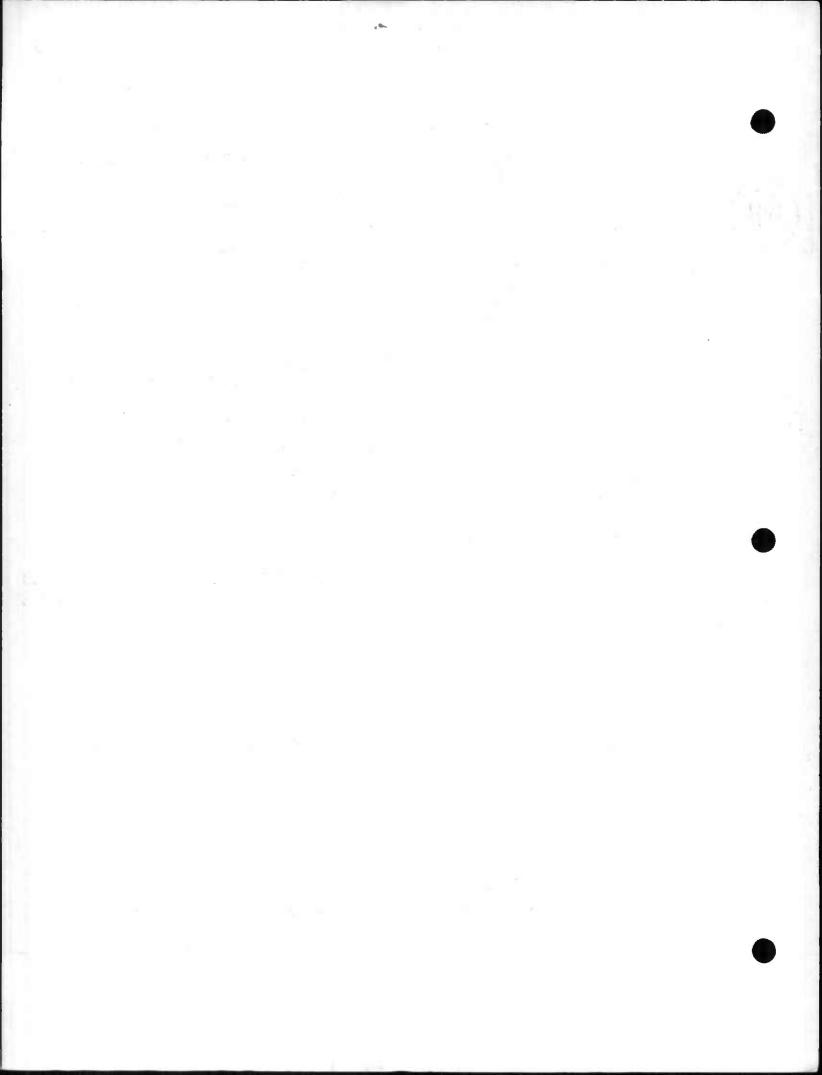
DIVISION OF VITAL RECORDS, P.O. BOX 68760

1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF CEATH CHARLES CHRISTOPHER 12:25 PM **EMBRY** JAN.17,1995 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign HOURS DAYS NOV. 4, 1929 221-16-9948 65 ILLINOIS 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH DIRECTOR 30319 KATES POINT RD. TRAPPE TALBOT RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND TALBOT TRAPPE 1 YES 2 XNO FUNERAL 10e. STREET AND NUMBER 101. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 30319 KATES POINT RD. 21673 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (XYES 2 NO IF YES, GIVE WAR OR DATES MARINE CORPS 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yea, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES XXNO Specify: Specify: WHITE BY 3 Widowed 4 Divorced COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) (college (t-4 or 5+) 12 STORE MANAGER TIRE COMPANY 17. FATHER'S NAME (First, Middle, Last) ts. MOTHER'S NAME (First, Middle, Meiden Surname) CHARLES OLE EMBRY GENEVIEVE HORTON BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ANNETTE H. EMBRY 30319 KATES POINT RD., TRAPPE, MD 21673 20g. METHOD OF CISPOSITION

1 Buriel 2 Cremation 3 Removed from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE WOODLAWN MEMORIAL PARK 1-20 4 Donation 5 Other (Specify) EASTON, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILIT NEWNAM FUNERAL HOME, P.A. CFS 200 S. HARRISON ST., EASTON, MD JOHOV Z MERCERON 23. PART I. Enter the diseesea, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, ehock, or haart failura. List only ona cause on sech line interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition no resulting in death) A CONSEQUENCE OF UNIC CERTIFICATION Sequentielly list conditions. AS A CONSTOLIENCE OF If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in deeth) LAST PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL WAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 7 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 215 NO. 4 □ Nursing Home 5 Residence 6 □ Other (Specify) ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending м 1 YES 2 NO BY Accident Investigation 3 Suicide 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 🔲 Homicide 29s. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(a) and menner as attend. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE CN D01225 9 WHO COMPLETED GUSE OF DEATH (ITEM 27) (Type, Print) STEPHEN P. CARNEY, M.D., 509 IDLEWILD AVENUE, EASTON, MD 21601 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) Talia d'auction Rardall

DHMH-16 Rev 1/89



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BALTIN	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Pag	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner
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DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	the dea	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ibe filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	njury,
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Niran Sharma,MD

31. DATE FILED (Month, Day, Year)

JAN 2 3 1995)

30. NAME AND ADDRESS OF PERSON WITO COMPLETED CAUSE OF DEATN (ITEM 27) (Typis, Print)

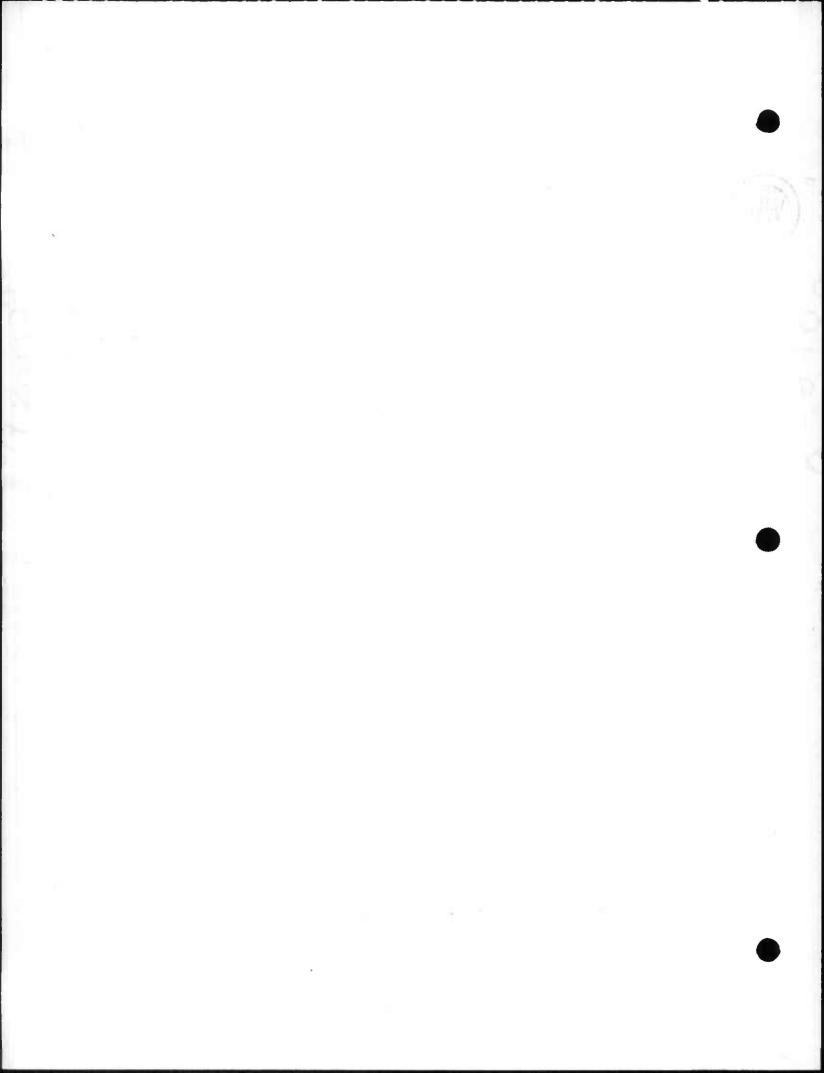
11345 Pembrooke Square Suite 104

32. REGISTRAN'S SIGNATURE

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND /		TMENT				MENTA	L HYGIEN			
	1. OECEDENT'S NAME (First, Middle, Last) Alice Lodg	e	Enlo	e					MONT	OF DEATH	1905	YEAR	3. TIME OF DEATH 11:09A M
DIRECTOR	4. SOCIAL SECURITY NUMBER 579-24-5468	5. SEX	6. AGE (In yrs. les	st birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDE	R 24 HRS.	7. DATE (Mon	OF BIRTN th, Day, Year)		8. BIRTHI Country	PLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give a			ino.					Feb	.14 1			
	Physicians Memori		tal		96. CITY, 1 La Pl			ION OF DE	ATN			nty of de	EATN
		Mary's	3	10c. CIT	y, town on echar	LOCAT	svi	11e					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	4565 Hickory	Drive				101.	ZIP COD 206	59			10g. CIT	IZEN OF W	HAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	IT EVER IN U.S. AR		lf.	yes, spe	city Cubi	OF HISPAN an, Maxica Specify	n, Puerto	N? (Specify Yes Ricen, etc.)	or No—	14. RACE	American Indian, White, atc.
9	15. DECEDENT'S EDUC (Specify only highest grade	CATION (completed)	16a. DE	CEDENT'S	USUAL OCC	UPATIO	N et of worki	na	160	. KIND OF BU	SINESS/INC	DUSTRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	life	. Do NOT us	e retired.)			ng .					orkers Assoc.
g m	17. FATNER'S NAME (First, Middle, Last) Sydney Johnst	on Lodg	е				18. MOT	HEB'S NA	ME (First,	n Cam	Sumame) P		
TO B	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Street er	nd Numbe	r or Rural F	Route Num	ber, City or Tow	n, State, Zip	Code)	
-	Lori Scianell	a	4	565	Hick	or	y Di	. M	ech	anics	vill	e.Mo	d. 20659
	20e. METHOD OF DISPOSITION 1XD Burlai 2 Cremation 3 Remcval from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cametery, crematory or other place) Darnestown Presbyteran 1/23 Darnestown, Md.												
	21. SIGNATURE OF FUNERAL SERVICE LIC	IJ: HA			22. N	AME AN	ton	Fun	era				,
	23. PART I. Enter the diseases, or o	omplications that	t caused the de	ath. Do r	not enter t	he mod	de of dy	ing, sucl	an car	diac or respi	ratory an	reat,	Approximate
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition												
	reaulting in death)	DUE TO	(OR AS A CONSE	DUENCE OF	- 1000 PI	-	1	حب	100	<			FEW DAYS
Z	MANY YEARS												
일	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):												
CA	CAUSE (Disease or Injury										MAUT YEAR		
CERTIFICATION	that initiated events resulting in death) LAST		MY SWIC):	e	4		do	~			6 mores
7	PART II. Other significant condition	s contributing to	death but not r	esulting i	in the und	erlying	cause	given in	Part i.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC.									_	1 🗌 YES 2	Tho		COMPLETION OF CAUSE DF DEATN?
Σ	DID TORACCO LISE CONTE	NDUTE TO CA	UCE OF DEA	T11 1/5									t TYES 2 NO
AN	DID TOBACCO USE CONTI	GROTE TO CA			N (Check on		UNC	ERTAIN	1 KI				
Sici	EXAMINER? 1 YES 2 NO	HOSPITAL:			OTHER:								
PHYSICIAN:	27. MANNER OF OEATN	28a. DATE OF	INJURY	28b. TIM		8c. INJU		eldence		CRIBE NOW II	NJURY OC	CURED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, D	lay, Year)	INJ	URY	1 Y	RK? ES 2] NO					
	2 Accident Investigation 3 Suicida 8 Could not be determined	28a. PLACE O building,	F INJURY — At ho etc. (Specify)	me, ferm, s	itreet, factor	y, office			28f. LOC City	ATION (Street of or Town, State)	and Number	or Rural Ro	pute Number,
COMPLETED	29a. CERTIFIER Check only	CIAN: To the best of	my knowledge, de	ath occurre	ed at the tim	e, deta :	and place	, end dua	to the ca	use(a) and men	iner as stat	ed.	
Ŏ.													and menner ea stated.
l w l	29b. SIGNATURE AND TITLE OF CERTIFIER	0 1					29c. LICI	ENSE NUN	IBER		29d. DAT	E SIGNED ((Month, Day, Year)
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Waldorf, Maryland

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ION OF VITAL RECORDS, P.O. BOX 68760	NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained to the hospital or amending now.
ISION OF VITAL RECORDS, P.O. BOX 68760	TENDING PHYSICIAN: The law requires that the death certificate be executed will
VISION OF VITAL RECORDS, P.O. BOX 68760	ATTENDING PHYSICIAN: The law requires that the death certificate be executed will
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wil

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. I be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

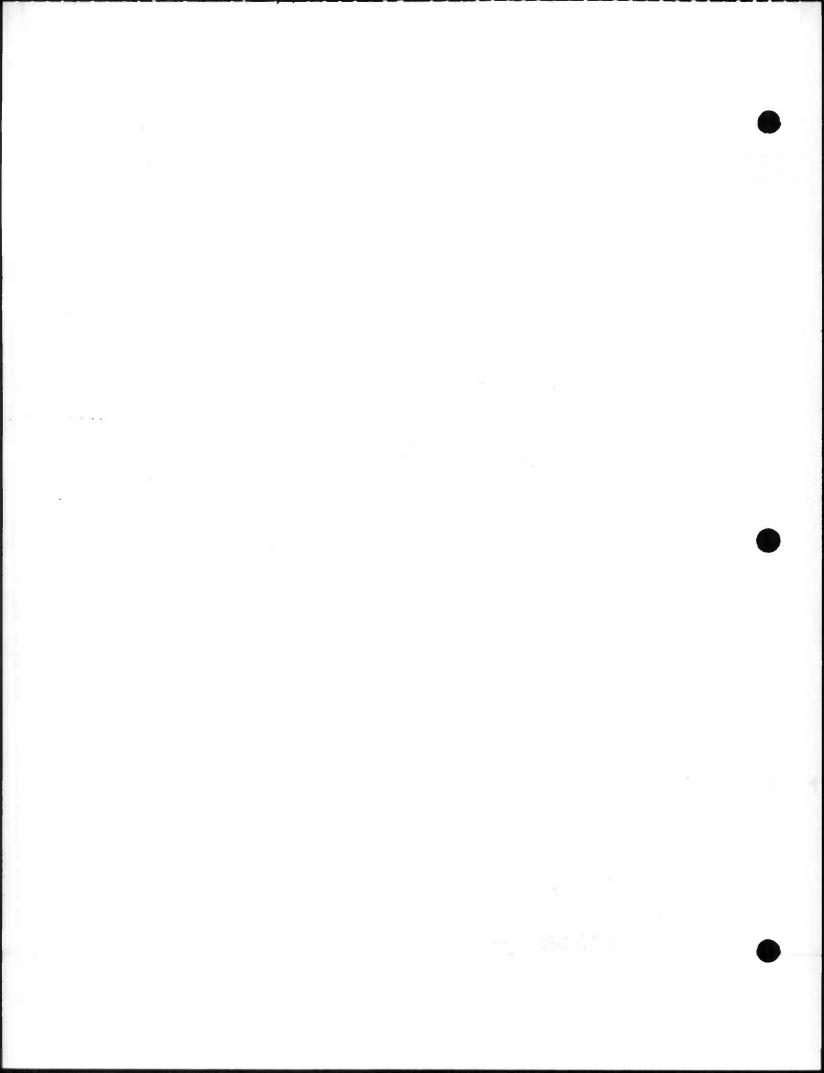
MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	
VI.FR	2. DATE OF DEATH MONTH DAY YEAR	3. TIME OF DEA

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
1. DECEDENT'S NAME (First	t, Middle, Last)		-	OLITITI	OAIL OI	DEATH	2. DATE OF DEA			3. TIME OF DEATH
MILD	RED M	AY EY	LER				January	DAY	YEAR	3:20Pm
4. SOCIAL SECURITY NUM	BER 5	. SEX		rs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	Н	6. BIRTHP	LACE (State or Foreign
220-10-5723	1	□ M 2 X F	91	YRS.	MONTHS DAYS	HOURS MIN.	Februar	,	Country)	land
9e. FACILITY NAME (If not in	nstitution, give street	t end number)	71		96. CITY, TOWN	OR LOCATION OF D			NTY OF DE	
Meridian	Health	Care C	enter		Fred	lerick			Frede	rick
RESIDENCE OF DE	CEDENT								rrede	TICK
10e. STATE	10b. COUNTY			10c. CITY,	TOWN OR LOCA	TION			2	IOd. INSIDE CITY LIMITS?
Maryland		rederic	k		Woodsl	oro				YES 2 NO
10e. STREET AND NUMBER					10	. ZIP CODE		10g. CITI	ZEN OF WH	IAT COUNTRY?
		N. Mai				21798			ted S	tates
11. MARITAL STATUS 1 Never Married 2		2. WAS DECEDEN FORCES? 1	YES 2	S \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			NIC ORIGIN? (Speci an, Puerto Rican, at		14. RACE - Black,	- Americen Indian, White, etc.
3 Widowed 4 Dive	The second second	IF YES, GIVE W	AR OR DATE	s ·	1 / YES	2 NO Specif	fy:		Specify	White
15. DEC	EDENT'S EDUCAT	ION	16	a. DECEDENT'S U	SUAL OCCUPATION	ON .	16h KIND O	F BUSINESS/IND	HISTRY	WILLCE
(Specify oni	ly highest grade con	npleted) College (1-4 or 5 +			ork done during me		105, 7010	· BOSHESS/HVD	OSTAT	
8		-	"	Homemak	er		Own	Home		
17. FATHER'S NAME (First, M	liddle, Lest)					18. MOTHER'S NA	AME (First, Middle, M			
	Will	liam Jar	nes Sp	eak		Minr		Baker		
190. INFORMANT'S NAME (Type/Print)			19b. MAJLING A	ADDRESS (Street e		Route Number, City of	or Town, State, Zip	Code)	
James Shar	nk1e			10345	Woodsb	oro Rd./	Woodsbo	oro. Md	. 217	98
20e. METHOD OF DISPOSIT			20b. PL	ACE AND DATE OF	_			c. LOCATION —		
Buriel 2 Cremetic		from State	Mou	ry, cremetory or othe Int Öliv	er plece) et Ceme	terv				aryland
21. SIGNATURE OF FUNERA	L SERVICE LICIENS	SEE	7		22. NAME A	D ADDRESS OF FA	Stauf	for F	1	aryranu
1	· /	$() \rightarrow$	SO	1	1621	0000000	ocauı D:1	ter rui	neral	Home
23 PART L Enter the d	leases or com	ndications the	council to	death Do no	1021	opossumu	OWII PIKE	e/ Frede	erick	,Md. 21702
enoek, or n	part fellure. Lie	t only one ceu	se on each	line.	t enter the mo	de or dying, auc	in an cerulec or	reepiratory arr	eat,	Approximate Interval Between
IMMEDIATE CAUSE (Fir disease or condition	nel	C	00	1	1	1.				Onest and Death
resulting in desth)	£1	DUE TO	/4/ (OB 48 4 CO	UG SG	clery	clise	45-2			
	_	DOE 10	(On AS A CO	MSECUENCE OF):	:					
Sequentially list condit		DUE TO	(OR AS A CO	NSEQUENCE OF):						
if eny, leading to imme csuse. Enter UNDERLY	ING			one country of j.				İ		
CAUSE (Diseese or injuthat initiated events	iry 🔓 "-	DUE TO	(OR AS A CO	CONSEQUENCE OF):						
resulting in deeth) LAS	T d									
DARK II DII I I III										
PART II. Other significe	ent conditions c	ontributing to	deeth but	not resulting in		g cause given in		REFORMED?		VERE AUTOPSY FINDINGS
anoza	JIM V	ren	tent	M. /3	euph	w las	will 10 Y	ES 2 XNO		OMPLETION OF CAUSE OF DEATH?
clinter	1								1	YES 2 NO
DID TOBACCO U	SE CONTRIB	UTE TO CA	USE OF E	DEATH YES	□ NO □	UNCERTAI	N 🗆			
25. WAS CASE REFERRED TO EXAMINER?		OSPITAL:	26.	PLACE OF DEATH	(Check only one)					
1 TYES 3 NO		☐ Inpatient 2 ☐	ER/Outpatie	nt 3 □ DOA		e 5 🗆 Reeldence	6 Other (Specify)		
27. MANNER OF DEATH	Dondon	28e. DATE OF (Month, Da		28b, TIME INJUI	OF 28c. INJ	URY AT PK?	28d. DESCRIBE H	IOW INJURY OCC	CURED	
	Pending Investigation					ES 2 NO				
	Could not be	28e. PLACE Of building,	etc. (Specify)	At home, farm, str	eet, tactory, offic	•	28t. LOCATION (S City or Town,	treet end Number State)	or Rural Roo	ute Number,
4 Horniciae	determined									
290. CERTIFIER 1 CERT	TIFYING PHYSICIAL	N: To the best of	my knowledg	e, death occurred	at the time, date	end plece, end due	to the ceuse(e) an	d menner ee atate	ed.	
one) 2 MED	ICAL EXAMINER: C	on the basis of ex	camination en	d/or investigation,	in my opinion, d	eath occured at the	time, date and place	ce, end due to the	e ceuse(e) e	end menner ae stated.
296. SIGNATURE AND TITLE	OF CERTIFIER	1	· · · ·			29c. LICENSE NUI	MBER	29d. DATE	E SIGNED (A	Aonth, Day, Year)
- Ke	15/101	LUN VA	· las			1 2 2	101	► /.	127	155
30. NAME AND ADDRESS OF	F PERSON WHO C	OMPLETED CAUS	E OF DEATH	(ITEM 27) (Type, P	Print)	100	.01		~3/	12
Dr. Lloy	d Halw	erson.	1475	Tanev	Ave./	Frederic	k. Md	21702		
31. DATE FILED (Month, Day,	Year)	32. REMISTRA			32.2.7	- Cucl IC	.,	-1102		
IAN 2	5 1995	Julia	Davelso	x rendall						



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	cuted within cours after death. Page 6 may be retained by the hospital or attending	a completely filled in by the funeral director, page 5 should be detached for use as the urial, cremation, or removal.	ic event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trope filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR CERTIF	TMENT OF I		MENTAL HYGIEN REG. NO.	Ε			
100,000	1. DECEDENT'S NAME (First, Middle, Last) MELVIN E. FIS		MELVIN E.	FISCHBA	CK ,	2. DATE OF DEATH DATE OF DATE		3. TIME OF DEATH 7:00 A		
	4. SOCIAL SECURITY NUMBER 216-10-9687	∜ 💢 M 2 🗆 F	AGE (In yrs. lest birthday) 85 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		1909 Ma			
TOR	88. FACILITY NAME (If not institution, give str 8824 Apt. F Town RESIDENCE OF DECEDENT		y Blvd.		licott C		9c, COUNTY OF I			
L DIRECTOR	10a. STATE 10b. COUNTY Maryland 10e. STREET AND NUMBER	Howard		, TOWN OR LOCA Licott C	ity		THE	10d. INSIDE CITY LIMITS? 1 YES 2X NO		
FUNERAL		& Countr	y Blvd.	10	21043		U.S.	A.		
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	FORCES? 1 SIF YES, GIVE WAR	YES 2 NO	If yes, sp		NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.) y:	Blac	E — American Indian, ck, White, atc. city: White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	180. DECEDENT'S (Give kind of v life. Do NOT us Super	vork done during mo e retired.)	ON st of working	Metal-				
COM	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden				
BE	Henry Fischbach				Lilli	an Spurrie	r			
5	Nellie M. Fischba	ch	196. MAILING 8824 7			Aoute Number, City or Town untry Blvd		llicott City land 21043		
	20a, METHOD OF DISPOSITION 1 Burial 2 Cremetton 3 Remo	val from State	206. PLACE AND DATE	OF DISPOSITION (N		DATE 20c. LO	CATION — City or T	own, State		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	TAIOFF	cemetery, crematory or of Crownsvi				wnsville	, Maryland		
	Harry 71.	Witste	Le .	HARRY	ld Colum	KE FUNERAL bia Pike,E	llicott	City 21043		
NO	23. PART i. Enter the diseases, or conshock, or hast failure. I. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	Possible To (o	o on each line.	oco die				Approximate interval Between Onset and Death		
CERTIFICATION	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST		R AS A CONSEQUENCE OF							
BY PHYSICIAN: MEDICAL C	PART II. Other significant conditions Districts MU When Sclark	contributing to de	asth but not resulting i	n the underlyin	g cause given in	Part i. 24a. WAS AN PERFOR	MED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	ACE OF DEATH (Ch	eck only one)				
Y PHYSI	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation			4 Nursing Hon	URY AT	6 ☐ Other (Specify) 28d. DEŞCRIBE HOW II	JURY OCCURED			
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF I building, etc	NJURY — At home, farm, a c. (Specify)	street, factory, offic		28f. LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,		
COMPLETED			y knowledge, death occurry mination and/or investigation					(a) and menner as stated.		
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. D3 4 9 5 1 30. NAME AND ADDRESS OF PERSON WHI) COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)									
		tos Fresh	In Rd	dute	100 C	struck	MD Z	21208		
	JAN 2 7 1995	32, REGISTRAR	s agnatures					701		



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	1 - FOR STATE REGISTRAR		STATE OF I	MARYL					HEALTH AND I	MENT		GIEN	E				
1	1. DECEDENT'S NAME (First,	Middle, Last)									TE OF DE	EATH			3. TIME OF D	EATH	-
	Frank James	Figue	ia								NTH 1	15	" 1995	RASY	11:15		
	4. SOCIAL SECURITY NUMB		5. SEX	8. AGE (in yrs. last	birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.		TE OF BI		1773		IPLACE (State o		-
	025-32-2676		1 🕁 M 2 🗌 F		50	YRS.		DAYS	HOURS MIN.		onth, Day,		01.1.	Countr	y)	-	
	9a. FACILITY NAME (If not in				50		as city	DOMAN .	OR LOCATION OF DE		. 10	0, 1	_	MASS NTY OF D	achuse	tts	_
Œ			and the moonly							EATH							
읝	7 Holly Dri	EDENT					Gait	nei	rsburg				Mont	gome	ry		_
Ä	10a. STATE	10b. COUNTY	,			10c. CIT	Y, TOWN OR	LOCA	TION			-			10d. INSIDE C	TY	-
高	Maryland	Montg	omerv			Gai	thers	bun	ro						LIMITS?	□ NO	
	10e. STREET AND NUMBER					-		_	H. ZIP CODE		_		10g. CIT	IZEN OF V	WHAT COUNTRY		
FUNERAL DIRECTOR	7 Holly Dri	ve						1 2	20877				Uni	ted	States		
S	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN	U.S. ARI	MED	13. W		CENDENT OF HISPAN	NIC ORK	GIN? (Spe	cify Yes			- American I	ndlan.	-
	1 X Never Married 2		FORCES? 1	YES YES	2 N	0	lf.	yes, sp	pecify Cuban, Mexica	in, Puer				Black Speci	, While, etc.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
BY	3 Widowed 4 Divo	rced	120, 3112		11 20		''	1 62	S 2 NO Specify	у.				Speci	White		
COMPLETED	15. DEC	EDENT'S EDU	CATION (completed)		16a. DEC	EDENT'S	USUAL OCC	UPATI	ON ost of working	11	16b, KIND	OF BUS	INESS/IN	OUSTRY			-
<u> </u>	Elementary/Secondary (0		College (1-4 or S	+)	life.	Do NOT u	se retired.)	my m	ost or working								
4P	12				Inf	orma	tion	Spe	ecialist		Free	dom	of :	Infor	mation	1	
Ö	17. FATHER'S NAME (First, Mi	iddle, Last)						1.1	18. MOTHER'S NA	ME (Firs	st, Middle,	Maiden	Sumame)				-
BE (James An	thony		Figu	cia				Elizabet	h M	lary	Mis	tret	ta			
10	19a. INFORMANT'S NAME (7)	rpe/Print)			19b.	MAILING	ADDRESS (Street	and Number or Rural I						-		-
F	Robert Jones	5			7	Ho1	ly Dr	٠,	Gaithers	bur	g, N	1D 2	0877				
	20e. METHOD OF DISPOSITI	ON	A14 (A17)	20b.	PLACEA	ND DATE	OFDISPOSIT	ION /N	ame of	D	ATE	20c. LO	CATION	City or To	wn, State		400
	4 Donation 5 Other		over from State	Me Me	etery, cren Erop	natory or o	ther place Co	cem	atory	1.	/16	Ale:	xandı	cia.	Virgin	ia	
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE	M			22. N	AME A	ND ADDRESS OF FA	CILITY					-0		-
	· ~	5	()a	1/	-				Funeral								
\neg	23. PART I. Enter the of	202000	omplications the	t couped	the des	uh Do	110	E.	Deer Par	K D	r.,	Gai	ther	sbur			_
	ahock, or he	eart fallure.	List only one can	use on ea	ch line.	itii. DO I	iot enter t	re mc	ode or dying, auc	ii aa c	ardiac o	rreapi	ratory ar	rest,	Approx	Between	
	IMMEDIATE CAUSE (Fin disease or condition		1/ A	DAA.		Α Δ										and Death	
	reaulting in death)	→ ,	DUE TO	ru> L	5	MR.	ORB								101	louths	2
			DUE TO	(OR AS A	CONSEQ	UENCE O	F):		de E, cia		. (^	1.	4:0	27	11	
S I	Sequentially list conditi	ona,	1+66	(U(P	CU		YMUX	X) C	XELICIA	W CC	7 >	YNO	YRO	RO	KU	CNHUS	
F	If any, leading to immed cause. Enter UNDERLY!		DOE 10	(OR AS A	CONSEC	DENCE O	r):			/		/					
5	CAUSE (Disease or Inju		DUE TO	(OR AS A	CONSEC	HENCE O	D.										_
Ē	that initiated events resulting in death) LAS		502.10	(on no n	CONSEC	OENCE O	·).								i		
CERTIFICATION	W		1,														_
AL (PART II. Other algnifica	nt condition	contributing to	death be	ut not re	aulting	In the und	erlyln	g cause given in	Part I.	24a, \		AUTOPSY	24b.	WERE AUTOPS		-
일	MALNUTRI	4100	RECUAR	ent	VAN	CREA	+1413	. ,	CHRONIC		1,0	PERFOR YES 2			COMPLETION C		
	ACTIVE HE										1	123 2	25 110		OF DEATH?	T NO	
-	DID TOBACCO U														1 123 2	_ 100	
¥	25. WAS CASE REFERRED TO			_			TH (Check on			'							_
PHYSICIAN: MEDIC	EXAMINER? 1 YES 2 X NO		HOSPITAL:	ER/Outp	etlent 3	DOA	OTHER:	n Hon	ne 5 💢 Residenca	8 🗆 0	ther (Snec	-46.1			-		0.00
Ŧ	27. MANNER OF DEATH		28a. DATE OF	INJURY		28b. TIM	E OF 2	Bc. INJ	JURY AT				JURY OC	CURED		+	_
		Pending nvestigation	(Month, E	lay, Year)		INJ	URY	1 🔲	ORK? YES 2 NO								
BÝ	2 Outside	Could not be	28a. PLACE C	F INJURY	At hon	ne, ferm, :	street, factor	y, offic		2af. Li	OCATION	(Street a	nd Number	or Rural R	loute Number,		-
ED		detarmined	building,	atc. (Speci	пу)						ity or Town						
<u> </u>	29a. CERTIFIER 1 V CERT	IEVING BUYEN	CIAN: To the bear of	land been d	adas di	th are											
COMPLET									and place, and dua leath occured at the								
			/		arrary III	earryanto	, iii iiiy opi				era and pi	aca, and			****		
BE	29b. SIGNATURE AND THE	//		1					29c. LICENSE NUN		1/				(Month, Day, Ye		
2	30. NAME AND ADDRESS OF	reeu		MI	,				035	70	7		J	an.	16, 19	95	

Medical Center Dr. #201, Rockville, MD 20850

Michael

A.

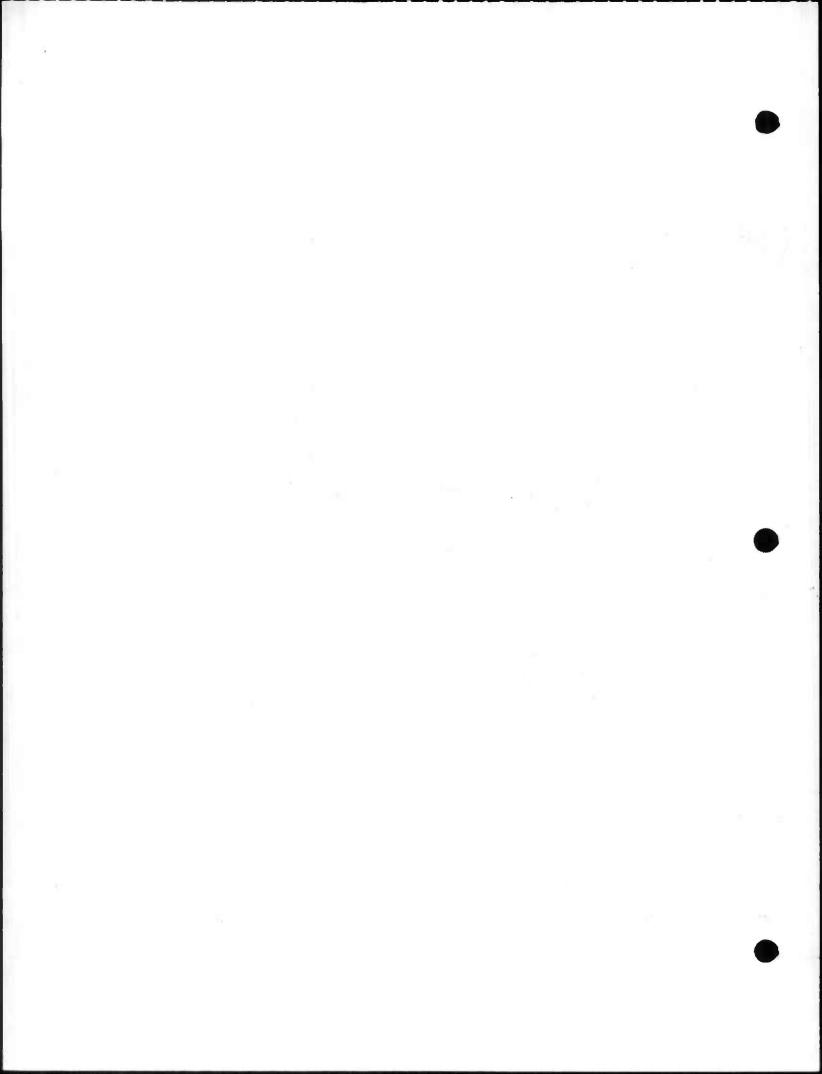
31. DATE FILED (Month, Day, Year)

Sauri

M.D.

9715

32. REGISTRAR'S SIGNATURE



BALTIMORE, MARYLAND 21215-002	age 6 may be retained by the hospital or attending phy	director, page 5 should be detached for use as the bu	
_	hours after death. P.	lled in by the funeral	
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending phy	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detaiched for use as the bu hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
DIVISION OF VITAL	OR ATTENDING PHYSICIAN: The Ian	DIRECTOR: After this certificate has hours after death with the State Dep	

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29b. SCHATURE AND TITLE OF CERTIFIER

30. NAME AND ADDRESS

31. DATE FILED (Month, Day, Year,

DIRECTOR: A

HOSPITAL FUNERAL (within 72 h =

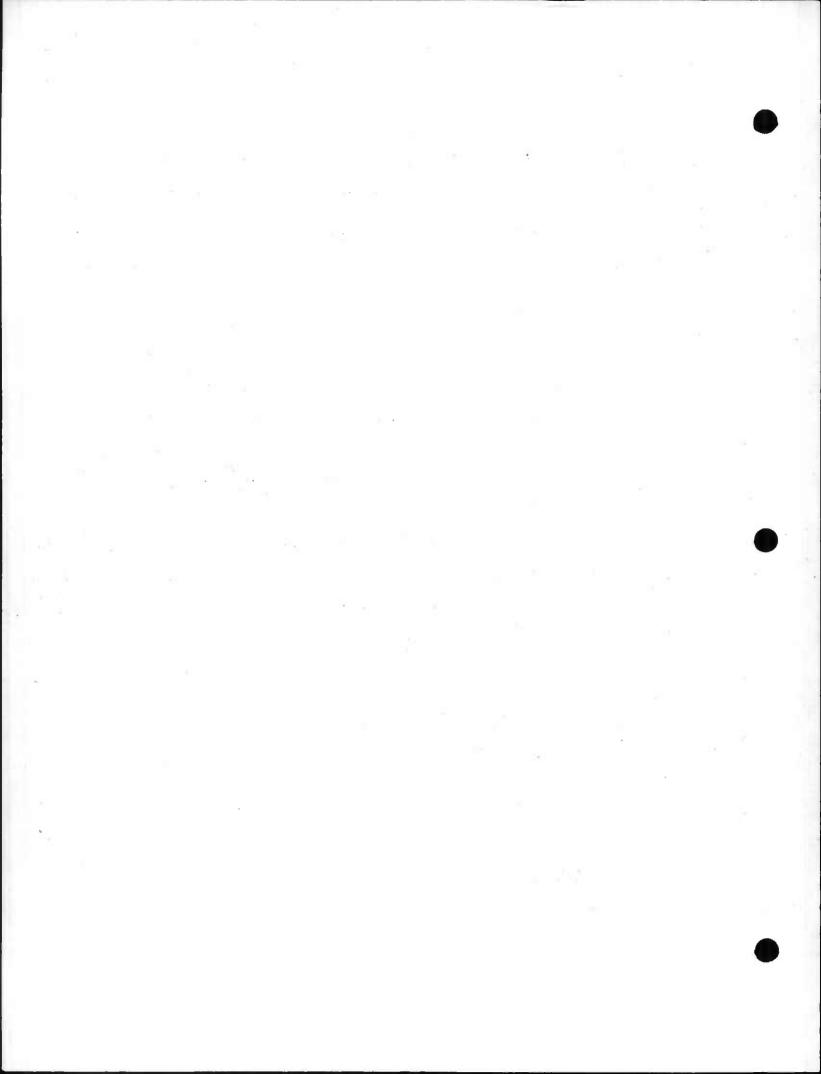
TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

ial-transit

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH JAN EDMILNO FITZGERALD 0605 A. SOCIAL SECURITY NUMBER 5 SEY 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS 044-10-8667 1 X M 2 T F MONTHS DAYS HOURS MIN 85 Nov. 3. New York 1909 Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Holy Cross Hospital Silver Spring Montgomery RESIDENCE OF DECEDENT On STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Silver Spring ō 1 K YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g CITIZEN OF WHAT COUNTRY? 801 Copley Lane 20904 United States 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cubsn, Mexican, Puerto Rican, stc.) 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 X YES 2 NO 1 Never Married 2 K Married 1 TYES 2 X NO Specify Specify: BY 3 Widowed 4 Divorced 1942-1945 White COMPLETED t6a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) 0 12 Statistician U.S. Government 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumama) notified at Charles F. FitzGerald Lillian Culverhouse BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Yvonne F. FitzGerald 801 Copley Lane, Silver Spring, Maryland 20904 9 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata DATE Burial 2 X Cremation 3 Ramoval from State cemetery.cremetory or other place) Fort LincoIn Crematory Donation 5 Other (Specify) 1/20 Brentwood, Maryland 21. SIGNATURE OF EUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY HinesRinaldi Funeral Home 11800 New Hampshire Avenue Silver Spring, Maryland 20904 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reapiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Batwean IMMEDIATE CAUSE (Final Onset and Daath disease or condition dde resulting in death) bato CERTIFICATION Sequantially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury AS A CONSEQUENCE OF that initiated aventa resulting in death) LAST 46Wth 3 PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS MEDICAL 24s. WAS AN AUTOPSY AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1diatus PERFO t T YES PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) ö 27. MANNER OF BEATH 28s. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 26c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 2/ Accident 1 YES 2 NO BY 26e. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) Suicide 69 COMPLETED 6 Could not be 4 Homicide 28 datarminad 29s. CERTIFIER

To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as atated. ation and/or investigation, in my opinion, death occured at the time, date and placa, and due to the cause(s) and manner as stated 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 6 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 98 Gen 32. REGISTRAR'S SIGNATURE DHMH-16 Rev 1/89



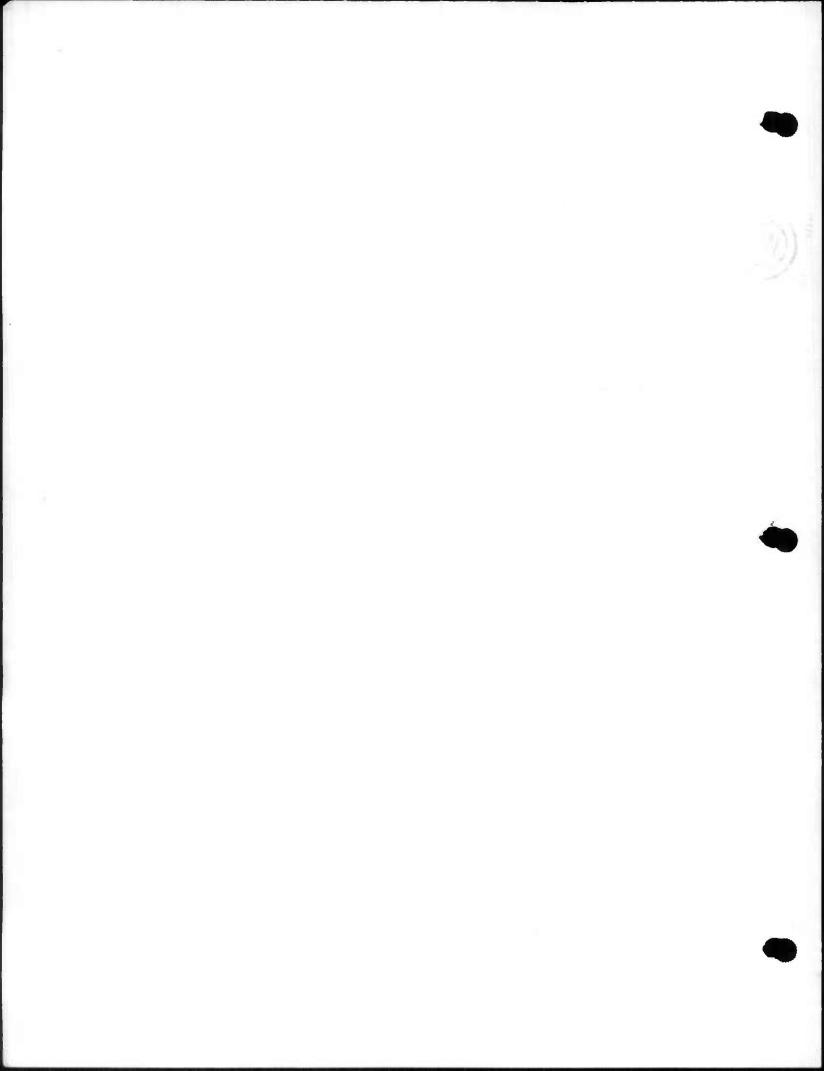
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		C	CHILL	CALE	JF L	JEAIN		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)	- F1	rederic	k				2. DATE	of DEATH	199	ZEAR 3.	TIME OF DEATH 1:59P M
	Walter Ri 4. SOCIAL SECURITY NUMBER	ISSELL T			IF UNDER 1 Y	1	IF UNGER 24 HRS.	-	OF BIRTH			ACE (State or Foreign
	077-05-0204	DEXM 2 □ F	8. AGE (In yrs. la				HOURS MIN.	Sep	t. 24]	1912	New .	York
_	9e. FACILITY NAME (If not institution, give	street end number)					LOCATION OF D	EATH		9c. COUNT		
5	1121 Hornell Dr				Silv	er	Spring		4	lontg	omer:	У
DIRECTOR	10e. STATE 10b. COUNT	gomery			town on the						- 1	Dd. INSIDE CITY
	10e, STREET AND NUMBER	50mer y		1 211	ver př		ZIP CODE			10- 017175		XYES 2 NO
FUNERAL	1121 Hornell Driv	<i>т</i> е					20905					tates
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN' FORCES? 1 IF YES, GIVE W	YES 2 K		If ye	s, spec	NDENT OF HISPA Hy Cuben, Mexic NO Speci	an, Puerlo I		r No 1	4. RACE Black, V Specify:	- American Indian, White, etc. White
	15. DECEDENT'S ED	JCATION	16a. D	ECEDENT'S	JSUAL OCCU	PATION		16b	KINO OF BUSI	NESS/INOUS	STRY	
COMPLETED	(Specify only highest grad	College (1-4 or 5 +	Hi	Give kind of w le. Do NOT us	retired.)	ng most	or working	1				
P.		4		ngine	er			C	omputer	-		
Š	17. FATHER'S NAME (First, Middle, Last)	•				\Box	18. MOTHER'S NA			umame)		
BE C	John Frederick						Myrt1e	2 Tow	nsend			
0	19e. INFORMANT'S NAME (Type/Print)						d Number or Rural					
F	Myrtis Frederick						rive Si	llver				
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Rec 4 Donation 5 Other (Specify)	noval from Stete	Prov:	e of dispos place) idence	Bapt	of ceme	the Cem.			hsvi		A CANADA
	21. SIGNATURE OF PUNERAL SERVICE L	ICENSES					ADDRESS OF F	ICILITY	ines-Ri	nald:	4 F 1	H Inc
	Town X. ve	hant-			1180	00 N	lew Hamp		_			pring, Md.
NOI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	b	(OR AS A CONSI	EQUENCE OF):	10	n &	fer	ala	n,S	mBe	Onset and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that Inkliated events resulting in death) LAST	c. OUE TO	(OR AS A CONSI	EOUENCE OF):							
	PART ii. Other significant condition	ons contributing to	death but not	resulting l	n tha unda	rlying	cause given in	Part I.	24a. WAS AN A PERFORM			VERE AUTOPSY FINDINGS
MEDICAL	Muserta	word	N						1 YES 2 [-	0	OMPLETION OF CAUSE OF DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL											
2	EXAMINER?	HOSPITAL:			OTHER:		CE OF DEATH (C				-	
ΗX	1 TYES 2 THO 27. MANNER OF DEATH	1 Inpatient 2 I		3 L DOA 28b, TIM	7	g Home	5 Felesidence	, ,	or (Specify) SCRIBE HOW IN	HIRY OCCI	IBED	
BY PH	1 Natural 5 Pending 2 Accident Investigation	(Month, D			URY	WOR		200. DE	SCHIBE HOW IN	JOHY OCCU	THEO	
60	3 Suicide 8 Could not be 4 Hemicide delermined	28e. PLACE O building,	FINJURY — Al I etc. (Specify)	nome, farm, s	street, factory	, office			ATION (Street an or Town, State)	nd Number o	r Rural Rou	ute Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHY	SICIAN: To the best of										and manner as stated,
TO BE C	2 SIGNATURE AND TITLE OF CERTIFI	med and	- Che	D			DOS	IMBER	29	29d. DATE	SIGNED (A	Month, Day, Year)
Ĕ	30. NAME AND ADDRESS OF PERSON W	HO COMPLETEO CAU	SE OF DEATH (IT	EM 27) (Type,	Print)	M	8 2	09	532			
	JAN 19 1995	22. REGISTRA	AR'S SIGNATURE	Call)							

BALTIMORE, MARYLAND 21203-3146 So in by the funeral director, page 5 should be detached for use as the buris rs after death. Page 6 may be retained by the houpital or ettending physic TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing to The FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely. "3" in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

iMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be nettlined at once.

DHMH-18 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached he filed within 72 hours after death with the State Denir of Health and Mental Hunjene infort to hunal cremation or removal	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dea	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the the filed within 72 hours after death with the State Berr of Health and Mental Hyriene neity to burial cremation or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury,

1995

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	1 - FOR STATE OF REGISTRAR				OF HE			IENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	FRYF					,	2. DATE OF DEATH ON MONTH	7 700	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. la:	st birthday)	IF UNDER	1 YEAR	IF UNDER 24		7. DATE OF BIRTH			LACE (State or Foreign
	214-10-2510 1 D M 2 16 F		7 7 _{RS.}	MONTHS	DAYS	tours	MIN.	Oct. 11,	1917	Country)	nsylvania
_	9e. FACILITY NAME (If not institution, give street and number)			9b. CITY	TOWN OR				9c. COUN	TY OF DEA	
5	Frederick Memorial Hosp	ital				Fred	eric	ck		F	rederick
DIRECTOR	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN C	R LOCATIO	N				1	IOd. INSIDE CITY
	Maryland Frederic	k			F	rede	rick	K		Ì,	LIMITS?
FUNERAL	. 10e. STREET AND NUMBER				101. Z	IP CODE			10g. CITIZ		IAT COUNTRY?
REI	213 Monroe Avenue							701			S.A.
	1 Never Merried 2 V Merried FORCES?	IT EVER IN U.S. AF	NO		f yea, speci	fy Cuben,	Mexican,	C ORIGIN? (Specify Yee, Puerto Ricer, etc.)	or No-	14. RACE - Black,	- American Indian, White, etc.
B	3 Widowed 4 Divorced	MAR OR DATES		1	YES 2	M NO	Specify;			Specify:	White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(G	ive kind of	work done o	CCUPATION during most	of working		16b. KIND OF BUS	INESS/INDL	ISTRY	
9	Elementary/Secondary (0-12) College (1-4 or 5	+) life	o nor u	se retired.)		•		0	Home		
E E	17. FATNER'S NAME (First, Middle, Last)	nu	remak	er	1.	I MOTHE	D'C NAM	E (First, Middle, Maiden		-	
S U	Roy S. Kefauver							e B. Younk			
o o	19e. INFORMANT'S NAME (Type/Print)	19	b. MAILING	ADDRESS	(Street and	Number or	r Rural Ro	oute Number City or Town	State Zio	Code)	
2	Robert Clifton Frye		213 M	lonro	e Ave	., F	'rede	erick, Mar	yland	1 217	01
	20a. METHOD OF DISPOSITION 1. Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	Mt Cornelary, cre	matory or	of DISPOS	ITION (Name		. 20		rede		
	21. SIGNATURE OF FUNERAL SERVICE LIGHNES	1 1		7	NAME AND	ADDRESS	OF FACI	ILITY			
	Xulud C.C. Dass	ord M	00021					Basford F			
	23. PART I. Enter the diseases, or complications th	t caused the de	eth. Do	not entar	the mode	of dying	g, auch	es cerdiac or reepi	ratory erre	leric	k. Md. 2170
	shock, or haart fallura. I.ist only one ca	use on each line). - ^	-	0		_			1	Interval Batwean Onset and Daeth
	disease or condition resulting in death)	1 Jones	ll	Cell	le	ing	C	ancer (Ria	hT '	1 34RS
		(OR AS A CONSE	DUENCE O	F):					LUN	19	/
ON	Sequentially list conditions,	(OR AS A CONSE	OLIENCE O	E).					1	1/	
CERTIFICATION	cause. Enter UNDERLYING	(on no n oonse.	JOENOL O	. ,.							
IFIC	that initiated events	(OR AS A CONSE	DUENCE O	F):							
ERI	resulting in death) LAST										
	PART II. Other algnificant conditions contributing to	daath but not a	aaulting	In the un	derlying o	auaa giv	an In P	Part I, 24a. WAS AN	AUTOPSY	24b. W	VERE AUTOPSY FINDINGS
S	COPD							PERFOR		Å	WAILABLE PRIOR TO COMPLETION OF CAUSE
MEC								_			F DEATH?
PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRIBUTE TO CA	USE OF DEA	TH YE	SZI	10 🗆	UNCE	RTAIN				
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLAC	E OF DEA	TN (Check o							
IXS	1 YES 2 NO 1 Inpetient 2 27. MANNER OF DEATN 28e. DATE O	ER/Outpetlent 3		4 🗆 Nun	Ing Nome			☐ Other (Specify)			
	1 Netural 5 Pending (Month,		28b. TIM	IURY M	28c, INJUR WORK	Y AT .? 3 2 □ 1	- 1	28d. DEŞCRIBE HOW IN	HJURY OCCI	JRED	
ЭВУ	2 Accident Investigation 3 Suicide 8 Could not be	OF INJURY — At ho	me, ferm,	street, fect			-	28f. LOCATION (Street e	nd Number o	r Rurai Rou	ite Number,
	4 Nomicide determined	etc. (Specify)						City or Town, State)			
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of	my knowledge, de	eth occum	ed at the ti	me, date en	d place, e	nd due to	o the ceuse(e) end men	ner as state	d.	
Ö	one) 2 MEDICAL EXAMINER: On the beele of	xemination end/or	investigatio	on, in my o	pinion, deat	h occurad	at the ti	me, date end piece, end	d due to the	ceuse(e) e	and menner ee stated.
BE (29b. IGNATURE AND TITLE OF CERTIFIEIT				2	9c. LICENS	SE NUMB	BER	29d. DATE	GNED (Aonth, Day, Year)
2	39 NAME AND ADDRESS OF PERSON WHO COMPLETED CAL	SE OF DEATH #YE	1070 (7	21.0		1) 6	(05	>10	<u> </u>	191	95

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MD 1475 TO
32. REGISTRAN'S SIGNATURE RANGELLY
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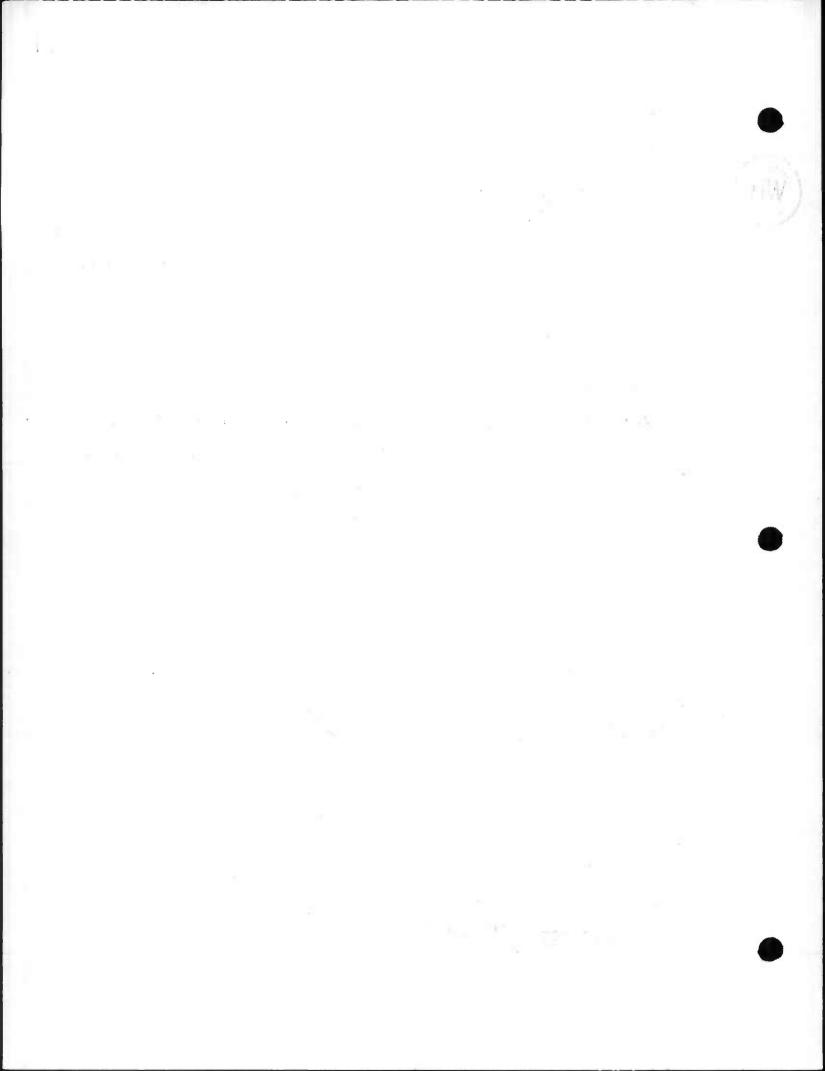
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to find within 70 hours after death with the State Derir of Health, and Mental Houlene not in burial command or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	E HC	5.3	MA
	E	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the formal within 72 hours after clearly with the State Deor of Health and Mental Hynlene notor to burial cremation or removal	8
	2	25	3

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FOR 1 - STATE REGISTRAR		STATE OF I			RTMEN ICATI				MENTAL HYGIE			
1. DECEDENT'S NAME (First, JESSE,		IKLIN,	Fox						2. DATE OF DEATH MONTH January	DAY 18,	YEAR 1995	3. TIME OF DEATH 3:05 P.
4. SOCIAL SECURITY NUMBER 217-32-5669		5. SEX 1 M 2 - F	8. AGE (In yrs. lest	birthday) YRS.	IF UNDER	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Ybar) Dec. 5,		Coun	HPLACE (State or Foreign
9a. FACILITY NAME (If not ins	titution, give st	niet and number)			96. CITY	, TOWN	R LOCATI	ON OF D	EATH	9c. C	OUNTY OF	DEATH
Frederic		rial Hos	spital			Fre	deri	ck		:	Frede	rick
RESIDENCE OF DEC												
Maryland	16b. COUNTY	Frederic	ck	10c. CIT	rocl		idge					10d. INSIDE CITY LIMITS? 1 TYES 2 NO
10e. STREET AND NUMBER						101	. ZIP COD	E		10g. (CITIZEN OF	WHAT COUNTRY?
915	1 Long	s Mill H	Rd.				2	1778		Un:	ited	States

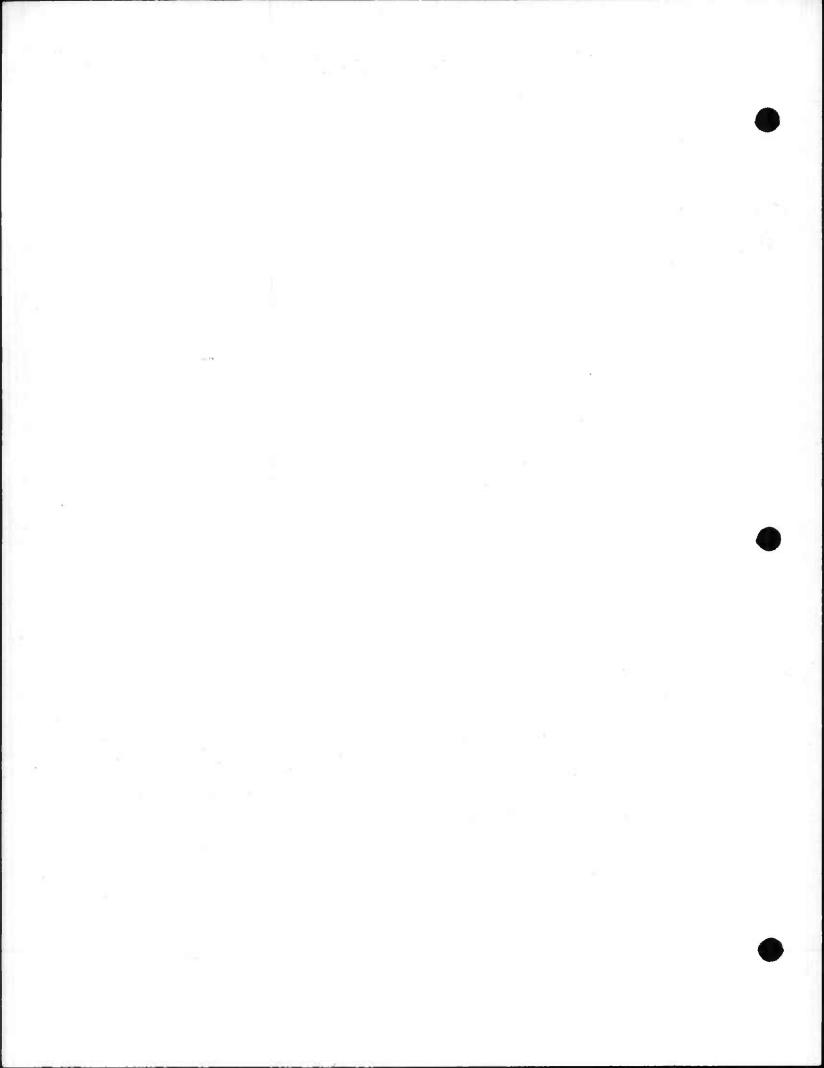
	217-32-3669	1 0 M 2 L F	89	YRS.				Dec. 5, 1	905	Mary	land
	9s. FACILITY NAME (If not institution, give st	niet and number)			9b. CITY, TO	OWN OR LOCAT	ION OF DEA	ТН	9c. COUN	TY OF DEAT	н
BY FUNERAL DIRECTOR	Frederick Memo	rial Hosp	ital		F	rederi	ck		Fr	ederi	ck
ឆ្ន	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10- OIT	Y, TOWN OR	LOCATION					
2				IOC. CIT							d. INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBER	Frederick			rocky	Ridge					YES 2 NO
RA						101. ZIP COL			10g. CITIZ	EN OF WHA	T COUNTRY?
Ä		s Mill Rd					1778			ed St	
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EN	YES 2 TH	MED IO	13. WA	S DECENDENT	OF HISPANIC	ORIGIN? (Specify Yes Puarto Rican, etc.)	or No-	14. RACE	American Indian, hita, atc.
≥	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES			YES 2 NO		, , , , , , , , , , , , , , , , , , , ,		Specify:	White
	15. DECEDENT'S EDUC	*(TION	40. 05	OFFICE				1			willte
1	(Specify only highest grade	completed)	(Gi	ve kind of v Do NOT us	VSUAL OCCU	ing most of work	ing	16b. KIND OF BUS	SINESS/IND	USTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5+)						O E			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			Jairy	Farm			Own F			
			Fox			18. MO		E (First, Middle, Maiden			
BE	Jesse 19a. INFORMANT'S NAME (Type/Print)				4000500 (MARTI		FOGLI		
유			198					ute Number, City or Tow			
	Candice Roman 20a. METHOD OF DISPOSITION						1 Rd.	/ Rocky			
	1 Burial 2 Cremetion 3 Remo	val from State	20b. PLACE A cemetery, cres	metory or of	her place)					City or Town,	
	4 Donation 5 Other (Specify)	FNSEE	Mt.	labor	Ceme	tery	00.05.510	1-21 Ro	cky R	<u>idge,</u>	Md.
1	III SIGNATURE OF THE SECTION OF SIGNATURE SIGN	155 1	/		22. NA	ME AND ADDRI	SS OF FACE	Stauff	er Fu	neral	Home
	(Karmon)	1911	m		104	E. Ma	in St	./ Thurmon	nt. M	d. 2	1788
	21 PART I. Enter the diseases, or co	omplications that ca	used the de	ath. Do n	ot enter th	e mode of dy	ing, auch	as cardiac or reapl	retory arre	est,	Approximata
ŀ	IMMEDIATE CAUSE (Final										Interval Between Onset and Death
	disease or condition	RESPI	RATOR	y	FAI	LURE					
	DUE TO (OR AS A CONSEQUENCE OF):										
z	Sequentially list conditions PNEUMONIA										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate		AS A CONSEC):						
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury										
E	that initiated eventa	DUE TO (OR	AS A CONSEC	UENCE OF):						
ER	reauiting in death) LAST										
0	PART II. Other aignificant conditions	contributing to do	ath but not n	eaulting i	n the unde						1
		i continuuting to det				riving cause	given in Pr	ert I. 24e WAS AN	ALITOPSV	24b WE	DE ALITORSY EINDINGS
S	GASTROINTEST	NAL BLE	EDING.		ii the dide	erlying cause	given in Pa	PERFOR	MED?	AW	RE AUTOPSY FINDINGS ALLABLE PRIOR TO
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MEDICAL	GASTROINTESTI MULTIPLE C	NAL BLE	EDING.	R	Accio	ENT		PERFOR	MED?	CO OF	MILABLE PRIOR TO MPLETION OF CAUSE
AN: MEDICAL	MULTIPLE CONTROLLED TO TOBACCO USE CONTR	NAL BLE	EDING. ASCULA E OF DEA	R I	Accio	ENT D UN		PERFOR	MED?	CO OF	NILABLE PRIOR TO MPLETION OF CAUSE DEATH?
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BALTIMORE, MARYLAND	24 hours after death. Page 6 may be retained by the hosp	filled in by the funeral director, page 5 should be detached, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within, 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1	Amended #7	7 /	117 19	(-	m	RI	-	1	Ma	+	95	- 14	02872
	FOR 1 - STATE REGISTRAR	STATE OF M	ARYLAND	DEPAR	TMENT			AND I	MENTA	AL HYGIEN	IE C	2	7 7.
9	1. DECEDENT'S NAME (First, Middle, Last)				IOAIL	. 01	DEAL	-		REG. NO	-		3. TIME OF DEATH
	Ma	ary Bruce	e Gilbe	rtz					Jan	uary 1	3,199	95	11:15 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. let	st birthday)	IF UNDER		IF UNDER	-	7. DATE	E OF BIRTH	923	8. BH	RTHPLACE (State or Foreign puntry)
	579-22-7532	I ☐ M 2 🔯 F	71	YRS.	MONTHS	DAYS	HOURS	MIN.	Oct	. 27,1	924	Was	shington, DC
œ	9e. FACILITY NAME (If not institution, give stre				9b. CITY,		R LOCATIO		EATH		9c. COL	UNTY O	F DEATH
2	5521 Marlin Street	t.				Ro	ckvi	11e				Mo	ontgomery
DIRECTOR	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY
	Maryland Mo	ontgomery	7			Ro	ckvi	11e					1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER					101.	. ZIP CODE						OF WHAT COUNTRY?
NE	5521 Marlin Street						_	853				ted	States
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 14	LEVER IN U.S. AF	RMED NO	- 4	yes, spe	ecify Cuba	n, Mexica	n, Puerto	IN? (Specify Ye Rican, atc.)	e or No—	14. R	ACE — American Indian, llack, White, atc.
В	3) Widowed 4 Divorced	WWI	AR OR DATES		_ 1	☐ YES	2 💢 NO	Specify	A:			St	White
ED	15. DECEDENT'S EDUCA (Specify only highest grade of		16a. DE	ECEDENT'S	USUAL OC	CUPATIO)N		16	b. KIND OF BU	SINESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	ive kind of a Do NOT u	se retired.)	runny mo:	at or workin	9					
COMPLETED	12			Hon	emak	er					Home	9	
	17. FATHER'S NAME (First, Middle, Last) Wilson R.	House				Ì	7			Middle, Meiden Hoofna	,		
BE	19e. INFORMANT'S NAME (Type/Print)	neuer	19	h MAILING	ADODESS	/Street o				nber, City or Tow	-	- 0-41	
임	Pamela Ward Bort												d 20853
	20e. METHOD OF DISPOSITION 1 Burlal 2 C Cremation 3 Remove	val deser Contr	20b. PLACE	AND DATE	OF DISPOSI	TION (Na	me of 1	-15-	95 pa	TE 20c. LC			
	4 Donation 5 Other (Specify)		Montgo	omery									Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICE	HSEE			22. P	ma / F	ADDRES	S OF FAC	Cho:	Robert	A. I	Pump	phrey Funeral
	Michely 9:	Tritta		0348	Wi	scor	nsin	Ave.	, B	ethesd	a, MI	20	0814-3501
- 1	23. PART i. Enter the diseases, or co	emplications that	caused the de	eth. Do r	ot enter	the mor	de of dul	na. such	h se cer	rdiec or reap	iratory ar	rrest	Approximata
	ehock, or heert failure. Li	ist only one ceus	e on each line		ot eliter	tile illo	ao or ayn				,	rout,	
	ehock, or heert failure. Li iMMEDIATE CAUSE (Final disease or condition	ist only one ceus	se on each line	o.	ot anton	the tho	ao or ayn				, -	,	interval Between Onset and Death
	immediate cause (Final	Emphy	sema								,		interval Between
z	iMMEDIATE CAUSE (Final disease or condition	Emphy	Sema										interval Between Onset and Death
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23. PART i. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one ceuse on sech line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that intitleded events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQU
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DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DEVELOPMENT OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 29. PLACE OF DEATH (Check only one) 20. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Chec
28. PLACE OF DEATH Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 29. PLACE OF DEATH (Check only one) 21. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) 28. PLACE OF INJURY 280. TIME OF DEATH (Check only one) 281. TOTAL OR DEATH (Check only one) 282. PLACE OF INJURY 3
27. MANNER OF DEATH 28e. OATE OF INJURY (Morth, Day, Year) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28d. OESCRIBE HOW INJURY OCCUREO 1 YES 2 NO 28d. OESCRIBE HOW INJURY OCCUREO 28d. OESCRIBE HOW INJURY OC
27. MANNER OF DEATH 28e. OATE OF INJURY (Morth, Day, Year) 28e. OATE OF INJURY (Morth, Day, Year) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office
Accident Investigation M 1 YES 2 NO
3 Suicide 6 Could not be building, etc. (Specify) 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28. LOCATION (Street and Number or Rural Inc.) City or Town, State)
29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.
29c. LICENSE NUMBER 29d. DATE SIGNED 29d. DATE SIGNED
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print). ALISON NOTES 1950 Research Blvd \$220 Rockarille) N
31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

		FOR STATE REGISTRAR		STATE OF I	MARYL		DEPAR ERTIF					MEN.	TAL HYGIEN	E			
	,	1. DECEDENT'S NAME (First	t, Middle, Last)	٧.		G	RIFF	IN				MC	ATE OF DEATH DA	1995	YEAR		ME OF DEATH
		4. SOCIAL SECURITY NUMBER 232-36-8118		5, SEX	00			IF UNDE	DAYS			7. DA	AY 8,192			IPLAC	E (State or Foreign
OB		24408 HANSO	99. FACILITY NAME (If not institution, give street and number) 24408 HANSON ROAD						AYTO				., 0,202	9c. COU	NTY OF D	NTY OF DEATH TGOMERY	
DIRECTOR		PESIDENCE OF DEC 100. STATE FLORIDA	10b. COUNT	Υ					OR LOCAT						-		INSIDE CITY LIMITS? YES 2 NO
FUNERAL		100. STREET AND NUMBER					101	3473				10g. CITIZEN OF WHAT COUNTRY? UNITED STATES			COUNTRY?		
ig in the second		11. MARITAL STATUS 1 Never Merried 2, 3 Divo	FORCES? 1	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Tyes 2. NO IF YES, GIVE WAR OR OATES					ecity Cubi	ın, Mexici	an, Puei	IGIN? (Specify Year rto Rican, etc.)	or No—		k, Whi	mericen Indien, te, efc.	
COMPLETED		15. DEC (Specify onl Elementary/Secondary (C 12	CATION completed) College (1-4 or 5	18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired.) FINANCIAL ANALYST U.S. GOVERNMENT													
BE COA		17. FATHER'S NAME (First, M JAMES	TRA	N IS						F	NGE	IN		UNKN	IOMN)		
5		PAYTON GRI	Type/Print) FFIN		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 156 JASMINE DRIVE FRUITLAND PARK, FLORIDA 3473											34731	
20e. METHOD OF DISPOSITION 1											RΥ	1/:			City or To		RGINIA
		21. SIGNATURE OF FUNERAL MUCH	ef H	Ba	rhe			P.	.O. E	L H. 30X 5	. BAI 5038	RBEI L	R FUNERA AYTONSVI	ILLE,	MAR		
	immediate CAUSE (Final disease or condition resulting in death) a										Approximate Interval Between Onset and Death						
ATION		DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF):															
CERTIFICATION		CAUSE (Disease or injuthet initiated events resulting in death) LAS		cDUE TO	DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL C		PART II. Other significa	ent condition	e contributing to	deeth b	ut not re	eeuiting	in the u	nderlying	ceuse	given in	Part i	. 24s. WAS AN PERFOR	MED?	24b	COME	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION DF CAUSE EATH?
		DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN															
PHYSICIAN:		25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	O MEDICAL	HOSPITAL:			□ DOA	OTHE	R:	• 5 X R	eldence	8 🗆 0	ther (Specify)				
			Natural 5 Pending (Month, Day, Year)							URY AT RK? 'ES 2] NO	28d. DESCRIBE HOW INJURY OCCURED					
тер ву	t	2 Accident 3 Sulcide 4 Homicide 28e. PLACE OF INJURY — At home, farm, strast, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, strast, factory, office City or Town, State)										lumber,					
COMPLETE		29a. CERTIFIER (Check only one)	A .	CIAN To the best of) and	manner as stated.
TO BE (29b. SIGNATURE AND TITE	-QX	en						A	S S		35	29d. DAT	E SIGNED	(Monti	h, Day, Year)
-			KAPLAN						RIVE,	OLN	NEY,	MAF	RYLAND	2083	32		
		31. DATE FILED (Month, Day,	7 1995	32 REGISTRA	n's sign	ATURE	lall										

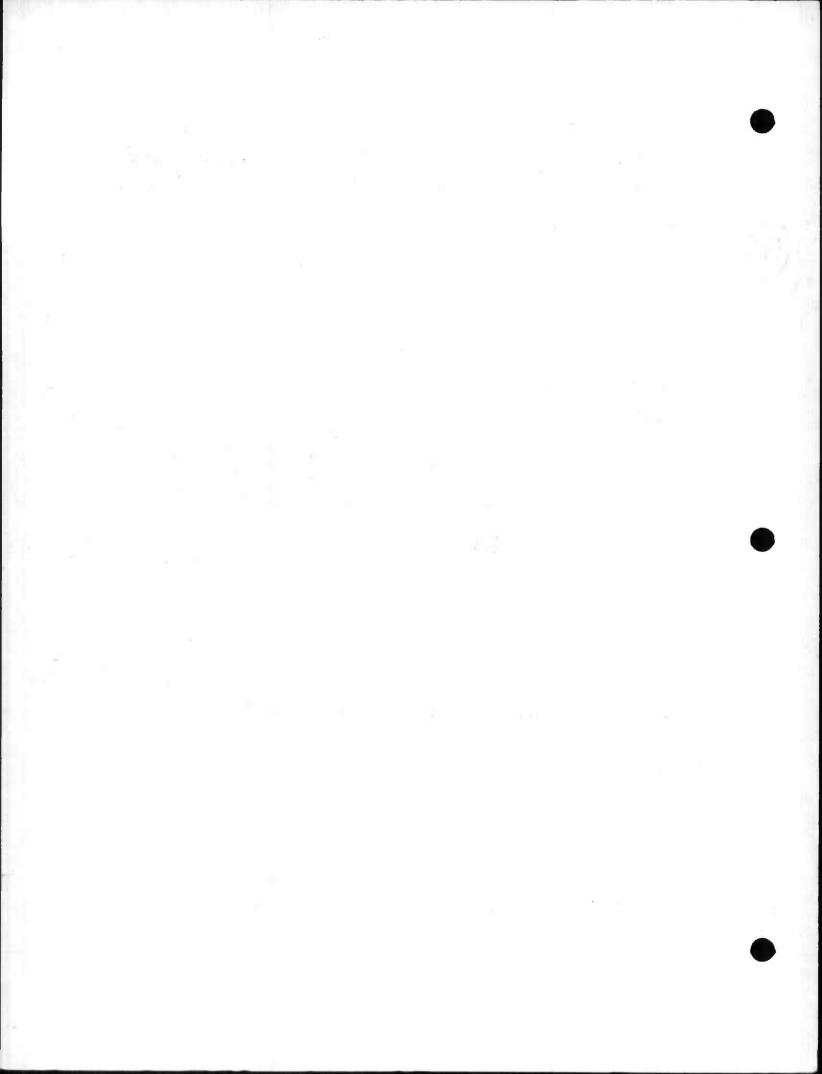
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1, 2, 3 should BALTIMORE, MARYLAND 21215-0029 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Fours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the human be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or remoral.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO

	1 - FOR STATE REGISTRAR	TATE OF MARYLAN	D / DEPARTING			MENTAL	HYGIEN REG. NO						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O	F DEATH	AY 9	YEAR	3. TIME OF DEATH	1 -Д. м.		
	083-32-5021	SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 1 M 2 F								PLACE (State or Fore			
TOR	99. FACILITY NAME (If not institution, give street HEBREW HOME OF GREA		ROCK	VILLE	ATN		9c. COUN MON						
DIRECTOR	MARYLAND MON'I'	GOMERY		OWN OR LOCAT						10d. INSIDE CITY LIMITS? 1 X YES 2 N	10		
FUNERAL	100. STREET AND NUMBER 6105 MONTROSE ROAD				20852			UNIT	TATES				
ž R	1 Never Merried 2 Merried	WAS DECEDENT EVER IN U.: FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE:	2 NO	If yee, spe	ENDENT OF HISPAN icity Cuben, Maxice 2 X NO Specify	n, Puerto Rk	(Specify Yearn, etc.)	a or No—	No— 14. RACE — American Indian, Black, White, etc. Specify: WHITE				
COMPLEIED	15. DECEDENT'S EDUCAI'I((Specify only highest grade comp Elementary/Secondary (0-12)	0N 16 bleted) blege (1-4 or 5+)	e. DECEDENT'S US (Give kind of work life. Do NOT use re TEACHER	k done during mo etired.)	N st of working	16b. F		SINESS/INDU					
	17. FATNER'S NAME (First, Middle, Last) KASRIEL SIMON		TEMOREK		18. MOTHER'S NAI	ME (First, Mi	ddle, Maiden		14				
IO BE	19a. INFORMANT'S NAME (Type/Print) DEBORAH LEIBOWITZ ((DAUGHTER)			nd Number or Rural F					MD 20814	.		
	206. PLACE AND DATE OF DISPOSITION 3 K Removal from State 206. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) AT . JUDAH CEMETERY 206. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) MT . JUDAH CEMETERY 1/11 CYPRESS HILLS, NY												
	21. SIGNATURE OF FUNERAL SERVICE UCENTER 22. NAME AND ADDRESS OF FACILITY DANZANSKY—GOLDBERG MEMORIAL CHAPE 1170 ROCKVILLE PIKE, ROCKVILLE, N										C.		
	23. PART / Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallers. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Altherman's dementical disease or condition resulting in death)										ta tween Death		
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL	PART II. Other significant conditions co		PERFOR	RMED?	24b.	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
MIN. III	DID TOBACCO USE CO	NTRIBUTE TO CA	AUSE OF D		ES NO					1 YES 2 NO	· —		
LU SICIAN:		OSPITAL: Inpatient 2 ☐ ER/Outpatie 28e. DATE OF INJURY (Month, Day, Year)	om 3 DOA 4	F 28c. INJ				INJURY OCCI	URED				
6	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	M 1 1		28f, LOCAT	. LOCATION (Street end Number or Rural Route Number, City or Town, State)								
COMPLEIED						to the caus	e(e) end me	nner ea state					
	2 MEDICAL EXAMINER: OF 29b. SIGNATURE AND TITLE OF CERTIFIER	2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and piece, end due to the cause ob. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNE											
2	30. NAME AND ADDRESS OF PERSON WHO CO				se Rd	95	ا م	14	01	MD 201	752		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATU	RE			-) /		110					



1	۰	STATE REGISTRAR
_		

1 - STATE REGISTRAR STATE UF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.														
1. DECEDENT'S NAME (First									2. DATE	OF DEATH		·	3. TIME OF DEATH	
SYLVIF			Gl	55					JAN	JARY	13	YEAR 95	415 PM	
4. SOCIAL SECURITY NUME	BER	5. SEX		yrs. lest birthde	MONTHS DAVE A			MIN.	7. DATE C	OF BIRTH Day, Year)		8. BIRTH	PLACE (State or Foreign	
578-62-5299	YRS						28 19		1	yland				
99. FACILITY NAME (If not in					N OR LOCATI	ON OF D	EATN			INTY OF DE				
Suburban Ho	SPITAL			I	Bethes	da				Mont	gome	ry		
10e. STATE	10b. COUNTY			10c.	жү, т	OWN OR LO	CATION						10d. INSIDE CITY	
Maryland	Montg	omery		Si	1ve	er Spr	ing						LIMITS?	
10e. STREET AND NUMBER							101. ZIP COD	E			10g. CIT	IZEN OF W	HAT COUNTRY?	
1121 Univer	sity B						2090					ted S	States	
11. MARITAL STATUS 1 Never Married 2 Merried 1 Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 TOO If Yes, apecify Cuben, Mexican, Puerto Rican, etc.) 13. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yes or No-lify yes, apecify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indies Black, White, etc. 15. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yes or No-lify yes, apecify Cuben, Mexican, Puerto Rican, etc.)										, White, etc.				
	EDENT'S EDUC		1	16a. DECEDEN	'S USI	JAL OCCUPA	TION most of working		16b.	KIND OF BUS	SINESS/IN	DUSTRY		
Elementary/Secondary (0		College (1-4 or 5 +)	life, Do NO	use re	done dunng : tired.)	most of working	ng						
12				Home m	ake	r .)wn Ho	me			
17. FATNER'S NAME (First, M	,									iddle, Maiden	Sumame)			
Wolf Cornb									(unkr					
Eli Guss	урег-тик)									er, City or Tow				
200. METNOD OF DISPOSIT	ION		20h D	LACE AND DA				TVd.	W. S				MD. 20902	
1 Surial 2 Crematic	(Specify)	oval from State	cemet K1	ng Dav	other	place) Memor	ial G	dn	1/15					
21. SIGNATURE OF FUNERA		ENBEE	•	Buv		22. NAME	AND ADDRE	SS OF FA	CILITY					
Mala	\prec	5			>					g Memo				
23. PART I. Enter the di	seasea, or o	omplications that	caused t	the death. D	not	enter the n	ROCK	V111	e Pik	ce Ko	CKV1	ile,	MD.20852	
snock, or n	eart failure. I	lat only one cau	se on aac	ch line.				,	42 00101	oo or roup	idiory ai	iwst,	Interval Between	
iMMEDIATE CAUSE (Findseese or condition		M	1 .	-1 1		1							Oneat and Death	
resulting in death)		Mya ce	OR AS A C	CONSEQUENCE	OF):	arc F.	~						18 hours	
Conversal aller Man and Alan		Pulme	more	SONSEQUENCE		a							lone stend no	
Sequentially list conditi	diate													
CAUSE (Disease or Inju	ry 4	Liver DUE TO	Cirr	- NO SIS	05								longstanding	
that initiated events resulting in death) LAS				domin		AL	1257						2 . h H.	
						NPC							13 MODING	
PART II. Other algnifica		contributing to	death but	not reaultin	g In ti	he underly	ing cause o	given in	Part I.	24s. WAS AN PERFOR			WERE AUTOPSY FINDINGS	
Diabete	2.5									1 YES 2	NO		COMPLETION OF CAUSE DF DEATH?	
Obesity													1 NES 2 NO	
DID TOBACCO U		RIBUTE TO CA						ERTAI	И 🔲					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO OTHER: 1 Digital 2 FROutpatient 3 DOA 4 No Inc. No. 10 No.														
27. MANNER OF DEATH	1	1 npatient 2 28a. DATE OF	INJURY		IME OF		ome 5 Ae	eldence		(Specify)	LILIBY OC	CURED		
	Pending	(Month, Da	ly, Year)		NJURY	. V	VORK?] NO	200. 02.00	ANDE NOW II	WORT OF	CONED		
2 Accident Investigation 3 Suicide 28e, PLACE OF INJURY — At home, term, street, factory, office 28t I OCATION (Street and Number of Rival Brute Number)											oute Number,			
	determined	building,	etc. (Specify	")					City or	Town, Stete)				
29e. CERTIFIER (Check only	IFYINO PHYSIC	IAN: To the best of	my knowled	ige, death occu	rred at	the time, de	ite end place,	and due	to the caus	e(s) and man	ner as stat	ted.		
296. SIGNATURE AND TITLE	OF CERTIFIER	41	. ,				29c. LICE	NSE NUN	MBER		29d. DAT	E SIGNED ((Month, Day, Year)	
William -	This	Lether	aile	MI)		r	4395	57		> 1	1141	195	
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEAT	H (ITEM 27) (Ty	De, Prin	()	_	- /						
31. DATE FILED Mogth, Day,	Kledy	32. REGISTRAI	170	The s doe	n	ld	208	15	7					
31. DATE FILED ANGOIN, Day,	8 100	Ja. HEGISTHAT	A SIGNAT	Rardell	,									
	10.00	jula a	KINTLE ()	ruandal										

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

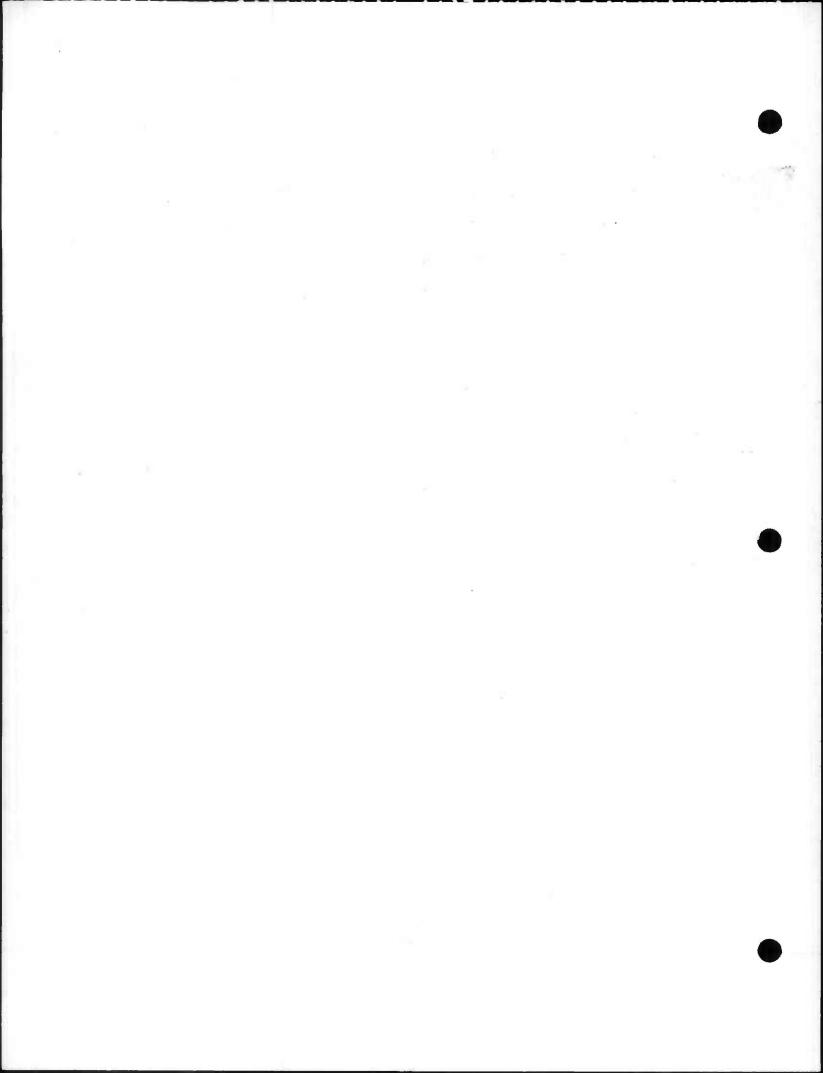
DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			EKLIFI	CALE	F DEATH		REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)	. (1					2. [2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH						
	Elisabeth Ger	da Gor	reen	<u> </u>				anuary 2			8:06 A.M			
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER 1 YE		7. 0	Month, Day, Year)			IPLACE (State or Foreign			
, 1	217-54-9619	1 M 2 M F	65	YRS.	WONTHS DA	B HOURS MIN.		t. 18, 1	929					
	9a. FACILITY NAME (If not institution, give st	met and number)			9b. CITY, TOV	N OR LOCATION OF				JNTY OF D				
DIRECTOR	Frederick Memo	rial Hos	pital		Fr	ederick			Fr	eder	ick			
ទួ	RESIDENCE OF DECEDENT													
Ë	Maryland	Frederic	100. 011	, TOWN ON E		der	ick			10d. INSIDE CITY LIMITS?				
	10e. STREET AND NUMBER				_	10f. ZIP CODE			100 017	TIZEN OF V	1 YES 2 NO			
R		Beaver C	reek Lai	ne			702							
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U.S. AF	RMED	13. WAS	DECENDENT OF HISP	ANIC O	RIGIN? /Specify Yes		rman	,			
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2 XI	NO	If yes	specify Cuban, Maxi YES 2 NO Spe	ican, Pu	arto Rican, atc.)	01 110-		— American Indian, c, White, etc.			
ВУ	3 Widowed 4 Divorced	11 120, 0172 10	All Oli DATES		''	TES 2 X NO Spec	cny:			Speci	White			
	15. DECEDENT'S EDUC (Specify only highest grade	ATION (completed)	18a. DE	CEDENT'S	USUAL OCCUP	ATION most of working		16b. KIND OF BUS	SINESS/IN	OUSTRY				
9	Elementery/Secondary (0-12)	College (1-4 or 5+	life	. Do NOT use	retired.)	most or working								
MP	8	2	1	Homem	aker			Own	Home	5				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)							First, Middle, Malden	Sumame)					
BE		Karl B	itzer			Elis	se			Dan	necke			
2	19a. INFORMANT'S NAME (Type/Print)					et and Number or Run								
-	Richard L. Gohe	en		1820	Beaver	Creen La	1./F	rederick	c, Mo	1. 2	1702			
	20s. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Remo	rval from State	20b. PLACE		F DISPOSITION	(Name of		LOCATION — City or Town, State						
	4 Donation 5 Other (Specify)		Hage	gerstown Crematory 1-26 Hagerstown, Maryla										
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NAM	AND ADDRESS OF	FACILITY	Y Stauffe	er Fu	ınera	1 Home			
	Baymond Defense 1621 Opossumtown Pike/Frederick, M										Md. 21702			
	23. PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, Approximate													
	immediate cause (Final		interval Between Onset and Daath											
	disease or condition	6			4						124-			
	resulting in death) DUE 30 (OR AS A CONSEQUENCE OF):													
Z														
2	Sequentially list conditions, DUE TO OR AS A CONSEQUENCE OF:													
CERTIFICATION	ff any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa DUE TO (OR AS A CONSEQUENCE OF):													
E														
ER	resulting in death) LAST													
	PART II. Other aignificant conditions	contributing to	daath but not r	reaulting in	tha undari	/ing ceuse given i	n Part	I. 24a. WAS AN	AUTOPSY	245	WERE AUTOPSY FINDINGS			
EDICAL	13-01- 5					,,		PERFOR		1.40	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
						/		1 YES 2	□ NO		DF DEATH?			
Σ	DIP TOPASSO LIST CONTINUE TO CAUSE A TOPASSO LIST CONTINUE TO CAUSE OF THE STATE OF													
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)													
<u>ö</u>	EXAMINER? 1 YES 2 NO	HOSPITAL:			OTHER:									
¥	27. MANNER OF DEATH	1 Dinpatient 2 D		28b. TIME		lome 5 Residence	-	Other (Specify) DESCRIBE HOW IF	LILIMY OC	CURE				
	1 Natural 5 Pending	(Month, Da		INJU	RY	WORK?	280.	DESCRIBE HOW IF	NJUHY OC	CURED	D			
B	2 Accident Investigation	28a PLACE OF	INJURY — At ho	me form et			204	LOCATION (Street a			Variable .			
8	3 Suicide 8 Could not be 4 Homicide detarmined	building, e	etc. (Specify)	7110, tarrii, şi	reet, lectory, t	ilica	281.	loure Number,						
<u> </u>	29a. CERTIFIER	4 Homicide determined												
MP.	(Check only					lata and place, end de								
COMPLETED	2 MEDICAL EXAMINER	t: On the beels of ex	amination and/or	Investigation	, in my opinio	n, death occured at th	ne time,	date and place, en	d due to t	ha cause(s) and manner as stated.			
BE (29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE N	UMBER		29d. DAT	E SIGNED	(Month, Day, Year)			
2	13 6					1214	6	26	•	1/2	2/95			
-	30. NAME AND ADDRESS OF PERSON WHO		E OF DEATH (ITE	M 27) (Type,	Print)						2170/			
		U3.61	40	501	w	7 5	6-	Free	de	1166	40			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAF	SIGNATURE	2										
	MAN 2 7 1995	Jama a	N NOTHING	artall							- 1			



1	-	STATE REGISTRAR
_	_	REGISTRAN

TO BE COMPLETED BY FUNERAL DIRECTOR

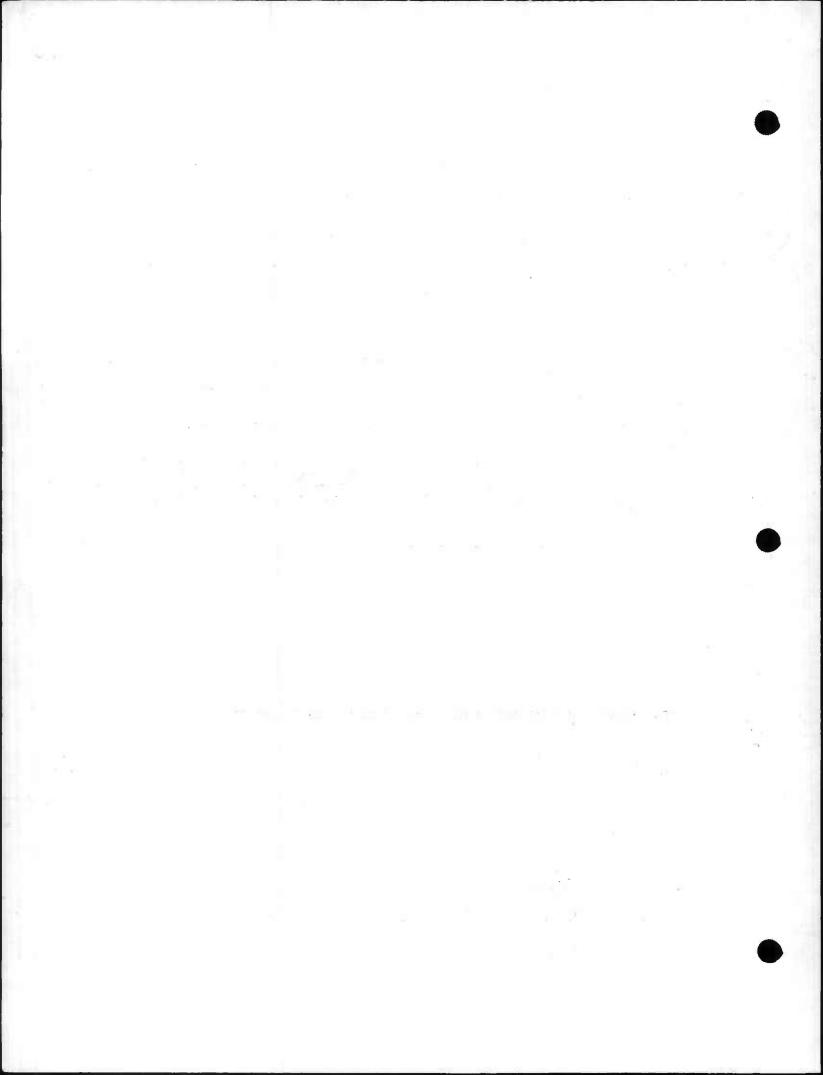
BALTIMORE, MARYLAND 21215-0020

1 - STATE REGISTRAR		STATE OF I	MARYL		PARTM TIFIC					MENTA	L HYGI REG.						
1. DECEDENT'S NAME (First,	, Middle, Last)			OLIT	111 101	716	01 0	LAII		2 DATE	OF DEAT				3 TIA	E OF DEAT	4
Margaret	Heller									MONT	i L	PAY 17		95		:00	PM
4. SOCIAL SECURITY NUMB	BER	5. SEX	6. AGE (In yrs. last birt		UNDER 1	$\overline{}$	UNDER 24	HRS.		OF BIRTH			8. BIRTH	PLACE	(State or Fo	reign
579-60-24	.58	1 🗌 M 2 🔀 F	9	96 YRS. MONT			DAYS HO	DURS	MIN.		n, Day, Yea 5-14-	,	8	Countr WASH		TON	DC
9a. FACILITY NAME (If not in	estitution, give stre			9b.	CITY, T	OWN OR L	OCATION	OF DE		, 17			NTY OF D		TON.	20	
Brooke Grov	ve Nurs	ing Hom	e	_		San	dy S	prin	g				Mon	ntgo	mer	У	
RESIDENCE OF DEC	10b. COUNTY			10	c. CITY, TO	OWN OR	LOCATION								104 8	NSIDE CITY	
Maryland	Montg	Om 0 1477													L	IMITS?	
10e. STREET AND NUMBER	Monteg	Onlety			San	ay	Spri	CODE				L	Ino CITI	ZEN OF W		YES 2 X	NO
18430 Brook	ke Grov	e Road						2086	n			- 1		. S . A		OUNTRIT	
11. MARITAL STATUS		12 WAS DECEDEN	T EVER IN	U.S. ARMED)	13. WA	S DECENE			IC ORIGIN	I? (Specify	y Yes or				erican India	10.
1 X Never Merried 2	100	FORCES? 1	YES MR OR DA	2 XNO		If y	YES 2	Cuben,	Maxicar	n, Puerto I	Rican, stc.	.)		Special Specia		erican India, atc.	
3 Widowed 4 Divo	rced							4	-,,						hit	e	
	EDENT'S EDUCA y highest grade of			18e. DECEDI (Give ki	ind of work	done dur		working		16b	KIND OF	BU\$1N	ESS/IND	USTRY			
Elementary/Secondary (0	1-12)	College (1-4 or 5	-)		NOT use ret												
17. FATHER'S NAME (First, M)	2-1-0-1-1			Admi	lnist	rat							_	rnme	nt		
Frederick H										ME (First, I		iden Su	mame)				
19a. INFORMANT'S NAME (7)				105.84	M INC LO					hrie							
Mary Elizah		rner			ande					okev				,	20	833	
20e. METHOD OF DISPOSITI	ION		20b.	PLACE AND I		_			DIO	OREV	-	_			_		
1 X Burlel 2 ☐ Crematio 4 ☐ Donation 5 ☐ Other	State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) Cedar Hill Cemetery 1/19 Suitland, MD																
21. SIGNATURE OF FUNERAL	SERVICE LICE	NSEE /		sual_t		22_NA	ME AND	DORESS	OF FAC	CILITY							
► \/ · ·		1 K.	302 10													scons	in
23. PART I. Enter the di	MM.		nn	ron		Avei	nue,	N.W	. W.	ashi	ngto	n,	D.C.	. 20			
ahock, or he	eert failure. Li	st only one ceu	ae on as	the deeth. sch line.	DO not e	enter th	ne mode	of dying	g, such	n ss csrd	lisc or re	espirat	lory arr	est,		Approximately Beauty	
iMMEDIATE CAUSE (Findisease or condition	- 1 D	1 Pneumonia											- 1	Onset and			
resulting in desth)	→ 8.			CONSEQUEN						4					-]	lO Da	ys
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If any, leading to immed ceuse, Enter UNDERLY!	NG																
CAUSE (Disease or Inju thet initieted events	, L	DUE TO	DUE TO (OR AS A CONSEQUENCE OF):									-					
resulting in deeth) LAS	T cl.																_
PART II. Other aignifice	nt conditions	contributing to	death h	ut not recui	iting to th	o unde	aduda a a		1	D0.1				1			
		Senile			iding in d	ie unde	arrying ci	use giv	ren in i	Part I.	24a. WAS PER	FORME		246.	AVAILA	BLE PRIOR	TO
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DID TOBACCO	O LISE CO	ONTRIBLITE	TO.	CALISE	OF D	CATL	H YES		NO						1 🗆 1	ES 2 I	10
25. WAS CASE REFERRED TO		OTTINIDOTI	. 10	CAUSE						- CAJ	-1						
EXAMINER?		HOSPITAL:	ED/Oute	-W 8 🗆 🖻	o o	HER:	26. PLACE										-
27. MANNER OF OEATH		28e, OATE OF	INJURY		b. TIME OF		g Homa 5 Bc. INJURY		dence		CRIBE HO		IBY OCC	HIBED			-
77	Pending	(Month, D	ay, Year)		INJURY		WORK?		NO	200. 04.0	oniol ne	JW 11130	JA1 000	ONED			
2 Culate	Could not be	28a. PLACE O	F INJURY	— Al home, 1	lerm, street					261, LOC	ATION (Str	reet and	Number	or Rural R	loute No	ımber.	\dashv
	determined	building,	stc. (Speci	ffy)						City	or Town, S	itate)					
290. CERTIFIER 1 CERT	TEYING PHYSICIA	AN: To the best of	my knowl	edoe death o	occurred et	the time	dete end	olece e	nd due	to the cou	na/al and			a el			
		On the basis of a) end m	enner as si	ated.
29b. SIGNATUREJANO TITLE		-						c. LICENS									
- HOLDID	MI	\					- 1			- Carl		- 1				Day, Year)	195
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	SE OF DEA	TH (ITEM 27)) (Type, Prins	()		D337	/UU	_			▶January 18, 1995				
Ted E. Howe,		18100					San	dv s	Spri	ing,	MD	208	360				
31. DATE FILED (Month, Day,	Year)	32. REGISTRA					- 411	/	1		, ,,,	200		-			
JAN 20 19	95 And	of distributed	x Man	dall													

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the brospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



DIVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020	ND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within est hours after death. Page 6 may be retained by the hospital or attending physician	hospital or attending physician
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-training be filed within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	tached for use as the burial-transit
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	Ce

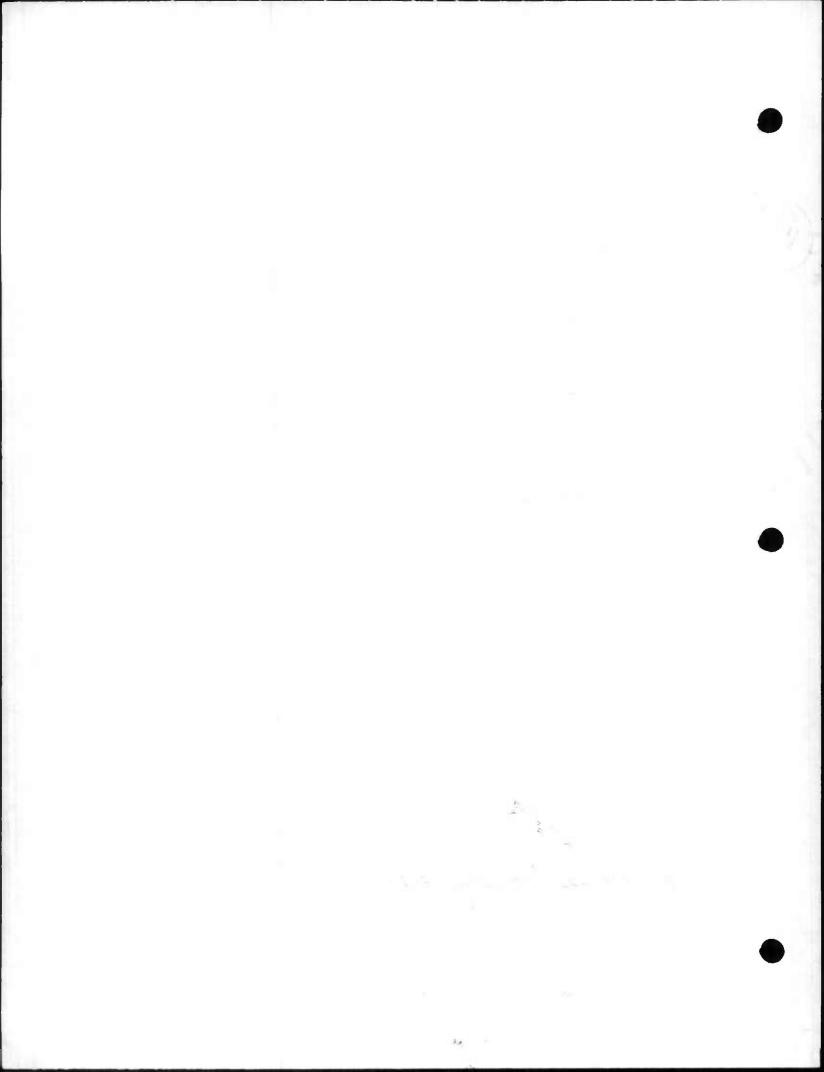
DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICALE O	F DEATH	REG. N	Ю.				
	1. DECEDENT'S NAME (First, Middle, Last) Harold M.	Нова	art			2. DATE OF DEATH MONTH January	15, 19	YEAR	3. TIME OF DEATN 6:10 A. M		
			(In yrs. lest birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH	T	8. BIRTNP	PLACE (State or Foreign		
	317 00 2022	₩ 2 □ F 8	9 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year, Sept. 8,		Mich			
œ	9a. FACILITY NAME (If not institution, give street	t and number) N1	ursing	9b. CITY, TOW	OR LOCATION OF DE		9c. COUNTY OF DEATH				
DIRECTOR	Bethesda Rehabilita	tion and Ce	enter	Chev	y Chase		Mon	tgom	ery		
REC	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY		
ā		Wa	shingto	n, D. C.				LIMITS?			
FUNERAL	100. STREET AND NUMBER 5110 Manning Place	- N II			101. ZIP CODE	016			HAT COUNTRY?		
NE						016		U.S.			
BY FU	1 Never Married 2 K Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2X NO	If yes,	ECENDENT OF HISPAN specify Cuban, Maxica ES 2 3 NO Specify	n, Puarlo Rican, atc.)	Yes or No-	14. RACE - Black, Specify	- American Indian, White, atc. White		
	15. DECEDENT'S EDUCAT	ion	16a. DECEDENT'S	USUAL OCCUPA	TION	16b. KIND OF I	SUSINESS/IND	USTRY	WIIICE		
COMPLETED	(Specify only highest grade cor Elementary/Secondary (0-12)	mpleted) College (1-4 or 5+)	(Give kind at v life. Do NOT us	vork done during se retired.)	most of working	1000		001111			
MPL		5 +	Pediat	rician		Medi	cine				
8	17. FATHER'S NAME (First, Middle, Last) Clayton James Hoba	andr				ME (First, Middle, Maid	en Sumame)				
BE	19a. INFORMANT'S NAME (Type/Print)	ILC		1000000		McComb					
임	Harold M. Hobart, J	ſr.	1928	Christo	end Number or Rural P pher P1.	Harrish:	own, State, Zip	Code) A 17	110		
	20s. METNOD OF DISPOSITION	200	PLACE AND DATE	OF DISPOSITION	Name of		LOCATION -				
	1 Burial 2X Cremation 3 Ramova 4 Donation 5 Other (Specify)	Trom Stata Cen	netery, crematory or of ount Comf	ort Cre	matory	1/17 A1					
- 1	21. SIGNATURE OF FUNERAL SERVICE LICEN		Λ	22. NAME	AND ADDRESS OF FA	Josepl	n Gawl	er's	Sons		
	Middal	18/h0	Un-	5130	WI Ave. N	W Washi					
	23. PART I. Enter the diseases, or com shock, or heart fallurs. Lis	pilications that cause	d the death. Do n	ot entar tha n	noda of dying, auci	h as cerdlec or rea	piratory arn	eat,	Approximata		
	IMMEDIATE CAUSE (Final	- 15 Mile-19							Interval Between Onset and Death		
	disease or condition resulting in death) a	Congestive							3 mos.		
_	_	Arteriosc	lerotic H		isease				2 yrs.		
Į į	Sequentially list conditions, if any, leading to immediate		CONSEQUENCE OF				-		1 7200		
S	CAUSE (Disease or Injury	Anemia							6 mos.		
F	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	7):							
CERTIFICATION	d										
EDICAL	PART II. Other aignificent conditions of	ontributing to deeth b	ut not resulting I	n tha underlyi	ng cause given in	Part I. 24a. WAS	AN AUTOPSY ORMED?		WERE AUTOPSY FINDINGS		
8	Alzheimers Dement		nsonism;	·		1 _ YES			COMPLETION OF CAUSE OF DEATH?		
Σ	Malignant Lymphom							1	T YES 2 NO		
AN	DID TOBACCO USE CONTRIB		26. PLACE OF DEAT			1 🔼					
PHYSICIAN:	EXAMINER?	OSPITAL:		OTHER:							
Ä	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIM	E OF 28c. II	me 5 🗆 Rasidenca	28d. DESCRIBE NOV	/ INJURY OCC	URED			
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ		YORK?						
	3 Suicide 8 Could not be	28a. PLACE OF INJURY building, atc. (Spec	— At home, farm, a	treet, factory, of	Ica	281. LOCATION (Street City or Town, Sta	et and Number	or Rural Roi	ute Number,		
E	4 Nomicide determined										
COMPLETED	29a. CERTIFIER (Check only one)										
S I	2 MEDICAL EXAMINEF: C	in the besis of examination	n and/or investigation	n, in my opinion,	death occured at the	time, data and placa,	and due to the	s cause(s)	end manner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER	9			29c. LICENSE NUM 1772	BER			Month, Day, Year)		
2	30, NAME AND ADDRESS OF PERSON WALL	OMPLETED CAUSE CODE	MN (ITEM 27) (T-	Printi	1//2		Ja	.n. 1:	5, 1995		
	M. Thomas Connally, M. D. 3201 New Mexico Ave. N.W. Washington, D. C. 20016										
	IAN 20 1005	32 REGISTRAR'S MGN	ATURE								

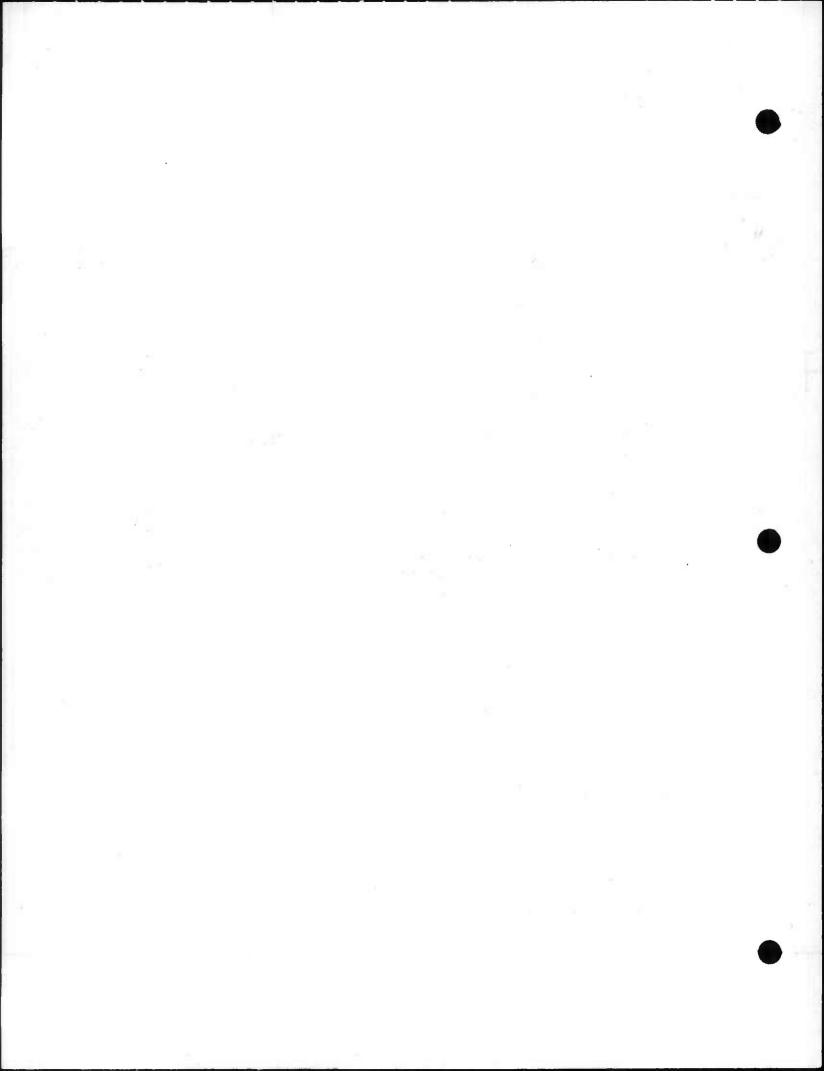
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BALTIMORE, MARYLAND 21215-0020

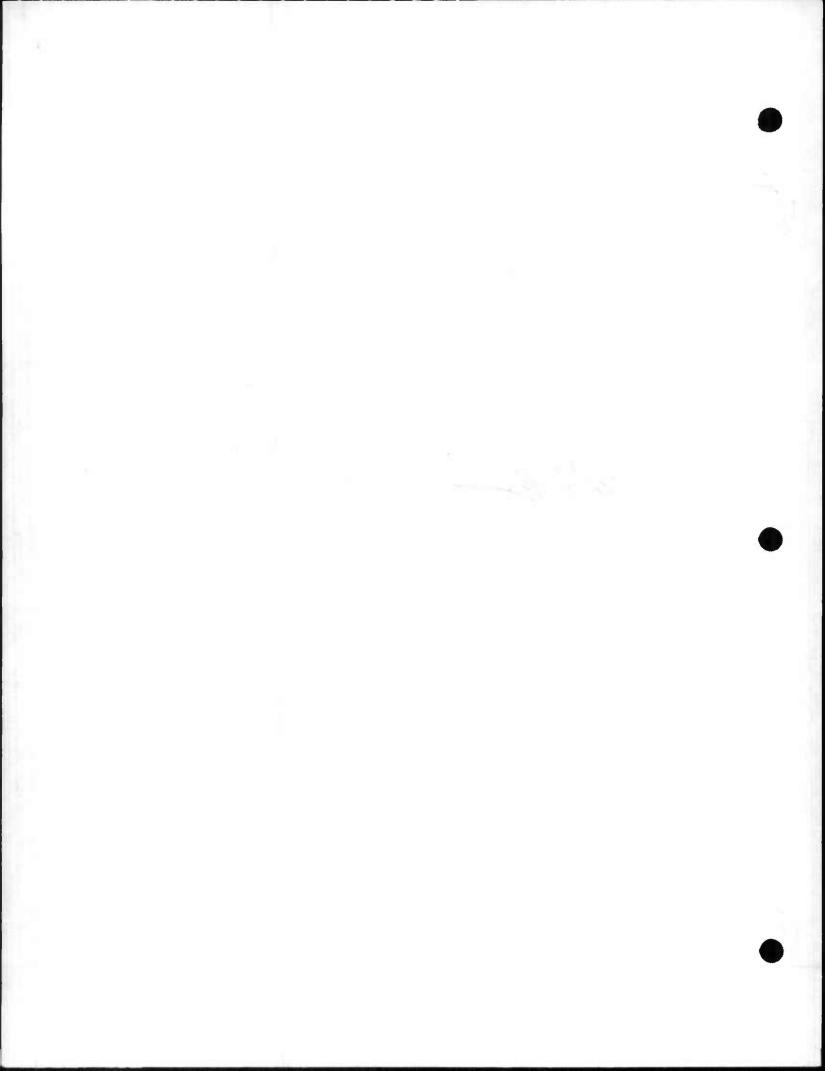
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached to find within 30 hours after death, with the Street Date of Machine I Mariena and Street Date of Mariena and Mariena	6
the	det	6
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staine	shou	De moy writin 12 hours aret beau with the State bept, or regult and mental hydrer prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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E C	THE	De moy writin /2 nous ariet pean with the State Dept. Of headth and merida hygierie prof to burial, cremation, or removal, IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical ex
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STATE OF MARYLAND / DEFARTMENT OF REALTH AND MERTAL HUBERS 1 SECONDARY DAMES (For MARYLAND) / DEFARTMENT OF REALTH AND MERTAL HUBERS 1 SECONDARY DAMES (For MARYLAND) / DEFARTMENT OF REALTH AND MERTAL HUBERS 1 SECONDARY DAMES (For MARYLAND) / DEFARTMENT OF REALTH AND MERTAL HUBERS 1 SECONDARY DAMES (For MARYLAND) / DEFARTMENT OF REALTH AND MERTAL HUBERS 1 SECONDARY DAMES (FOR MARYLAND) / DEFARTMENT OF REALTH AND MERTAL HUBERS 1 SECONDARY DAMES (FOR MARYLAND) / DEFARTMENT OF REALTH AND MERTAL HUBERS 1 SECONDARY DAMES (FOR MARYLAND) / DEFARTMENT OF REALTH AND MERTAL HUBERS 1 SECONDARY DAMES (FOR MARYLAND) / DEFARTMENT OF REALTH AND MERTAL HUBERS 1 SECONDARY DAMES (FOR MARYLAND) / DEFARTMENT OF REALTH AND MERTAL HUBERS 1 SECONDARY DAMES (FOR MARYLAND) / DEFARTMENT OF REALTH AND MERTAL HUBERS 1 SECONDARY DAMES (FOR MARYLAND) / DEFARTMENT OF REALTH AND MERTAL HUBERS 1 SECONDARY DAMES (FOR MARYLAND) / DEFARTMENT OF REALTH AND MERTAL HUBERS 1 SECONDARY DAMES (FOR MARYLAND) / DEFARTMENT OF REALTH AND MERTAL HUBERS 1 SECONDARY DAMES (FOR MARYLAND) / DEFARTMENT OF REALTH AND MERTAL HUBERS 1 SECONDARY DAMES (FOR MARYLAND) / DEFARTMENT OF REALTH AND MERTAL HUBERS 1 SECONDARY DAMES (FOR MARYLAND) / DEFARTMENT OF REALTH AND MERTAL HUBERS 1 SECONDARY DAMES (FOR MARYLAND) / DEFARTMENT OF REALTH AND MERTAL HUBERS 1 SECONDARY DAMES (FOR MARYLAND) / DEFARTMENT OF REALTH AND MERTAL HUBERS 1 SECONDARY DAMES (FOR MARYLAND) / DEFARTMENT OF REALTH AND MERTAL HUBERS 1 SECONDARY DAMES (FOR MARYLAND) / DEFARTMENT OF REALTH AND MERTAL HUBERS 1 SECONDARY DAMES (FOR MARYLAND) / DEFARTMENT OF REALTH AND MERTAL HUBBRS 1 SECONDARY DAMES (FOR MARYLAND) / DEFARTMENT OF REALTH AND MERTAL HUBBRS 1 SECONDARY DAMES (FOR MARYLAND) / DEFARTMENT OF REALTH AND MERTAL HUBBRS 1 SECONDARY DAMES (FOR MARYLAND) / DEFARTMENT OF REALTH AND MERTAL HUBBRS 1 SECONDARY DAMES (FOR MARYLAND) / DEFARTMENT OF REALTH AND MERTAL HUBBRS 1 SECONDARY DAMES (FOR MARYLAND) / DEFARTMENT OF REALTH HUBBRS 1 SECONDARY DAMES (FO	•		111					95	02880				
Secretary Name First Name	Ar	nended 7/6 1- STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIFI	RT TMENT OF H ICATE OF	Mont EALTH AND I	WENTAL HYGIE	NE J	County				
Second Scientific Minimages 1				02//////	OATE OF	DEATH	2. DATE OF DEATH	·	3. TIME OF DEATH				
A SOCAL SECURITY MOMENT STATES 552—01-8158 1. Im x XY x x x x x x x x x		Ju	anita Catheri	ne Hewes									
MAINTO CAZE—POCOMBC MAINTO CAZE—POCOMBC POCOMBC MONTGOMERY MON							7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)					
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The state of the s	5	11. MARITAL STATUS		IN U.S. ARMED	13. WAS DEC		IC ORIGIN? (Specify Ye						
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Registered Nurse													
Registered Nurse Hospital	1	(Specify only highest gr	rade completed)	(Give kind of w	rork done during mo	N st of working	16b. KIND OF BU	ISINESS/INDU	STRY				
Not available McCarthy He. MALING ADDRESS (Street and Number PLAN Planck Number, City or Town, State, 20 Coan) Mary Jane Meyers Modal Jane Meyers Modal Jane Meyers Modal Jane Meyers Modal Jane Jane Jane Jane Jane Jane Jane Jane	P	Elementary/Secondary (0-12)				50	Ноя	nital					
Not available McCarthy He. MALING ADDRESS (Street and Number PLAN Planck Number, City or Town, State, 20 Coan) Mary Jane Meyers Modal Jane Meyers Modal Jane Meyers Modal Jane Meyers Modal Jane Jane Jane Jane Jane Jane Jane Jane	∑	17. FATNER'S NAME (First, Middle, Last)		negrate	rea Nar			-					
The INDUMANT'S MARK (ProPhysio) Mary Jane Meyers South Flace AND DATE of Deposition (Mary Jane) Mary Jane Meyers South Flace AND DATE of Deposition (Mary Jane) South Flace AND DATE of Deposition (Mary Jane) Mary Jane Meyers South Flace AND DATE of Deposition (Mary Jane) The Mary Jane Meyers South Flace AND DATE of Deposition (Mary Jane) The Mary Jane Meyers South Flace AND DATE of Deposition (Mary Jane) Mary Jane Meyers South Flace AND DATE of Deposition (Mary Jane) The Mary Jane Meyers South Flace AND DATE of Deposition (Mary Jane) MO0348 South Flace AND DATE of Deposition (Mary Jane) MO0348 South Flace AND DATE of Deposition (Mary Jane) MO0348 South Flace AND DATE of Deposition (Mary Jane) MO0348 South Flace AND DATE of Deposition (Mary Jane) MO0348 South Flace AND DATE of Deposition (Mary Jane) MO0348 South Flace AND DATE of Deposition (Mary Jane) MO0348 South Flace AND DATE of Deposition (Mary Jane) MO0348 South Flace AND DATE of Deposition (Mary Jane) MO0348 South Flace AND DATE of Deposition (Mary Jane) MO0348 South Flace AND DATE of Deposition (Mary Jane) MO0348 South Flace AND DATE of Deposition (Mary Jane) MO0348 South Flace AND DATE of Deposition (Mary Jane) MO0348 South Flace AND DATE of Mary Jane (Mary Jane) MO0348 South Flace AND DATE of Mary Jane (Mary Jane) MO0348 South Flace AND DATE of Mary Jane (Mary Jane) MO0348 South Flace AND DATE of Mary Jane (Mary Jane) MO0348 South Flace AND DATE of Mary Jane (Mary Jane) MO0348 South Flace AND DATE of Mary Jane (Mary Jane) MO0348 South Flace AND DATE of Mary Jane (Mary Jane) MO0348 South Flace AND DATE of Mary Jane (Mary Jane) MO0348 South Flace AND DATE of Mary Jane (Mary Jane) MO0348 South Flace AND DATE of Mary Jane (Mary Jane) MO0348 South Flace AND DATE of Mary Jane (Mary Jane) MO0349		Not availab	ole	McCart	hy	Illian-Section of the Section		3000 - 320	t available				
Sep Method of Disposition Signate September Se				19b. MAILING	ADDRESS (Street e	nd Number or Rural F	loute Number, City or To						
A Donation S Other (Specify) St. Mary S Cemetery	F	Mary Jane Meyer	S	5604 H	Hogenhil	l Terrace	e, Rockvil	lle, Ma	aryland 20853				
A Donation S Other (Specify) St. Mary S Cemetery		20a, METHOD OF DISPOSITION	emoral from State	b. PLACE AND DATE O	F DISPOSITION (Na	me of 1/19/9	95 DATE 20c. L	CATION CI	ly or Town, State				
Home / Rockville, Inc., 300 W. Montgomery Ave Montgomery Ave Montgomery Ave Montgomery Ave Rockville, Maryland 20850-2905		4 Donation 5 Other (Specify)	S	t. Mary's	Cemete:		Roo	kville	e, Maryland				
23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or reapiratory arrest, shock, or heart falling the disease or complication that caused the deeth. Do not enter the mode of dying, such as cardiec or reapiratory arrest, interval Between Onset and Death disease or condition resulting in death) Sequentitelity list conditions, and the conditions of any conditions of any ceasing to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 NO NO DEATH 1 NOTHER STATE 1 NOTHER ST		21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME AN	Doolers of FAC	Robert	A. Pur	mphrey Funeral				
IMMEDIATE CAUSE (Fine) Interval Between Onset and Death		1/ Kechele	7. Sulto		Rockv.	ılle, Mai	ryland 20)850 - 28	305 I				
MMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence or):		23. PART I. Enter the diseases, part failures shock, or heart failures	or complications that cause re. List only one cause on o	d the deeth. Do no	ot enter the mo	de of dying, such	as cardiec or reap	iratory arres					
DUE TO (OR AS A CONSEQUENCE OF): MALNUTRITON DUE TO (OR AS A CONSEQUENCE OF): MALNUTRITON DUE TO (OR AS A CONSEQUENCE OF): DEPRESION DUE TO (OR AS A CONSEQUENCE OF): DEPRESION DUE TO (OR AS A CONSEQUENCE OF): DEPRESION DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A			~ -										
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S. Ham. MD D-43272 January 16, 1995 30. Name and address of person (all completed cause of Death (ITEM 27) (Type, Print) Supplied Hamiltonia Hamiltoni	BY PHYSICIAN:	DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1	NTRIBUTE TO CAUSE C HOSPITAL: 1 Inpetient 2 ER/Outs 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spe-	DF DEATH YES 28. PLACE OF DEATH Petient 3 DOA 28b. TIME INJU (— At home, ferm, st city)	The underlying S NO N (Check only one) OTHER: 4 Anursing Home S OF 28c. INJU HO 1 IN 1 IN 1 IN 1 IN 1 IN 1 IN 1 IN 1 I	UNCERTAIN 5	PERFO 1 YES 5 Other (Specify) 28d. DESCRIBE NOW 28t. LOCATION (Street City or Town, State	RMED? 2 X NO INJURY OCCU and Number or	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 VES 2 X NO RED Rural Route Number,				
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Sunita Hanjura, M.D., 809 Veirs Mill Road, Rockville, Maryland 20851	BE COMPLETED BY PHYSICIAN:	DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: I Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spe	DF DEATH YES 28. PLACE OF DEATH Petient 3 DOA 28b. TIME INJU (— At home, ferm, st city)	The underlying S NO N (Check only one) OTHER: 4 Anursing Home S OF 28c. INJU HO 1 IN 1 IN 1 IN 1 IN 1 IN 1 IN 1 IN 1 I	UNCERTAIN 5 G Residence (JRY AT RK7 ES 2 NO end piece, end due (path occured at the to	PERFO 1 YES 3 Other (Specify) 28d. DESCRIBE NOW 28t. LOCATION (Street City or Town, State	INJURY OCCU	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 VES 2 X NO RED Rural Route Number, ceuse(s) end manner as stated.				
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BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ## hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transmit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fibe within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE HOSPITAL	TO THE FUNERAL I	IMPORTANT: If I

	1 - STATE REGISTRAR	STATE OF N			ICAT				MEN	REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Las					_				ATE OF OEATH			3. TIME OF DEATH
	Thomas K.	C.	Hardesty	7					Jar	nuary 13	, 19	95	10:35 P M
	4. SOCIAL SECURITY NUMBER	5, SEX	6. AGE (In yrs. lest t		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DA	TE OF BIRTH		8. BIRTHE	PLACE (State or Foreign
	215-44-3303	1 🖾 M 2 🗌 F	71	YRS.						v. 26,	1923	Wash	ington, D.C
m	Se. FACILITY NAME (If not institution, give				9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEAT							ATH	
2	Bedford Court Nu	rsing Home	e		Silver Spring Montgome:							nery	
EC	10e. STATE 10b. COUN	ITY		10c, CIT	Y, TOWH C	OR LOCAT	ION				10d. IHSIDE CITY		
띪	Maryland MOnt	gomery		Silver Spring									LIMITS?
A.	10e. STREET AND NUMBER					ZIP CODE	E			HAT COUNTRY?			
ER/	1304 Millgrove P					209	05					States	
FUNERAL DIRECTOR	11. MARITAL STATUS	T EVER IN U.S. ARMI	ED	13.	WAS DEC	ENDENT O	F HISPAN	HC ORI	GIN? (Specify Yes	or No-	14. RACE	- American Indian, White, etc.	
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	AR OR DATES				cify Cuba 2 NO			to Ricen, etc.)		Black, Specify		
		II										White	
COMPLETED	15. DECEDENT'S EC (Specify only highest gra	16a. DECE	kind of	USUAL Or work done	CCUPATIO	iH at of workin	9		166. KIND OF BUS	SIHESS/IHI	DUSTRY		
1	Elementary/Secondary (0-12)	College (1-4 or 5 d	•)		ical					Dri	vate		
N N	17. FATHER'S NAME (First, Middle, Lest)	Hec	.nan	Itai	Eng			115 (5)	I. I. I.				
	George K. Hardes								lonia	Sumeme)			
BE	19a. IHFORMANT'S HAME (Type/Print)	196.	MAILIHO	ADDRESS	(Street o				umber, City or Town	o Chata Zio	Cadal		
2	Ruth P. Hardesty												yland 20905
	200. METHOD OF DISPOSITION		20b. PLACE AN	D DATE	OF DISPOS	ITION /Nai	me of					City or Tow	
	1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)	moval from State	Gales	vil	her place) Le Ce	emete	ery		1				faryland
	21. SIGNATURE OF FUNDIAL SEMPICE	ACENSEE /	680									i Fu	neral Home
	11/5	1/2-	_			1800	New	Han	npsl	nire Ave Maryland	nue	1004	
	23. PART I. Enter the diseases, or	complications the	t caused the deet	h. Do r								904	Approximate
	ahock, or heart failure	Lat only one cau	se on each line.				- o o o o o o o o o o o o o o o o o o o			ordine of reapt	atory an	ust,	Interval Between
	immediate cause (Final disease or condition	Mox	ustati	0	Cur	- 11	100		~ 0	1			Onset and Death
	resulting in death)		OR AS A CONSEOU			CIV	0000	2221	U_{Δ}	٠,7			1 year
z		b		IS A CONSEQUENCE OF):									
일	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEOU										
2	cause. Enter UNDERLYING CAUSE (Disease or injury	C											
E	that initieted events resulting in death) LAST	DUE TO	(OR AS A CONSEQU										
CERTIFICATION		d											
CAL	PART II. Other algnificant condition	one contributing to	deeth but not res	ulting	n the un	derlying	ceuse g	iven in i	Part I.	24s. WAS AN			WERE AUTOPSY FINDINGS
										PERFOR		1 3	AVAILABLE PRIOR TO COMPLETION OF CAUSE
													OF DEATH?
2					C [] A	10.	110.14						
Σ	DID TOBACCO USE CON	TRIBUTE TO CA	USE OF DEATH	1 YE	2 □ 1		UNC	ERTAIN	ч⊔	1			
Σ	25. WAS CASE REFERRED TO MEDICAL		USE OF DEATH		H (Check	only one)	UNC	ERTAIN	<u> </u>	J			
Σ		HOSPITAL:		OF DEAT	H (Check o	only one)				ther (Specify)			
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANHER OF DEATH	HOSPITAL:	26. PLACE	DOA DOA	OTHER	only one)	5 🗆 Red		6 🗆 O	ther (Specify) DESCRIBE HOW IN	JURY OC	CURED	
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 Inpetient 2 Month, De	26. PLACE ER/Outpatient 3 IHJURY 19, Year)	DOA DOA INJ	OTHER OTHER Num E OF URY	only one) t: sing Home 28c. IHJL WOF	5 Report AT RK?	sidence	6 🗆 O		JURY OC	CURED	
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ED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANHER OF DEATH Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined	HOSPITAL: 1 Inpatient 2 28s. DATE OF (Month, Date of Date	26. PLACE (ER/Outpetient 3 IHJURY 7/, Year) F INJURY — At home etc. (Specify)	DOA DOA INJ	THEF OTHER Nurs E OF URY M	enly one) t: sing Home 28c. IHJL WOF 1 Y Pory, office	5 Red	HO	6 🗆 Or 28d. C	DESCRIBE HOW IN DCATION (Street e DCATION (Street)	nd Number	or Aural Ro	ute Number,
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ED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMIHER? 1	HOSPITAL: 1 Inpetient 2 28s. DATE OF (Month, Did 28s. PLACE Of building, SICIAN: To the beat of	26. PLACE I ER/Outpatient 3 IHJURY ny, 1981/ F INJURY — At home etc. (Specify) my knowledge, death	DOA DOA INJ	OTHEF ON NUMBER OF URY M	only one) t: sing Home 28c. IHJL WOF 1 Y ory, office	5 Replay AT RK?	HO and due	28d. t	DESCRIBE HOW IN OCATION (Street etity or Town, State)	nd Number	or <i>Rural Ro</i>	
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BE COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 28s. DATE OF (Month), Do 28s. PLACE Of building, SICIAN: To the best of series of extension of the series of extension of the series of extension of the series of extension of the series of extension of the series of extension of the series of extension of the series of extension of the series of extension of the series of extension of the series of	26. PLACE ER/Outpatient 3 HJURY y, 'bar' F INJURY — At home stc. (Specify) my knowledge, death amination end/or inv M E OF DEATH (ITEM 2 AD OO	DOA DOA INJ DOA INJ DOA INJ DOA INJ DOA INJ DOA INJ DOA INJ DOA IND DO	OTHER OTHER Num E OF URY M itreet, factor od at the th	only one) t: sing Home 28c. IHJL WOF 1 Y ory, office me, date	5 Reprint AT NK? ES 2 and place, ath occurs	HO and due to the to NSE HUM	28d. E 28d. E 28f. U C to the stime, do	DESCRIBE HOW IN OCATION (Street etity or Town, State)	nor es atet d dus to th	ed. E SIOHEO (I	end manner as stated. Mopth, Day, Year)
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	1 - FOR STATE REGISTRAR	STATE OF N	/ARYLAND /				EALTH DEAT		MENTA	L HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)	Arthur	15	f An	np	TOL			2. DATE	OF DEATH	19	95	3. TIME OF DEATH P	м
	4. SOCIAL SECURITY NUMBER 411-50-8124	5. SEX 1 (X) M 2 (1) F	6. AGE (In yrs. les	t birthday) YRS.	MONTHS	DAYS	IF UNDER	MIN,	Jan	OF BIRTH th, Day, Year) 1. 13,	1907	Count	HPLACE (State or Foreign ry) THESSEE	
OR	9a. FACILITY NAME (If not institution, give st Prince George ts l		Center			r, town o	rly	ON OF DE	ATH			NTY OF D	George's	
띮	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	-		10c. CIT	Y. TOWN	OR LOCAT	ION						10d. INSIDE CITY	=
FUNERAL DIRECTOR		e George	e's		,	ellv	ille						LIMITS?	
ERA	100. STREET AND NUMBER 10450 Lottsford F	Road, #33	33			100	. zip code 20716						d States	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 X Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	TEVER IN U.S. AR X YES 2 N AR OR DATES WW II	MED		WAS DEC It yes, spi 1 YES	ecify Cuber	F HISPAN T, Mexicer Specify.	n, Puerto	N? (Specify Yea Ricen, stc.)		14. RACI Blac Spec	E — Americen Indien, k, White, etc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondery (0-12)		(Gi		work done se retired.)	during mo	ON st of working	g	P		Geor	ge s	County	_
MP		6	Soc	ial	Work	er			_	•		cial	Services	
8	17. FATHER'S NAME (First, Middle, Last)									Middle, Maiden				
BE	Arthur Hampton 190, INFORMANT'S NAME (Type/Print)	-	- I					list	_	Roberts	- 1 1			
2	John A. Hampton									ber, City or Town			k 10023	
	20a. METHOD OF DISPOSITION 1	ovat from State	cemetery, crei	matory or o	ther plece		me of tory		1/14		tsvi		Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE C	app	ироц	Ra	PP F	UNERS	al S	ervi	.ces, P	. A.		MD 20910	_
	23. PART I. Enter the diseases, or c	emplications tha	t caused the de	ath. Do i									Approximate	_
	IMMEDIATE CAUSE (Final disease or condition	ise or condition at the contract of the contra										Interval Between Onset and Death		
_	resulting in death) DUE TO (OR AS A CONSEQUENCE OF):												_	
ATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	OUE TO	(OR AS A CONSEC	QUENCE O	F):									-
CERTIFICATION	CAUSE (Disease or injury that initiated eventa reaulting in death) LAST	DUE TO	(OR AS A CONSEC	OUENCE O	F):									_
8	DADT II. Oak on algoriding a condition		4 4 4 4	- 1.4										_
PHYSICIAN: MEDICAL	PART II. Other significant conditions		death but not re	eauiting	in the u	naeriying	cause g	iven in i	Part I.	24e. WAS AN PERFOR	MEO?	24b	. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
: ME	DID TOBACCO USE CONTR	DIRLITE TO CA	LISE OF DEA	TU VI	:c [7]	NO F	LUNC	ERTAIN	110/		7.		1 TYES 2 NO	
A	25. WAS CASE REFERRED TO MEDICAL	IBUIE IO CA		E OF DEA			UNC	EKIAIN	1 17					_
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3	N DOA	OTHE!		5 Pad	eldence (s 🗆 Othe	e (Specific)				
	27. MANNER OF DEATH 1 Natural 5 Pending	Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6								SCRIBE HOW IP	JURY OC	CURED		_
red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28s. PLACE O building,	F INJURY — At horatc. (Specify)	me, term,	ntreet, tac					CATION (Street a or Town, State)	nd Number	or Rural F	Route Number,	
COMPLETE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINES													
	296. SIGNATURE AND TITLE OF CERTIFIER	On the beele of 8		veangatic	ai, in my i	pinion, de				ena place, and			a) and manner as stated.	
TO BE	arfragett	ile M					DIO	- S	79		D 150	E SIGNED	(Month, Day, Year) 13, 1995	
p= 10	30 MARIE MAIN ADDRESS DE DÉMECA MAN	LOMB ETED CALL	E OF OCATU ATES	4 070 /T	D. ()						1.0			-

PRISON WHO COMPRETED CAUSE OF DEATH (ITEM 27) (Sizes, Print)

N.D. 10701 TRAFTONDR

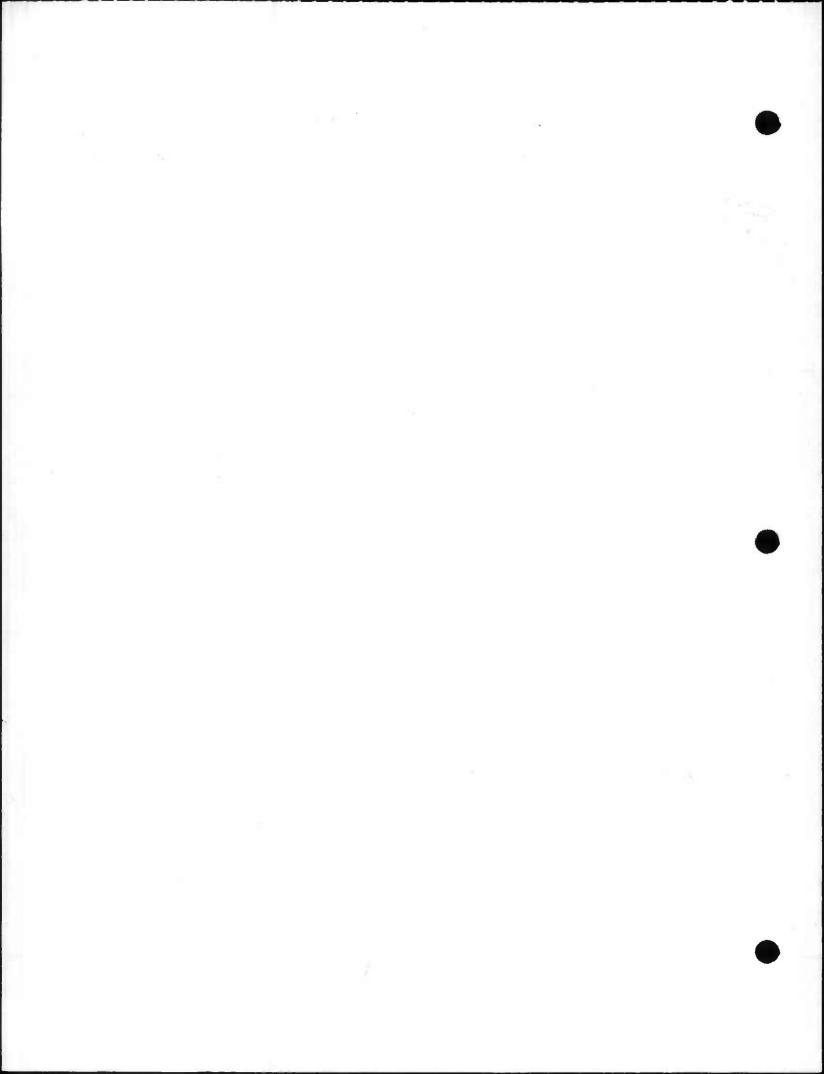
32 REGISTRAR'S SIGNATURE

E0250

Day, Year)

DHMH-16 Rev 1/89

ABRGO, NO 207

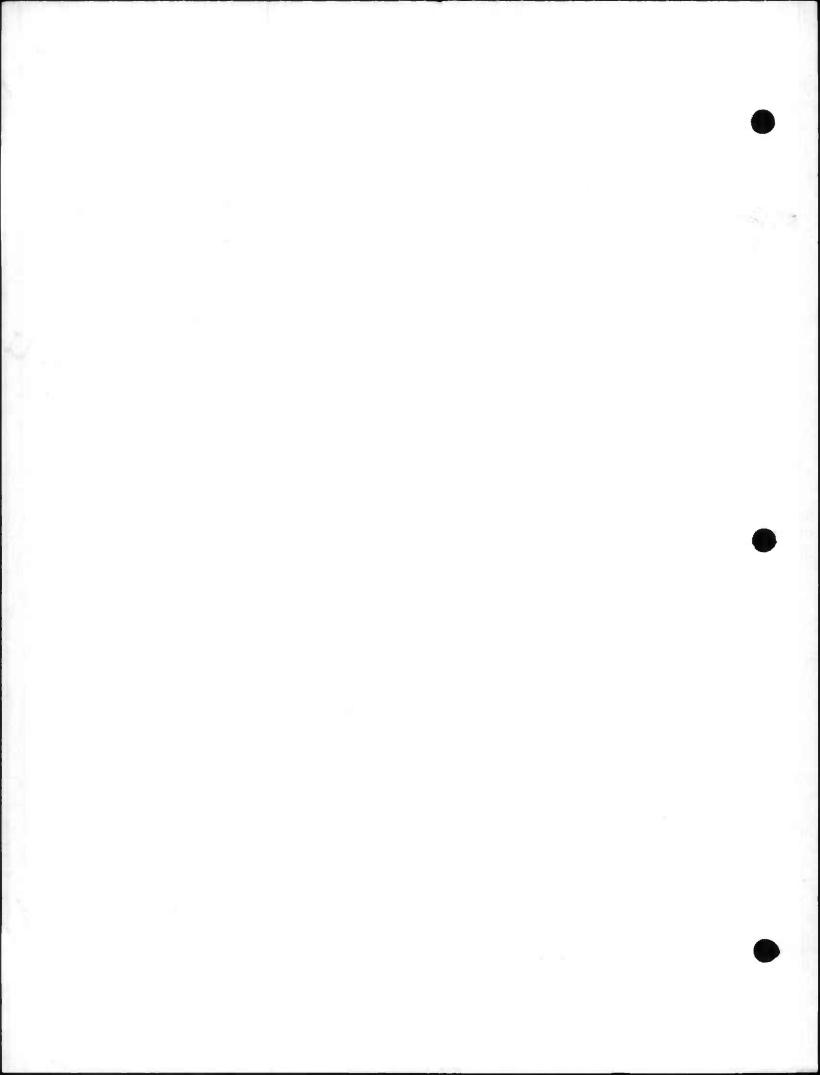


DIVISION OF VITAL RECORDS, P.O. BOX 68760	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be intained by the hospital or attending physical	if death. Page 6 may be intained by the hospital or attending physical
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deauthed for user as the fourth be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the funeral director, page 5 should be detached for use as the bursa- al.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 DECEDENT'S NAME (First Middle Leat)

	Rose Helen Hilm	∾ ∩e							MONTH	D/	Š, 199	YEAR	12:50P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF				PLACE (State or Foreign
	503-22-9022	1 🗆 M 2 🔀 F	101	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De			Country)
	9e. FACILITY NAME (If not institution, give	street end number)			9b. CITY	, TOWN C	OR LOCATION	ON OF DE	NOV.	5, 1	9c. COUNT	I owa	
DIRECTOR	Holy Cross Hosp			Silver Spring						5	Mon	tgom	ery
REC	10e. STATE 10b. COU	NTY		10c, CIT	Y, TOWN	OR LOCAT	ION					11	10d. INSIDE CITY
	Maryland Mon	tgomery		Bethesda						1	I		LIMITS? 1 TYES 2XX NO
FUNERAL	6309 Kirby Lan					20817				tates			
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced	NT EVER IN U.S. AT I YES 247 MAR OR DATES	RMED NO		If yee, sp	ENDENT Cooling	n, Mexican	IC ORIGIN? (S	pecify Yes	or No— 1	4. RACE Black, Specify	— American Indian, White, etc. White	
E	15. DECEDENT'S E (Specify only highest gro	DUCATION ade correleted)		ECEDENT'S				20	16b. KIP	D OF BUS	SINESS/INDU	STRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Do NOT u	se retired.)	damig mo	at or worth		Ed	ucat	ion		
Š	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NAI	ME (First, Midd	le, Maiden	Surname)		
BE C	Michael Schmid	t (Smith)					Rac	chel	Ida C	olem	an		
TO B	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	S (Street e	nd Number	or Rural R	loute Number, (City or Tow	n, State, Zip C	Code)	
-	Patricia M. Hil	moe							nesda,		yland	20	817
	20e. METHOD OF DISPOSITION 1 Buriel 2 Commetter 3 Re	emoval from State	20b. PLACE cemelery, cre	AND DATE	OF DISPOS	SITION (Ne	me of 1/	/18/9	5 DATE	20c. LO	CATION — CI	ty or Tow	vn, State
	4 □ Donation 5 □ Other (Specify) □ 21. SIGNATURE OF FUNERAL SERVICE	LICENSES	cemelery, cre Montg	omery	y Cre	emate	orium	n, Ir	ıç.	Bet	hesda	, Ma	ryland
	N. 18	Successed 5			l H	ome/l	Bethe	esda-	Ro-Chevy	bert Cha	A. Pu se, In	umph nc.	rey Funeral 7557
	23 PADT Enter the diseases	<u>- Jess</u>		0080		isco	nsin	Aver	nue. B	ethe	sda. N	Mary	
NO	23. PART I. Enter the diseases, or complications that caused the death. Do not enter tha mode of dying, such as cardiac or reapiratory arrest, abock, or haart failura. List only one cause on asch line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUEACE OF) Due TO (OR AS A CONSEQUEACE OF)										interval Batween Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
	PART II. Other significant conditi	ona contributing to	death but not	reaulting	in the ur	nderlying) causa ç	givan in i	Part i. 24	. WAS AN			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL									PERFORMED?				COMPLETION OF CAUSE OF DEATH?
- 11	DID TOBACCO USE	CONTRIBUT	E TO CALL	SE OF	DEA	TH V	ES [l NO	MAI				1 TYES 2 NO
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		E TO CAU	<u> </u>	עבע				ck only one)			_	
/SI	1 TYES 2 NO	FIOSPITAL:	ER/Outpatient 3	DOA	4 Nur		e 5 □ Re	sidence	6 Other (Sp	pecify)			
Y PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 2 Nacidant Investigatio	28e. DATE Of (Month, L		28b. TJM IN.	IE OF JURY M	28c, INJ WO	RK?	NO NO	28d. DESCRI	BE HOW II	NJURY OCCU	RED	
ED BY	2 Accident Investigatio 3 Suicide 6 Could not t 4 Homicide determined	28e. PLACE C	OF INJURY At he etc. (Specify)	ome, term,	street, fact	tory, office			28t. LOCATIO City or To	ON (Street a own, State)	and Number or	r Rural Ro	oute Number,
COMPLETED	296. CERTIFIER (Check only	YSICIAN: To the best of	rmy knowledge, de	ath occurr	ed at the t	ime, date	and place,	end due	to the cause(e	end man	ner as stated	ı.	
COM	one) 2 MEDICAL EXAM	NER: On the beele of a											end manner ee stated,
BE	206. SIGNATURE AND TITLE OF CERTIF	6	120	m b	1		PO	112	BER		29d. DATE	SIGNED	(Month, Day, Year)
유	38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Phint)											N O	
	WHETEN GOOZH MY 2309 SHOLEFIELD RD WHETTON, MD 20902 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE										10902		
	JAN 18 19	Q5 d.1:	As in the	2									
	10	1000 ACC	Y '99 W Com-	7 to 8 to 8 to 8 to 8 to 8 to 8 to 8 to					-				

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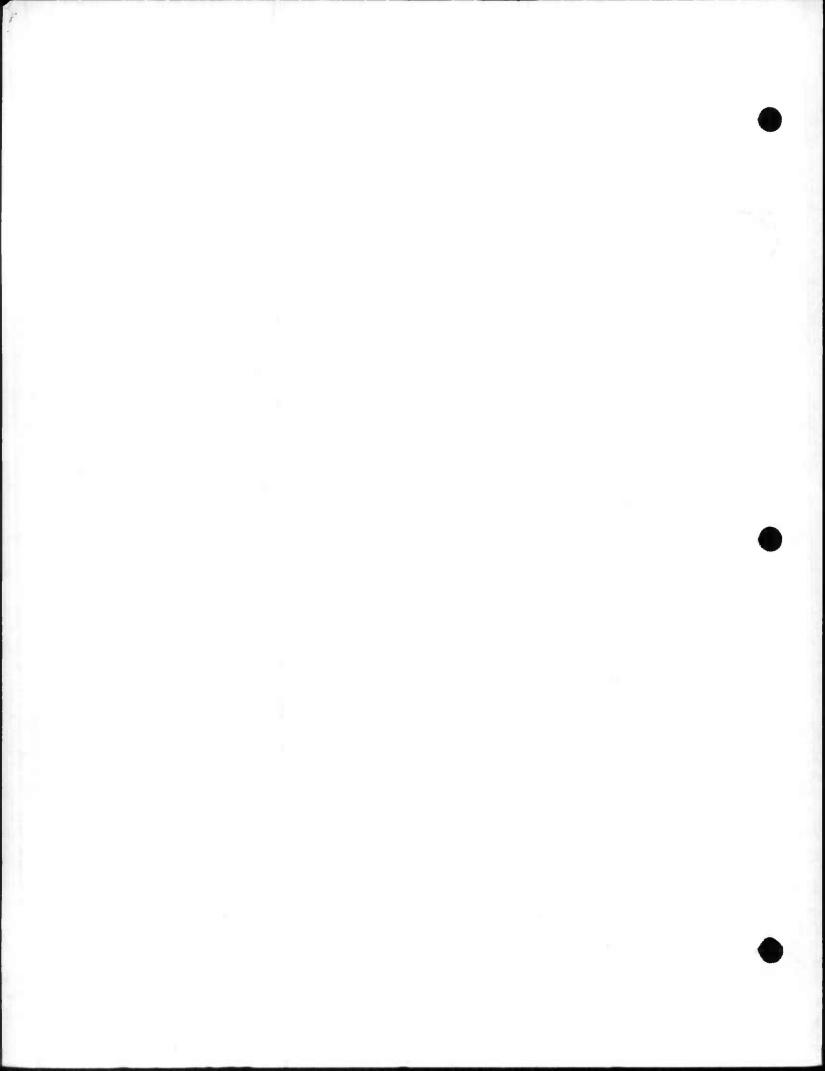
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tiple filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

FOR 1 STATE

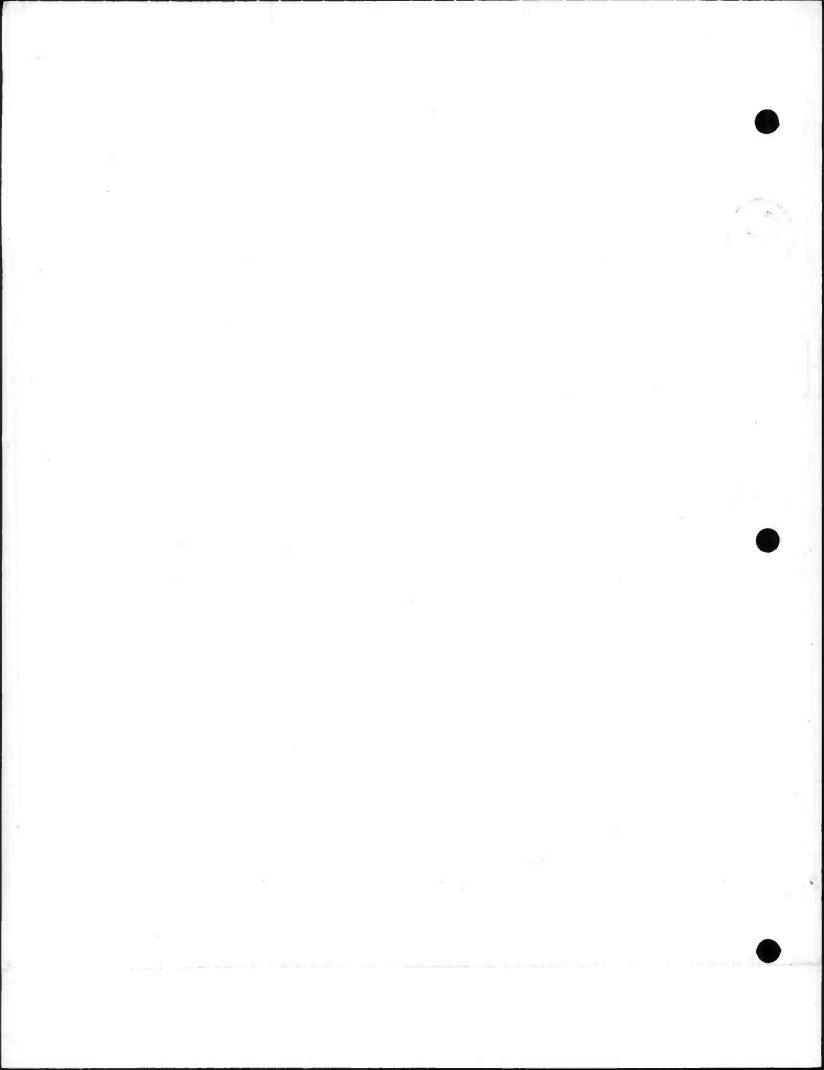
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		O.	ERTIF	ICAII		DECILI		REG. NO).		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE	OF DEATH			3. TIME OF DEATH
	LUCILLE	J.	HOSKINS	ON				TANII	ARY 1	DAY 5 1 Q 0	YEAR	11:25 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDE		IF UNDER 24 HRS.	7. DATE	OF BIRTH	<u> </u>	8. BIRT	HPLACE (State or Foreign
	577-01-0445	1 🗌 M 2 🔀 F	91	YAS.	MONTHS	DAYS	HOURS MIN.	Oct	12,1	903	Count	nington, D.C
	9s. FACILITY NAME (If not institution, give	street and number)			9b. CITY	r, TOWN (OR LOCATION OF D		,-	-	UNTY OF	
Œ	CARRIAGE HILL	NURSING 1	HOME									
長	RESIDENCE OF DECEDENT			SILVER SPRING						MO	ONT.	
DIRECTOR	10e. STATE 10b. COUNT	Y		10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY
ā	Maryland Mont	gomery		Si	lver	Spi	ring					LIMITS?
Ų.	10e. STREET AND NUMBER						. ZIP CODE			10a CI	TIZEN OF	WHAT COUNTRY?
E	9101 Second Aven	110					20910			1		
FUNERAL	11. MARITAL STATUS	Page 1	IT EVER IN U.S. AR	MED	12	WAS DEC	ENDENT OF HISPA		0.00M		U.S.A	
H	1 Never Married 2 Married	FORCES? 1	YES 2 N	10		If yes, sp	ecify Cuban, Mexic	an, Puerto F	r (specify fi	a or No-	Blac	E — American Indian, ck, White, atc.
BY	3- Widowed 4 Divorced	IF YES, GIVE W	WAH OR DATES			1 TYES	2 NO Speci	ffy:			Spec	white
O.	15. DECEDENT'S EDI	JCATION	16a, DE	CEDENT'S	USUAL O	CCUPATIO	ON .	16h	KIND OF BU	ICINESS /IA		WIIICE
	(Specify only highest grad	College (1-4 or 5	(Gi	ive kind of a Do NOT us	work done	during mo	st of working	1.00		02007.	10001111	
7	12	College (I-4 or 5		omema	ker				Own H	ome		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1 120	Jineme	1101		16. MOTHER'S NA	AME /Cime A				
	T. W. Jones							Manna		1 Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)		100	MARINO	ADDOCC	0 (01	nd Number or Rural					
2	J. Willard Nall	c Ir										00011
	20e. METHOD OF DISPOSITION	3, 01.					st Highw		ethes			20814
	1 Burlet 2 Cremetion 3 Ran	noval from Stata	cemetery, crei	metory of o	of DISPOS ther place)	SITION (No	me of rematory	DATE			- City or To	
	4 Donation 5 Other (Specify)	College /	Mour	nt Go	mroi	CE C	rematory	1/1	9 Ale	xand	ria,	Virginia
	I i sissini one proportion of	VINSEE V			22.	NAME AP	ID ADDRESS OF FA	JC	S GAW	LERS	SONS	S INC.
	Veino	1) X	nine	41) 51	130	WISC. AV	E NW	WASHI	NGTO	N. D	.C. 20016
	23. PART i. Erker the diseases, or	complications tha	t ceused the da	ath. Do r	ot enter	tha mo	da of dying, suc	ch as card	lac or read	olratory a	rrest.	Approximate
	snock, or neart failure.	List only one cau	ise on each lina									intarvai Between
	IMMEDIATE CAUSE (Final disease or condition	T1-		t- T								Onest and Death
	reaulting in death)	61.				ise						
	resulting in death) Ischemic Heart Disease DUE TO (OR AS A CONSEQUENCE OF):											
_	_			Arteriosclerosis								
NO O	Sequentially list conditions,	. Arte	rioscle	rosis	5							
ATION	if any, leading to immediate cause. Enter UNDERLYING	Arte	rioscle:	rosis DUENCE O	5							
FICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	Arte DUE TO Hype	rioscle	rosis DUENCE OI	5 F):							
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DIVISION OF VITAL RECORDS, P.O. BOX 68760 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending to THE FUNESAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, correntation, or removal. IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIV TO THE HOSPITAL OR A TO THE FUNERAL DIREC Be filed within 72 hours IMPORTANT: It Item

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	DEPARTMI	ENT OF H	EALTH AND DEATH	MENTAL	HYGIEN REG. NO					
20240	1. DECEDENT'S NAME (First, Middle, Last)	1 11	501.			2. DATE	OF DEATH		FAR -	TIME OF DEATI	н	
	4. SOCIAL SECURITY NUMBER	S. SEX C. AGE (IN VIS. In	SON ET	NDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH	10		3:30	D W	
	579-03-7179	1 × M 2 □ F 85	YRS. MONT	THE DAYS	HOURS MIN.	Augu	St 1,	1909	Country) Washi	ngton,	DC	
Œ	Shady Grove Adven		9b.	75 1 1 2 2 2						unty of DEATH Ontgomery		
CIO	RESIDENCE OF DECEDENT							Hon	cgome	EL y		
FUNERAL DIRECTOR	10e. STATE 10b. COUNT	r		www.or.Locatington	i, D. C.					I. INSIDE CITY LIMITS?	мо.	
AL	10e. STREET AND NUMBER			101.	ZIP COOE	016			N OF WHAT	COUNTRY?	-	
NEP	4000 Mass. Ave.		т.			016			S. A.			
BY	12 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN U.S. AI FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES		If yes, spe	ENDENT OF HISPAI belfy Cuben, Mexica 2 NO Specif	nn, Puarto R		i or No.— 14	Black, WI	American India hita, atc. Vhite	n,	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	(completed) ((ECEDENT'S USUA Give kind of work d e. Do NOT use retir	one during mos		16b.	KIND OF BUS	SINESS/INDUS	TRY			
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+) Edi		ou.,		Fed	deral	Trade	Comm	ission		
S	17. FATHER'S NAME (First, Middle, Last)	77. 1			18. MOTHER'S NA			Surname)				
B	Alonzo Carlton 19s. INFORMANT'S NAME (Type/Print)		DE MAIL INC. 4 CO.	2500 (0)	Catheri				-			
2	William R. Hudson				uare Ct.			burg,		20878		
	20a, METHOD OF DISPOSITION 1 ☑ Burlal 2 ☐ Cremation 3 ☐ Rem		AND DATE OF OIS ematory or other pl Lincoli			DATE		CATION — CIT				
	4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC				DAGGRESS OF FA	1/18	- 1	ntwood Gawler		ons	D	
	Mig las	La hola			I Ave. N		-	ton, I		20016		
	23. PART i. Enter the diseases, or a shock, or heert failure.	omplications that caused the di List only one cause on each line	eeth. Do not e	nter the mod	le of dying, suc	h ss cerd	isc or respi	ratory srres	t,	Approxims Interval Be		
	IMMEDIATE CAUSE (Final disesse or condition	assimition	DIADI	MDM	H'm o	10.00	سامساء	D.	1	Onset and	Death	
	resulting in death)	DUE TO (OR AS A CONSE	QUENCE OF):	CALIONI	a win	1.62	Pirali	ny ta	Hure	_nou	12	
NO	Sequentielly liet conditions,	DUE TO (OR AS A CONSE	CIND?	ma v	with Po	ssib	le M	lerast	asis	Janus	ary	
CERTIFICATION	if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	с							į	19	194	
THE	thet initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF):									
E	PART ii Other eignificent condition	d.							<u> </u>			
ICAL	PART II. Other eignificent condition	s contributing to deeth but not	reculting in the	underlying	ceuse given in	Part i.	24a. WAS AN PERFOR	MED?	AMA	RE AUTOPSY FIN ILABLE PRIOR T WPLETION OF CA	0	
MED							1 TYES 2	X NO	OF	DEATH?		
A ::	DID TOBACCO USE CONTI				UNCERTAIL	ИП						
PHYSICIAN: MEDI	EXAMINER?	HOSPITAL: 1 Q inpatient 2 ER/Outpatient 3	CE OF OEATH (Ch	HER:	5 Residence	¢ □ Other	(Caralla)					
PHY	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	28c. INJU	IRY AT			NJURY OCCUP	RED		-	
ВУ	1 Natural 5 Pending 2 Accident Investigation	not applicable		1 U Y	ES 2 NO	Not		icable				
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — AI he building, etc. (Specify)	ome, term, street,	factory, office		28f. LOCA City o	r Town States	nd Number or		Number,		
PLE	29e. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my knowledge, do		he time, date	and place, end due				,,-			
NO.		R: On the beele of examination end/or							euse(e) end	d menner se sta	ned.	
H	29b. SIGNATURE AND TITLE OF CERTIFIES	al, HD			29c. LICENSE NUM	MBER 91				13, 16	195	
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Print)	Gai	thers		a		O.	,		
	JAN 18 1995	32. REGISTRAR'S SIGNATURE	dall				0		-			



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marked,

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TO THE HOSPITAL OF THE FUNERAL CE BE filed within 72 h

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1)	
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Mental Hygiene prior to burlal, cremation, or removal.	jury, or other traumatic event, the medical examiner must be notified at once.	
ealth ar	vs any l	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 20 DRIS tickson OAN 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE /St 6e (Month, Day, 2, -3 1 M 2 X F 577-30-0492 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH DIRECTOR 2614 Elnora Street Wheaton Montgomery RESIDENCE OF DECEDENT 10e, STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Wheaton 1 - YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10a. CITIZEN OF WHAT COUNTRY? 2614 Elnora Street 20902 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yee, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2X NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 K Merried ΒY Specify: 3 Wildowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 8+) Registered Nurse School 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 0scar <u>McIndoe</u> Loretto 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Joseph M. Hickson 2614 Elnora Street Wheaton, Maryland 20902 20a, METHOD OF DISPOSITION
1 1 Burlet 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Gate of Heaven Cemetery 1/20/95 Silver Spring, Maryand 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNCTIONAL BETTVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Francis J. Collins Funeral Home, Inc. 500 University Blvd., W. Sil.Spr., MD 20901 23. PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition_ ARCINOMA OF THE RIGHT ROAST TASTATIC resulting in death) DUE TO (OR AS A CONSEQUENCE OF): MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to desth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? CARCINOMA DE BREAST LEFT 1 TES 2 NO OF DEATH? 1 | YES 2 (NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO INCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 25e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 286. TIME OF INJURY 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural M 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building ste (Specific) 3 Suicide ETED. 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide determined 29e. CERTIFIER

DATE FILED (MONT), Day, Year)

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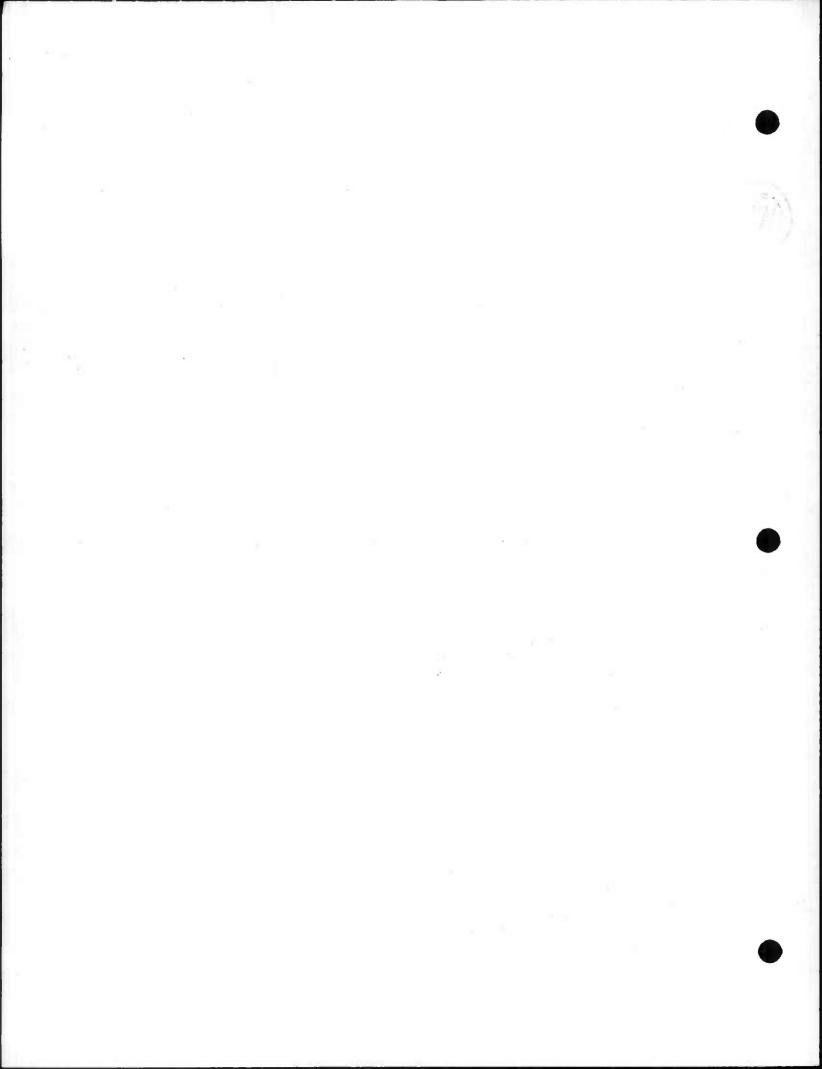
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

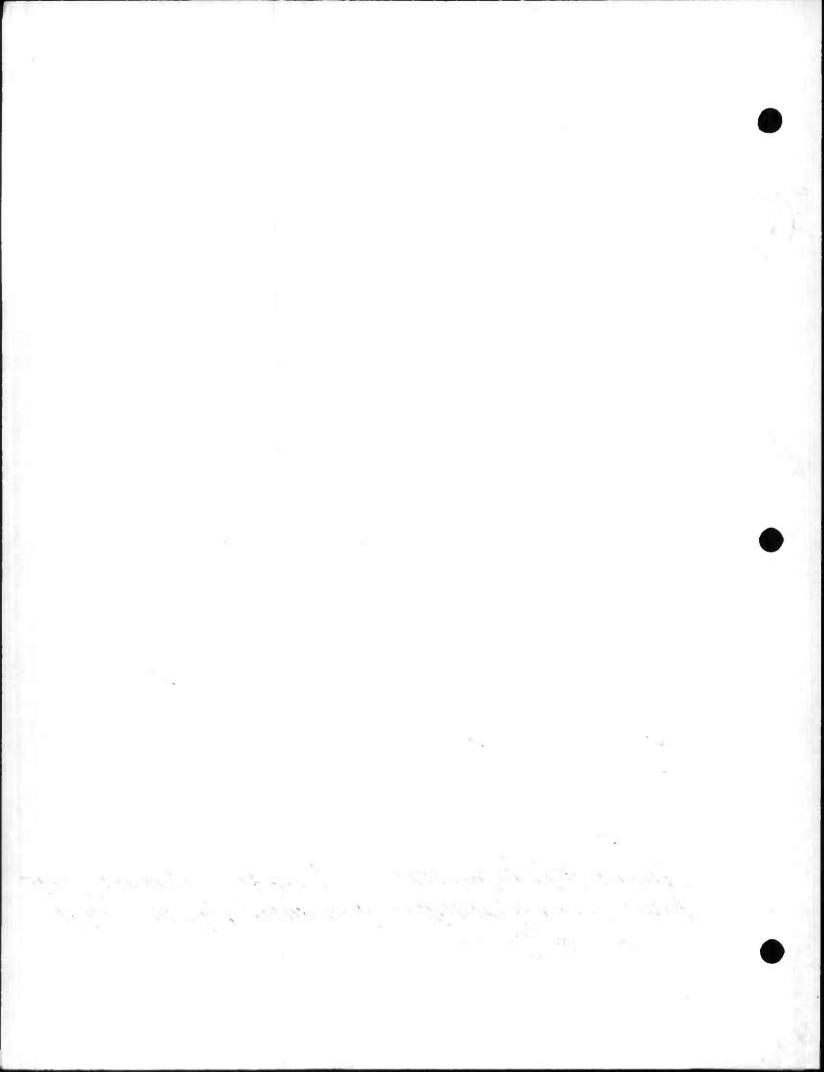
	1 - STATE REGISTRAR	0.7112 01 11171	CE		ICATE OF		MICH	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Lest)						2. D.	ATE OF DEATH			3. TIME OF DEATH
	ALMETA T).	HARRING	GTON				NUARY 1		995	3:28 A M
	4. SOCIAL SECURITY NUMBER		AOE (In yrs. les		IF UNDER 1 YEAR	IF UNDER 24 HRS	. 7. D/	ATE OF BIRTH			IPLACE (State or Foreign
	238-42-5099	1 🗆 M 2 🔀 F	63	YRS.	MONTHS DAYS	HOURS MIN.		ULY 17,	193	Counti	N. C.
	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY, TOWN	OR LOCATION OF		ODI II,		INTY OF D	
DIRECTOR	PRINCE GEORGES H	OSPITAL				HEVERLY					GEORGE
E C	10e. STATE 10b. COUNTY	r		10c. CIT	Y, TOWN OR LOCA	TION					10d. INSIDE CITY
	MD. PRI	NCE GEORGI	Ξ		UP	PER MARI	LBOR	0			LIMITS?
	10s. STREET AND NUMBER					M. ZIP CODE			10a, CIT	IZEN OF V	VHAT COUNTRY?
FUNERAL	12338 CRESTERTO					207			U	VITEL	STATES
B	1 Never Married 2 X Married 3 Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, OIVE WAR	YES 2 XN		If yes, s	CENDENT OF HISP pecify Cuban, Max B 2 XNO Spe	Ican, Pua	IGIN? (Specify Yaa rto Rican, etc.)	or No—		E — American Indian, c, Whita, atc. ************************************
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DE	CEDENT'S	USUAL OCCUPAT	ON net of working	-T	16b. KIND OF BUS	INESS/IN	DUSTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 8+)	life.	Do NOT us	e retired.)	ost or working					
<u>a</u>	12th			C	LERK			BA	NKI	VG	
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)					18. MOTHER'S	NAME (Fir	st, Middle, Malden	Surname)		
BE (JIM DAVIS					BULA	AH B	ROWN			
2	19a. INFORMANT'S NAME (Type/Print)		19b	. MAILING	ADDRESS (Street	and Number or Run	al Floute A	lumber, City or Town	n, State, Zi	p Code)	
F	JOSEPH IL HARRI	VGTON	_ 1	2338	CRESTE	RTON DR	. IT	DDED MAI	T.EOI	20 N	D. 20772
	20a. METHOD OF DISPOSITION 1XO Burlet 2 Cremetton 3 Remo		20b. PLACE A	ND DATE	OF DISPOSITION (A					City or To	
	4 Donation 5 Other (Specify)	Sval from Stata	cemetery, crer		ther place)	ETEDV	11/	9/95 BI	मागान इ	WOOD,	MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	HINSEE		11111		ND ADDRESS OF		77.91 DI	CLIAIA	ינים	TID.
}	· Qn	2 forton			R.	N. HORT	ron (CO. MORT	CICIA	ANS,	INC.
	23. PART I. Enter the diseases, or o				60	O KENNET	DY S	TREET, N	J. TAJ	TATA	SH., DC
	ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	HYPERTE	2.11.211111221	ARTER		ROSIS C	ARDI	0-VASCU	LAR I	DISEA	Interval Batween Onset and Death ASE YEARS
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury		AS A CONSEO								
ERTI	that initiated events resulting in death) LAST	II	AS A CONSEC	OENCE U	-):						
	PART ii. Other algnificant condition	s contributing to da	ath but not re	auiting	n the underlyin	g cause given i	In Part I	24s. WAS AN	ALITOPSY	24h	WERE AUTOPSY FINDINGS
EDICAL								PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ	DID TOPACCO HEE COLIE	DIDLITE TO CALL	FOFFI	P11 3/-	c E vio 5	1 (1)					1 TES 2 NO
PHYSICIAN: ME	DID TOBACCO USE CONTE	CIBUTE TO CAUS				UNCERTA	IN L				
₫	EXAMINER?	HOSPITAL:			H (Check only one) OTHER:						
YS	1 YES 2 NO	1 Inputiont 2 ER			4 - Nursing Hon	ne 5 🗆 Rasidence		ther (Specify)			
ВУ РН	27. MANNEB OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJ (Month, Day, Y	URY bar)	28b. TIM	URY W	URY AT PRK? YES 2 NO	28d. I	DESCRIBE HOW IN	JURY OC	CURED	
	3 Suicide 8 Could not be determined	28a. PLACE OF IN building, atc.	JURY — At hon (Specify)	ne, ferm, s	treet, factory, offic	4	281. L	OCATION (Street a City or Town, State)	nd Numbe	or Rural R	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI MEDICAL EXAMINE	CIAN: To the best of my	knowledge, dea	rth occurre	d at the time, date	and place, and de	us to the	cause(a) and man	ner as star	led.	
8		R: On the beals of axemi	menon and/or in	rventigatio	n, in my opinion, o	eath occured at th	na time, d	late and place, and	dua to th	na cause(a)	and manner as stated.
8	SUGUSTO -	Cainga	xIII	0		DUCENSE N	UMBER 21	4	PAR DAT	E SIGNED	(Month, Day, Mar)
٩	HUGUSTO P. PERSON WHO	COMPLETED JAUSE	E DEATH (ITEM	27) (5pe.	Par	winds	10	. <	n	/	11111
İ	31. DATE PILED (MONTH, Day, 1807) JAN 19 1995	Jalia Dhuel	SIGNATURE	.#	1 mg	11/01	7	pgn.	114	1	745
	JAM 1 3 1333	Alana mina	A CHANGE	- A							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transper filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

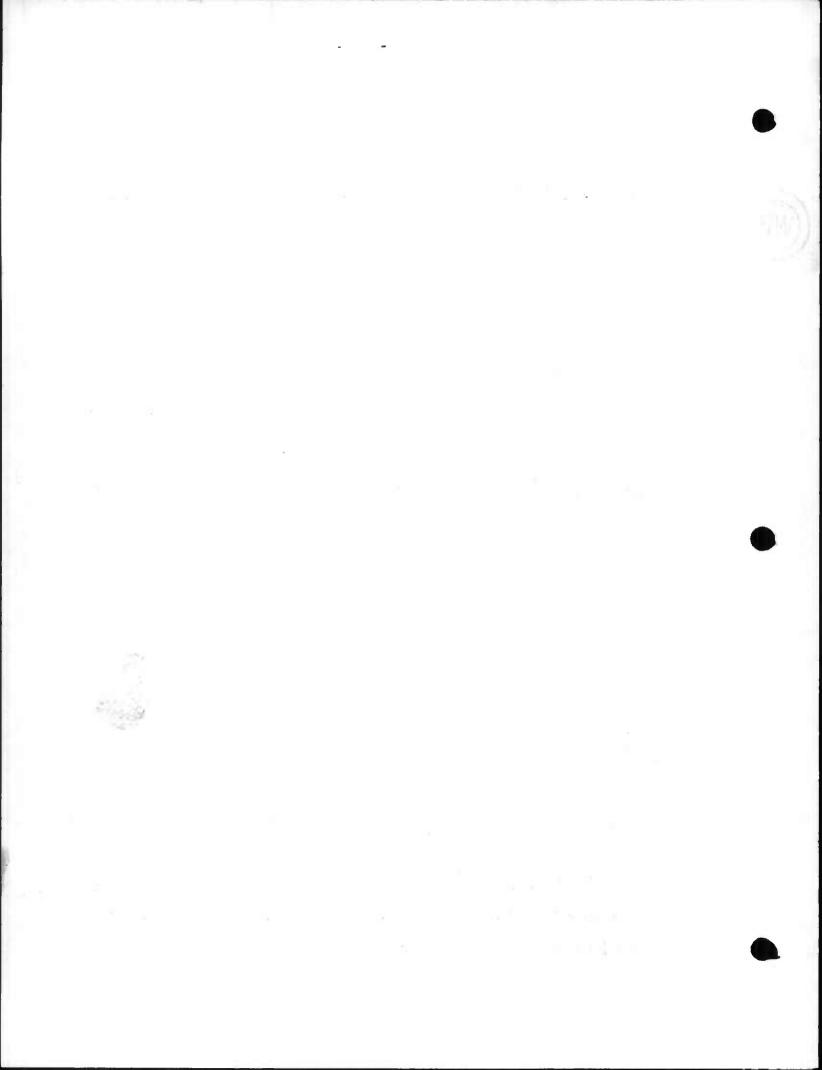
DIVISION OF VITAL RECORDS, P.O. BOX 68760



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

nours after death. Page 6 may be retained by the hospital or attending	ed in by the funeral director, page 5 should be detached for use as the	medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within micrours after death. Page 6 may be retained by the hospital or attending it	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the in the find within 79 hours after death with the State hard of Mariah Haringan polor to hard a committee or committee.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

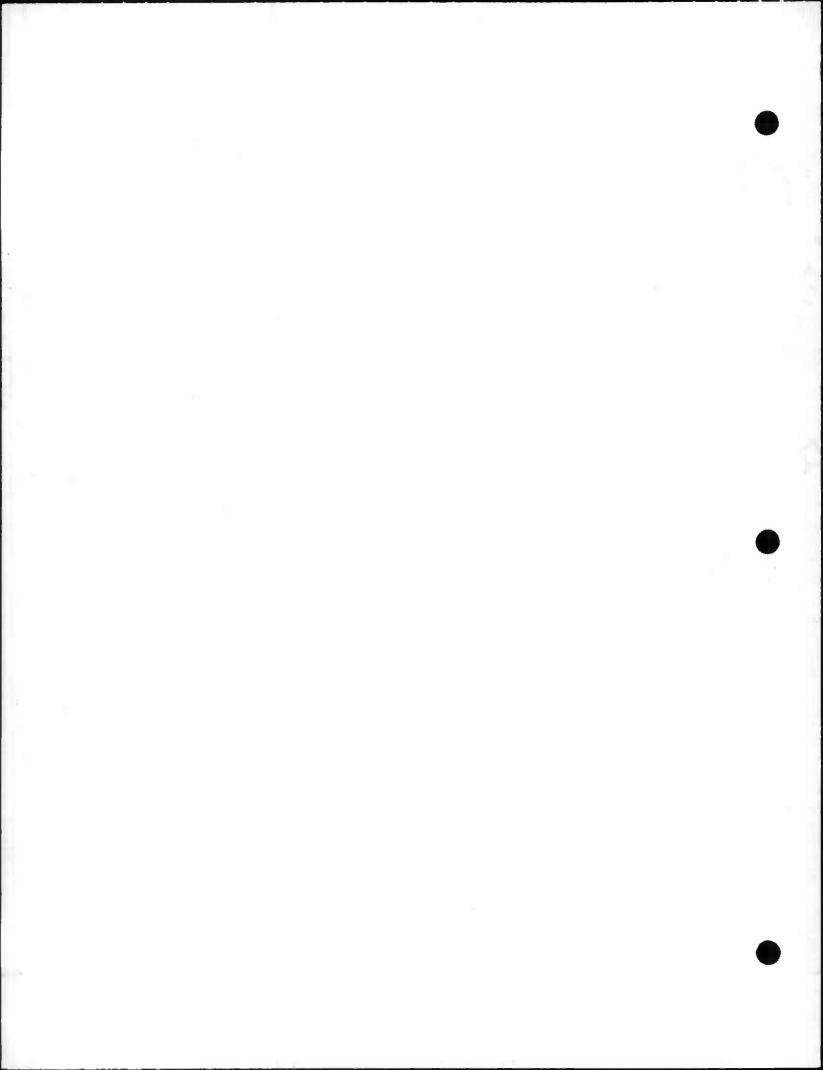
	1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF HEALTH AND	MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)			ALE OF BEATH	2. DATE OF DEATH		3. TIME OF DEATH
	Marga	ret Willey	V	Haddaway	January		95 11:40AM M
	4. SOCIAL SECURITY NUMBER		n yrs. lest birthdey) IF	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign
	217-12-4410	1 □ M 2 💢 F 78	YRS. MO	NTHS DAYS HOURS MIN.	Aug. 6, 191		Jarvland
	9a. FACILITY NAME (If not institution, give stre	et and number)	96	. CITY, TOWN OR LOCATION OF		9c. COUNTY	
DIRECTOR	Memorial Hospit	al at East	on	Easton		Tal	bot
RE	10e. STATE 10b. COUNTY			OWN OR LOCATION			10d. INSIDE CITY VLIMITS?
	Maryland Talk	ot	St. N	Michaels			1 YES 2 NO
FUNERAL	10s. STREET AND NUMBER			10f. ZIP CODE			OF WHAT COUNTRY?
NE	100 Spencer Ave.			21663		U.S	А.
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxie	ANIC ORIGIN? (Specify Yei en, Puarto Rican, atc.)	or No- 14.	RACE — American Indian, Black, While, atc.
ВУ	3 XWidowed 4 Divorced	IF YES, GIVE WAR OR DA	res -	1 TYES 2 NO Spec	ity.		Specify: White
	15. DECEDENT'S EDUCA	TION	18a. DECEDENT'S USU	JAL OCCUPATION	16b. KIND OF BU	SINESS/INDUST	
Ē	(Specify only highest grade on Elementary/Secondary (0-12)	ompleted) College (1-4 or 5+)	(Give kind of work life. Do NOT use rel	done during most of working	3333333		
AP.	8		Homemake:	\mathbf{r}			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Malden	Surname)	
BE (Edward Dewey Wi	illey		Eva	Ensor		
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	DRESS (Street and Number or Rura	Aoute Number, City or Tow	n, State, Zip Coo	(e)
F	Edward D. Hause	9	29515 C	orbin Parkway	Easton, Ma	ryland	21601
	20a. METHOD OR DISPOSITION 1 Buriel 2 Cremation 3 Remove	el from Stale	PLACE AND DATE OF D	ISPOSITION (Name of		CATION — City	·
	4 Donation 5 Other (Specify)	Ca	pitol Cre	matory Jan. 1	19,1995 Dov	er, De	laware
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE (9	22. NAME AND ADDRESS OF F		omal II	200
	Dancemb	2. Lean	and	Harrison E. I 312 S. Talbo	Leonard run E St. St. M	erai H ichael	ome s. Md. 21663
	23. PART i. Enter the diseases, or con	mplications that caused	the deeth. Do not				
	ehock, or heert feilure. List	st only one cause on ee	ch line.				interval Between Onset and Death
	disease or condition resulting in death)	1 APNING	SENTE	SHOCK			1tours
	resolding in death)	DUE TO JOB AC A					
Z		ANTER	DLATER	RAL MYON	ARMAZ	DIF	TROTON
OIL	Sequentially list conditions, if any, leading to immediate					7.7.41.	
CERTIFICATION	CAUSE (Disease or Injury	CORO	NARY	DET- DIE	8198E		
F	thet initiated eventa resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):			,	
Ä	d.	CHI					
AL C							
	PART ii. Other eignificant conditions	contributing to deeth bu	t not resulting in th	he underlying ceuee given in	Pert I. 24a, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
SA	PART ii. Other eignificant conditions	contributing to deeth bu	t not resulting in th	he underlying ceuee given in	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDICA	COBI)		t not resulting in th	he underlying ceuee given li		MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDIC	(1×10)	LMC	CA		PERFOR 1 YES 2	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	DID TOBACCO USE CONTRII	L M C BUTE TO CAUSE OF	CA	⊠NO □ UNCERTA	PERFOR 1 YES 2	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDIC	DID TOBACCO USE CONTRIL 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	BUTE TO CAUSE OF	DEATH YES B. PLACE OF DEATH (C	NO UNCERTA	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDIC	DID TOBACCO USE CONTRIL 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	BUTE TO CAUSE OF	E DEATH YES 8. PLACE OF DEATH (C) 1 tlent 3 DOA 4 28b. TIME OF	Check only one) THER: Nursing Home 5 - Residence	PERFOR	X) NO	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRII 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	BUTE TO CAUSE OF	DEATH YES	Check only one) THER: Nursing Home 5 - Residence	PERFOR 1 YES 2	X) NO	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDIC	DID TOBACCO USE CONTRII 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2X NO 27. MANNER OF DEATH	BUTE TO CAUSE OF 2 19SPITAL: Ingestent 2 = ER/Outpe 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY	DEATH YES 6. PLACE OF DEATH (C tilent 3 DOA 4 DOA 20b. TIME OF	Check only one) THER: Nursing Home 5 Residence RESC. INJURY AT WORK? M 1 YES 2 NO	PERFOR 1 YES 2 N Dither (Specify) 28d. DESCRIBE HOW II 28t. LOCATION (Street	N'INBA OCCUBI	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDIC	DID TOBACCO USE CONTRII 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending rivestigation 2 Accident investigation	BUTE TO CAUSE OF 19 SPITAL: Ingestient 2 = ER/Outpe 20a. DATE OF INJURY (Month, Day, Year)	DEATH YES 6. PLACE OF DEATH (C tilent 3 DOA 4 DOA 20b. TIME OF	Check only one) THER: Nursing Home 5 Residence RESC. INJURY AT WORK? M 1 YES 2 NO	PERFOR 1 YES 2 N Dither (Specify) 28d. DESCRIBE HOW II	N'INBA OCCUBI	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDIC	DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2X NO 27. MANNER OF DEATH 1 Natural 2 Accident 3 Sulcide a Could not be detarmined	BUTE TO CAUSE OF 19SPITAL: Inperient 2 = ER/Outper (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Specif	DEATH YES 6. PLACE OF DEATH (C tilent 3 DOA 4 DOA 1 D	Check only one) THER: Nursing Home 5 Residence WORK? M YES 2 NO	B Other (Specify) 28d. DESCRIBE HOW II 28t. LOCATION (Street City or Town, State)	NJURY OCCURI	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDIC	DID TOBACCO USE CONTRII 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide a Could not be detarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSICIA	BUTE TO CAUSE OF 1 SPITAL: Ingestient 2 ER/Outpe 28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Specif	E DEATH YES 6. PLACE OF DEATH (C tient 3 DOA 4 D 28b. TIME OF INJURY At home, farm, street dge, death occurred at	Check only one) THER: Nursing Home 5 Residence THER: Nursing Home 5 Residence THER: NURY AT WORK? M 1 YES 2 NO It, factory, office	PERFOR 1 YES 2 N Dither (Specify) 28d. DESCRIBE HOW I 28t. LOCATION (Street a City or Town, State)	NJURY OCCURI	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDIC	DID TOBACCO USE CONTRII 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide a Could not be detarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSICIA	BUTE TO CAUSE OF 1 SPITAL: Ingestient 2 ER/Outpe 28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Specif	E DEATH YES 6. PLACE OF DEATH (C tient 3 DOA 4 D 28b. TIME OF INJURY At home, farm, street dge, death occurred at	Check only one) THER: Nurning Home 5 Residence F 28c. INJURY AT WORK? M 1 YES 2 NO tt, factory, office	B Other (Specify) 2ad. DESCRIBE HOW I 2at. LOCATION (Street a City or Town, State) a to the cause(s) and mer a time, date and place, an	NJURY OCCURI	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO NO NO NO NO NO NO NO NO
BE COMPLETED BY PHYSICIAN: MEDIC	DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	BUTE TO CAUSE OF 1 SPITAL: Ingestient 2 ER/Outpe 28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Specif	E DEATH YES 6. PLACE OF DEATH (C tient 3 DOA 4 D 28b. TIME OF INJURY At home, farm, street dge, death occurred at	Check only one) THER: Nursing Home 5 Residence THER: Nursing Home 5 Residence THER: NURY AT WORK? M 1 YES 2 NO It, factory, office	B Other (Specify) 2ad. DESCRIBE HOW I 2at. LOCATION (Street a City or Town, State) a to the cause(s) and mer a time, date and place, an	NJURY OCCURI	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO PRIOR NUMBER, NED (Month, Day, Year)
COMPLETED BY PHYSICIAN: MEDIC	DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	BUTE TO CAUSE OF 2 19SPITAL: Inpetient 2 □ ER/Outpet 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Specification) AN: To the best of my knowled On the bests of examination	DEATH YES 8. PLACE OF DEATH (Continued of them and them and them are also and them are also and them are also and them are also and them are also and the are	Check only one) THER: Nurning Home 5 Residence F 28c. INJURY AT WORK? M 1 YES 2 NO It, factory, office	B Other (Specify) 2ad. DESCRIBE HOW I 2at. LOCATION (Street a City or Town, State) a to the cause(s) and mer a time, date and place, an	NJURY OCCURI	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO NO NO NO NO NO NO NO NO
BE COMPLETED BY PHYSICIAN: MEDIC	DID TOBACCO USE CONTRII 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	BUTE TO CAUSE OF 19 SPITAL: Ingestient 2 ER/Outpe 28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Specif	DEATH YES B. PLACE OF DEATH (Citient 3 DOA 4 DOA 1 DO	Check only one) THER: Nursing Home 5 Residence	8 Other (Specify) 28d. DESCRIBE HOW I 28t. LOCATION (Street a City or Town, State) a to the cause(a) and mer e time, date and place, an	NJURY OCCURI	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO VIEW Number, Use(s) and menner as stated, NED (Month, Day, Year) 18 1995
BE COMPLETED BY PHYSICIAN: MEDIC	DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	BUTE TO CAUSE OF 2 19SPITAL: Ingestent 2 ER/Outper 28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Specification) AN: To the best of my knowle On the basis of examination COMPLETED CAUSE OF DEAT MD. PO 32. REGISTRAR'S SIGNAL	DEATH YES 8. PLACE OF DEATH (Continued of Injury) — At home, farm, streety) dge, death occurred at and/or investigation, in the injury of Injur	Check only one) THER: Nursing Home 5 Residence	B Other (Specify) 2ad. DESCRIBE HOW I 2at. LOCATION (Street a City or Town, State) a to the cause(s) and mer a time, date and place, an	NJURY OCCURI	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO PRIOR NUMBER, Wee(s) end menner as stated.



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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF I	EALTH AND	MENTAL HYGIEN		
		tamail	Howai	rd		2. DATE OF DEATH MONTH	7 196	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 579-10-2601	1 K M 2 □ F 77	In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH Bonth, Day, Year) 17	1917 N	BIRTNPLACE (State or Foreign Country) Yaryland
TOR	98. FACILITY NAME (If not institution, give str 21500 Peach Tr			Dicke	PR LOCATION OF D	EATN	Mont	r of DEATH t g o mery
DIRECTOR	10a. STATE 10b. COUNTY	gomery		y, town on Loca Dickers				10d. INSIDE CITY LIMITS?
FUNERAL I	100. STREET AND NUMBER 21500 Peach Tre	e Road		10	20842			1 🗆 YES 2 🖔 NO N OF WHAT COUNTRY? S.A.
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 VES IF YES, GIVE WAR OR DA	U.S. ARMED 2 NO	If yes, sp	ENDENT OF HISPAI ecity Cuban, Maxica 2 NO Specif	NIC ORIGIN? (Specify Year, Puerto Rican, atc.)	8 of No- 14	RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		(Give kind of v	USUAL OCCUPATION NOT CONTROL OF THE PROPERTY O	st of working	16b. KIND OF BU	ISINESS/INDUS	
BE CON	17. FATHER'S NAME (First, Middle, Lest) Linwood Howard	1			18. MOTNER'S NA Anni	ME (First, Middle, Meider Le Floren	sumame) ace Sm	all
TO	Joanne P. Howa	ard	19b. MAILING 21500	Peach	Tree R	Route Number, City or Tov Rd. Dicke	erson,	Md.20842
	20e. METHOO OF DISPOSITION 1X Burlal 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	rel from State ceme	PLACE AND DATE Of the state of	Oak		1/20 Ga	ither	sburg, Md.
	21. SIONATURE OF FUNERAL SERVICE LICE	NSEE / - /				сыту neral Ноп le, Md. 2		
	23. PART I. Enter the diseases, or complete the control of the con	Renal +	ich ilna.	?	da of dying, auc	h aa cardiac or reap	iratory arrest	interval Between Onset and Death
CATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	Hyperc		19				1 year
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	י):				
PHYSICIAN: MEDICAL (PART II. Other aignificant conditions Pulmonary T.	contributing to death but	ut not resulting i	n tha underlyin	g ceuse given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN: I	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		F DEATH YE	H (Check only one)	UNCERTAI	N D		
PHYSIC		HOSPITAL: 1 Inpatient 2 ER/Outpet 26e. OATE OF INJURY (Month, Day, Year)	otient 3 DOA 28b, TIME	E OF 28c. INJ	URY AT RK?	6 Other (Specify) 26d. DESCRIBE NOW	INJURY OCCUR	SED
red BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28a. PLACE OF INJURY building, etc. (Speci	At home, farm, s		/ES 2 NO	281. LOCATION (Street City or Town, State)	and Number or i	Rural Route Number,
COMPLETED		IAN: To the best of my knowle						euse(s) and manner as stated.
TO BE C		MD			28c. LICENSE NUM D386	MBER 76	-	IGNED (Month, Day, Year) Lary 17 1995
	30. NAME AND ADDRESS OF PERSON WIND Leonard Sax	MD 197	LOFSL	rer Ave	rue Po	oles villa	e MD	20837
	31. DATE FILED (Month, Dey, Year) 2 3 1995	32. REGISTRANIS SIGNA	TURE Rarball					



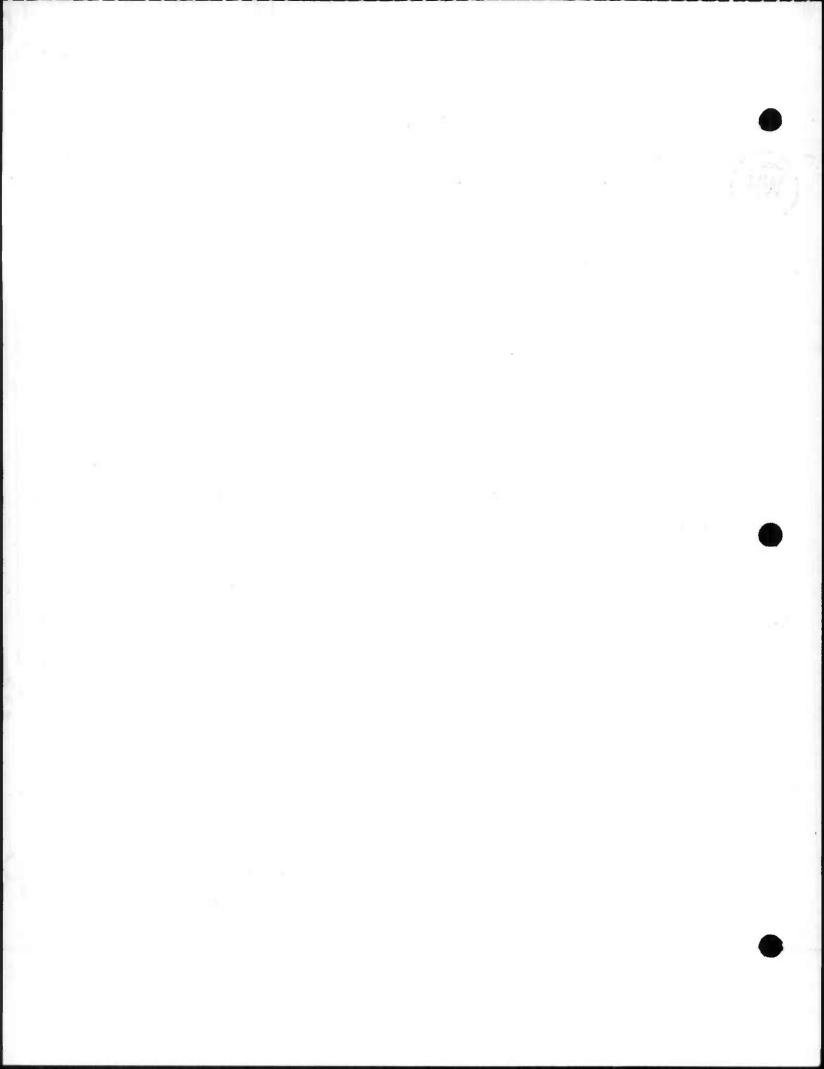
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	HEGISTHAH		U	EHIIF	CALE	OF L	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Las EU ZABET		Um	0.0					ATE OF DEATH	Y	VEAD	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER			-87				_	17	5	- 4	6:20 pm M
	22 22 22 22 22 22 22 22 22 22 22 22 22	5. SEX	6. AGE (In yrs. la		MONTHS I	-	HOURS MIN.	7. D/	ATE OF BIRTH forth, Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
	216-44-1844	1 🗆 M 2 💢 F	89	YRS.				Ma	r 8, 190)5	New	Jersey
_	9e. FACILITY NAME (If not institution, giv						LOCATION OF	DEATH		9c. COU	NTY OF DEAT	тн
9	Frederick Memor	ial Hospi	tal			Fred	derick			F	reder	ick
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COU	(TV		T 40 - 0/2								
<u> </u>		ederick		TUC. CIT	, TOWN OR						10	Dd. tNSIDE CITY LIMITS?
	Maryland Fr	ederick			TI	_	rick					YES 2 X NO
Z I	6012 Jefferson	R1vrd				10f. Z	21702)			U.S.A	AT COUNTRY?
FUNERAL											U.D.A	•
교	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT FORCES? 1	X YES 2		13. WA	S DECEN	NDENT OF HISP offy Cuban, Mexi-	ANIC OR can, Pua	IGIN? (Specify Yes rto Rican, etc.)	or No-	Black, V	Americen Indian, Vhite, etc.
M	3 Widowed 4 Divorced	IF YES, GIVE W		II	1 [YES 2	NO Spec	city.			Specify:	White
	15. DECEDENT'S E				USUAL OCC	IDATION			16b. KIND OF BUS	INCCCUNC		
	(Specify only highest gre Elementary/Secondary (0-12)	de completed)	(C	alve kind of war. Do NOT us	rork done dur	ing most	of working		TOO. KIND OF DOO	M4E35/114E	7031H1	1
COMPLETED	Lientenary/Secondary (0-12)	College (1-4 or 5+		giste	red N	urse	e		Public	Hea1	th Ag	encies
8	17. FATHER'S NAME (First, Middle, Last)			0				AME (FI	rst, Middle, Meiden	_		
C	George C.	HAND					Kather			,	TRO	TTER
∞	19a. tNFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (S	Street and			Number, City or Town	State Zin		
임	Holt Jenkins		8	916 Y	ellow	Spi	rings F	₹d,	Frederic	ck, M	lary1a	nd 21702
	200. METHOD OF DISPOSITION		20b. PLACE	ANDDATEC	F DISPOSITI	ON (Name	e of	1	ATE 20c. LOC	CATION -	City or Town	State 37.7
	1 Burlet 2 ☐ Cremation 3 Re Donation 5 ☐ Other (Specify)	movet from State	New F	provide	ence	Met	hodist	Jar	1 23,199			
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	121011	2012	22. NA	ME AND	ADDRESS OF I	ACILITY				
	Worth him	Coberson	1 10	0706		-			P.A. Fu			
\dashv	23. PART I. Enter the diseases, o		220	0706	106	Eas	st Chur	ch	Street,	Frec	lerick	,MD 21701
ļ	ahock, or haart fallur	a. List only one cau	se on aach line	8.	ot anter th	a mode	e or dying, ac	ich aa (cardiac or respii	ratory arr	reat,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	0			-	A 6	MM					Onast and Death
ļ	resulting in death)	0.	MONK			VC	114					24-48 UP
		DOE 10	OR AS A CONSE	OUENCE OF):							
RTIFICATION	Sequentially list conditions,	b	OR AS A CONSE	OUENCE OF	١٠							
A	If any, laading to immediata cause. Enter UNDERLYING				,.							j
	CAUSE (Disease or injury that initiated evants	c. DUE TO	OR AS A CONSE	OUENCE OF):							
	resulting in death) LAST	4										
₩ 		u										
¥ I	PART II. Other algolificant conditi	ous contributing to	death but not	reaulting i	n tha unda	rlying o	cause givan i	n Part I	. 24a. WAS AN A			ERE AUTOPSY FINDINGS WILABLE PRIOR TO
EDICAL					_				1 - YES 2	NO	CC	OMPLETION OF CAUSE DEATH?
Ĕ											11	YES 2 NO
ž	DID TOBACCO USE CON	TRIBUTE TO CA	USE OF DEA	TH YE	S I NO	D X	UNCERTA	IN 🗆				
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQBPITAL:	26. PLA	CE OF DEAT	H (Check only	(one)						
2	1 TES 2 NO		ER/Outpatient 3	□ DOA		g Home	5 Residence	6 🗆 0	Other (Specify)			
PHY	27. MANNER OF DEATH	26a. DATE OF (Month, De		28b. TIME		c. INJUR	RY AT K?	26d.	DESCRIBE HOW IN	JURY OCC	CURED	
5	1 Natural 5 Pending 2 Accident Investigation					1 YES	S 2 NO					
- 10	3 Suicide a Could not b	28e. PLACE Of building,	INJURY - At ho atc. (Specify)	ome, farm, a	lreet, factory	, office		28f. I	LOCATION (Street as City or Town, State)	nd Number	or Rural Rout	e Number,
COMPLEIED	4 Homicide determined											
2	29e. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of	my knowledge, de	eath occurre	d at the time	, data an	nd place, end du	e to the	ceuse(e) end men	ner ae stat	ed.	
5		NER: On the beele of ex										nd manner as stated.
- 11	296. SIGNATURE AND TITLE OF CENTIF	RIP PER PER PER PER PER PER PER PER PER PE	1 .4			2	29c. LICENSE NI	JMBER		29d, DATE	E SIGNED (M	onth, Day, Year)
	()Alla	pui	MU				017	56	75	•	1/19	195
2	30. NAME AND ADDRESS OF PERSON	HO COMPLETED CAUS	E OF DEATH (ITE	М 27) (Туре,	Print	_	101	- 0	, ,		4	10
	WHYNE	ALL	GMER		1	745	WICK		M	<	2171	6
	31. DATE FILED (Month, Day, Year)	32. REGISTRAI	S SIGNATURE	-	~ .							
- 11	10M 9 0 100	15 (15 /s.)	Saucher 1	Cal 11	1							- 1
	JAN 2 3 199	13	A Maria and Control	COLD OF THE								



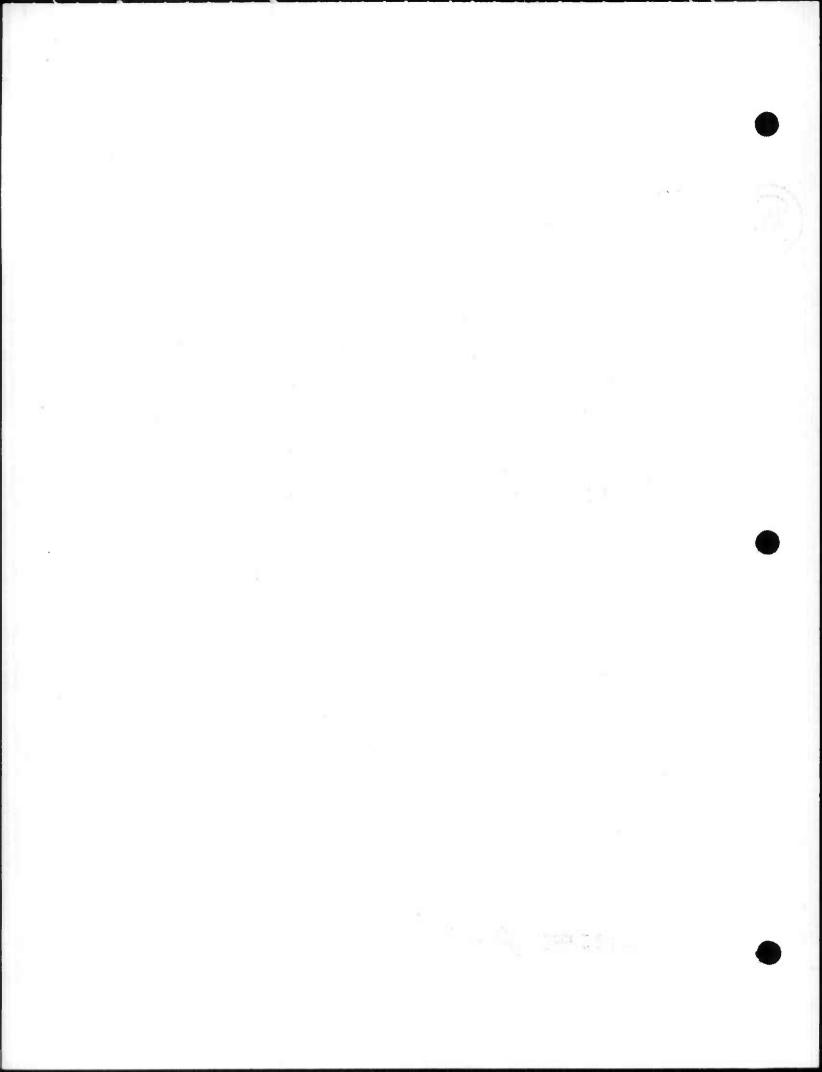
FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

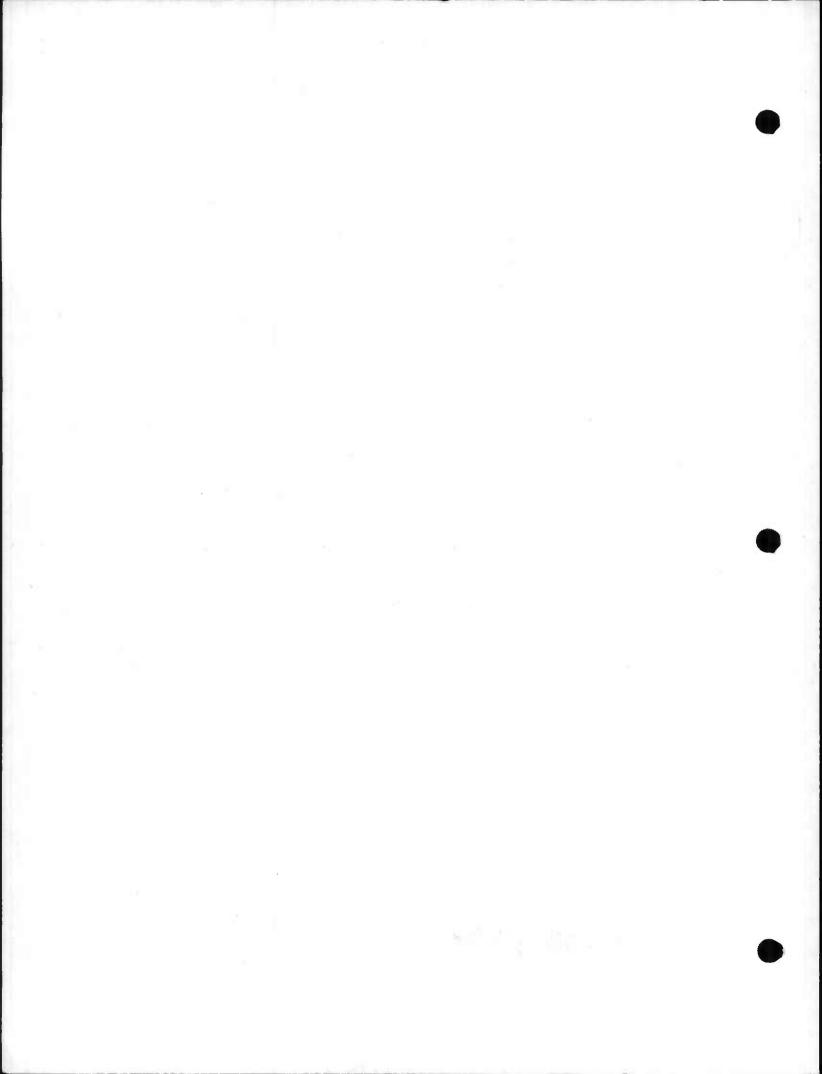
	1 - REGISTRAR CEF	RTIF	CATE OF	DEATH	R	EG. NO.	-		
	1. DECEDENT'S NAME (First, Middle, Last)		· · · · · · · · · · · · · · · · · · ·		2. DATE OF D				3. TIME OF DEATH
	Marie Frances Harding				Jan.	21,	199	YEAR 5	5:48P.m
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest be		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	IRTH		8. BIRTHP	LACE (State or Foreign
	219-36-9413 1□M2\\ F 86	YRS.	NONTHS DAYS	HOURS MIN.	Mar .) ()]	908	Ma'	ryland
	9a. FACILITY NAME (If not institution, give street and number)	\neg	96. CITY, TOWN C	R LOCATION OF DE	EATH		9c. COUN		
S.	Home Cove Assisted Care, Inc.		Gaith	ersburg	3		Мо	nta	omery
5	RESIDENCE OF DECEDENT								2
DIRECTOR	Maryland Montgomery		TOWN OR LOCAT						IOd. INSIDE CITY
- 1		Drg	ytonsv	111e				j	XYES 2 NO
₹	100. STREET AND NUMBER 7101 Brink Road		101	2088	2				AT COUNTRY?
FUNERAL				2000.	۷		Am	eri	can
=	11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 2 Married 12. WAS DECEOENT EVER IN U.S. ARME FORCES? 1 YES 2- NO	ED	13. WAS OEC	ENDENT OF HISPAN	NIC ORIGIN? (Sp	ecify Yea	or No-	14. RACE - Black.	- American Indian, White, atc.
BY	3 ☑ Wildowed 4 □ Divorced IF YES, GIVE WAR OR DATES			ZXNO Specifi		, 4.0.,		Specify	
	15. DECEDENT'S EDUCATION 16a. OFCE		SUAL OCCUPATION						
	(Specify only highest grade completed) (Give	kind of wo	rk done durina ma	st of working	16b. KJN	OF BUS	INESS/INDU	ISTRY	
7	Elementary/Secondary (0-12) College (1-4 or 5 +)		aker		70	n H	lome		1
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NA	ME /Elent Michelle	Maldan	Cumamal		
	Samuel B. Briggs			Leil			sumame)		
8	19s. INFORMANT'S NAME (Type/Print) 19b. N	MAILING A	ODBESS (Street o	nd Number or Rural I			Ctata 7in (Carlet	20882
2	Parhara White			Road,					
	208 METHOD OF DISPOSITION 20b PLACE AND		DISPOSITION (Na		DATE		CATION — C		_
	1 🖾-Burial 2 Cremation 3 Removal from State complety, crems	tony or oth	ak Cen	neterv		Gai	ther	sbu	rg, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			ID ADDRESS OF FA					
	Am - I Was								eral Home
	Next L. Villianiv		26401	Ridge	Road,	Dam	ascu	s,M	aryland
	23. PART I Entail the diseases, or complications that caused the deeth shock, or heart fellure. List only one cause on each line.	h. Do no	t enter the mo	de of dying, auc	h as cardiac	or reaple	ratory arre	st,	Approximata interval Between
	IMMEDIATE CAUSE (Final disease or condition		- 11-					-	Onset and Death
	resulting in dasth)	3577	VE HE	EART	771	uch	22		loxas
	DUE TO (OR AS A CONSEQUE B. AR TER	ENCE OF:						-00	10000
CERTIFICATION	Sequentially list conditions,			DOIL H	CEDY	1 4	27.50	3/132	13965
¥	cause. Enter UNDERLYING								i I
Ĕ	CAUSE (Disease or injury that initiated events Due TO (OR AS A CONSEGUE	ENCE OF):							
E	resulting in death) LAST								! [
	DADT II Other significant conditions contribution to death	444 4							
DICAL	PART II. Other algoriticant conditions contributing to death but not read DIRICAL MELL, TU	luiting in	the underlying	ceuse given in	Pert I. 24a.	WAS AN A	MED?	A	PERE AUTOPSY FINDINGS MAILABLE PRIOR TO
	- P/A/8863 11/6/43				10	YES 2	TONO		OMPLETION OF CAUSE OF DEATH?
Ħ								1	☐ YES 2 1 NO
Ä	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH			UNCERTAIN	10				
PHYSICIAN	EXAMINER? HOSPITAL:	T	(Check only one)						
ĭ.	1 ☐ YES 2 ☑ NO 1 ☐ Inpetient 2 ☐ ER/Outpetlent 3 ☐ 27. MANNER OF DEATH 28s. DATE OF INJURY 2	DOA 4	Nuraing Home	5 🗆 Rasidence	6 Other (Spe	cify)			
	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 2 Pending	28b. TIME INJU	RY WO	RK?	26d. DESCRIB	E HOW IN	IJURY OCCU	RED	
ĕ I	2 Accident Investigation		M 1 1 Y				_		
	3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At home, building, etc. (Specify)	, form, str	eet, factory, office	'	261. LOCATION City or Tox	n, State)	nd Number o	r Rural Rou	ite Number,
<u> </u>	29a. CERTIFIER								
4	(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death								
COMPLETED	2 MEDICAL EXAMINET: On the basis of examination end/or inve	estigation,	In my opinion, de	eath occured at the	time, date and	placa, and	due to the	cause(e) a	ind menner ea stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM	IBER		29d. DATE	SIGNED (A	fonth, Dey, Year)
10	Storin W. Ellenso,			D03073				1-2	2-95
-	30. NAME AND ADDRESS OF PERSON WHI) COMPLETED CAUSE OF DEATH (ITEM 2	(Type, P	rint)	NIAS	- ^ -	7/-			
1	STEPHEN W. DETIEKAD 6,	119	W7150	NUME	,527	ME	ACE	, A. A	21817
	31. DATE FILED (Month, Day, Year) AN 2 5 1995 July Discharge Control of the Con	. 0 .0.							
	JAN 2 5 1995 Jahr Davelor Ran	Vall							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 34 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once,

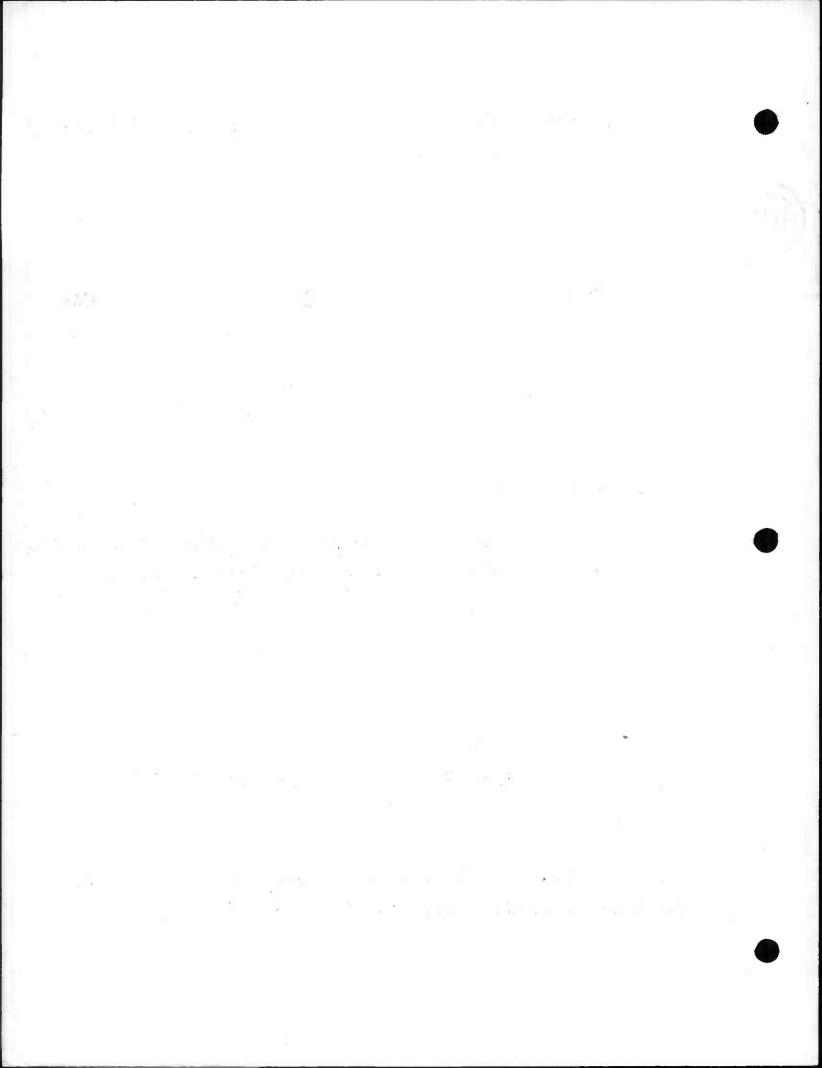


	FOR 1 _ STATE	STATE OF MARYL	AND / DEPART	MENT OF HEALTH AND	MENTA	L HYGIENE	E	
	1. DECEDENT'S NAME (First, Middle, Lest)	Joseph Lee		ATE OF DEATH	2. DATE	REG. NO.	·	S. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217-28-1411	5. SEX 8. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	(Monti	OF BIRTIN b, Day, Year) 29/193		BIRTNPLACE (State or Foreign Country) roxville, MD
TOR	90. FACILITY NAME (II not institution, give a 5504 Burkittsvill RESIDENCE OF DECEDENT		1	Jefferson			9c. COUNTY	of DEATH ederick
DIRECTOR	10a. STATE 10b. COUNTY	enick		town or location LLenson				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	5504 Burkittsvill			101. ZIP CODE 2/755				USA
₽	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1. J. YES IF YES, GIVE WAR OR E NOTEAN CO	2 NO	13. WAS DECENDENT OF NISI If yes, specify Cuben, Max 1 YES 2 NO Spe	ican, Puerto I	I7 (Specify Yea o	or No— 14	. RACE — American Indian, Black, White, atc. Specify: Black
APLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of wor life. Do NOT use Custodi	rk done during most of working retired.)		ationa Stand	1 Bune	
E COMPL	17. FATHER'S NAME (First, Middle, Last) Lee Russell Holla	nd		18. MOTNER'S		Middle, Maiden S eatric	Surname)	1 ey
TO B	190. INFORMANT'S NAME (Type/Print) Thelma I. Holland		The second secon	DDRESS (Street and Number or Au Burkittsville				
	20a. METHOD OF DISPOSITION 1 © Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	b.PLACE AND DATE OF metery cremetory or othe ATRAVER	emorial Garder		5 Fr	ederic	
	21. SIONATURE OF FUNERAL SERVICE LIC X Barbara A. Wi	Lliams, Owne	am	22, NAME AND ADDRESS OF John 1. Will 100 Petersvi	iams Lle R	Funera	L Home	ck, MD 21716
	23. PART I. Enter the diseases, or o	complications that cause						
	shock, or haart failure.	e Artenosci	exch lina. EXOTIC CO A CONSEQUENCE OF):	enter the mode of dying, e	uch aa card		atory arrest	Approximate interval Between Onset and Daath
SERTIFICATION	shock, or haart failure.	e Arterosch OUE TO (OR AS DUE TO (OR AS DUE TO (OR AS MOVIDI d	exch lina. EXOTIC CO A CONSEQUENCE OF):	enter the mode of dying, e	uch aa card		ratory arrest	Approximate interval Between
N: MEDICAL CERTIFICATION	shock, pr haert failure. iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	e Average of the course of the	erotic Co a consequence of: Mellitus a consequence of: Oblity a consequence of:	t enter the mode of dying, a	dual		AUTOPSY MED?	Approximate interval Between
	shock, pr haart failure. iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e Avernosch OUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS C. Movbid DUE TO (OR AS HOSPITAL:	PERCHIC CO A CONSEQUENCE OF): MULL FU. A CONSEQUENCE OF): DULU LTY A CONSEQUENCE OF):	t enter the mode of dying, a content the mode of dying, a content the underlying cause given 28. PLACE OF DEATH OTHER:	in Part I.	24a. WAS AN A PERFORM 1 USS 2	AUTOPSY MED?	Approximate interval Between Onset and Daath ULANS ULANS ULANS 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
PHYSICIAN: MEDICAL	shock, pr haart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inliteted events reaulting in death) LAST PART II. Other aignificent condition ON HOLLING 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	e Avernosch Oue to (or as Dua bello Due to (or as Due to (or as Due to (or as Due to (or as d.	PERCHIC CO A CONSEQUENCE OF): MULL FU. A CONSEQUENCE OF): DULU LTY A CONSEQUENCE OF):	the underlying cause given 28. PLACE OF DEATH OTHER: Nursing Home 5. Residence OF 28c. INJURY AT	in Part I.	24a. WAS AN A PERFORM 1 USS 2	AUTOPSY MED?	Approximate interval Between Onset and Dath YLAVS YLAVS YLAVS 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	shock, pr haart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condition Orthoritis 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	e Avernosch OUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS C. MOVDIA DUE TO (OR AS L. MOVDIA DUE TO (OR AS L. MOVDIA DUE TO (OR AS L. MOVDIA DUE TO (OR AS L. MOVDIA DUE TO (OR AS L. MOVDIA DUE TO (OR AS L. MOVDIA DUE TO (OR AS L. MOVDIA DUE TO (OR AS L. MOVDIA DUE TO (OR AS L. MOVDIA L. M	PATHON 3 DDA 4	the underlying cause given 28. PLACE OF DEATH DTHER: Nursing Home 5 Resident OY M 1 YES 2 NO	in Part I. Check only or 28d. DES	24e. WAS AN A PERFORM 1 YES 2	AUTOPSY MEO? NO	Approximate interval Between Onset and Dath YLAVS YLAVS YLAVS 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	shock, pr haart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted events resulting in death) LAST PART II. Other algnificent condition OVALUE (Disease Dr injury that initieted events resulting in death) LAST PART II. Other algnificent condition OVALUE (Disease Dr injury that initieted events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	Elst Dnly Dne cause Dn de Avilino Schoue To (or as Due to	patient 3 DDA The Indicate of the Indicate of	the underlying cause given 28. PLACE OF DEATH DTHER: Nursing Home 5 Resident OY M 1 YES 2 NO	in Part I. Check only one 6 Other 286. LOC City	24a. WAS AN A PERFORM 1 VES 2 (Specify) CRIBE HOW IN ATION (Street ar	AUTOPSY MED? NO	Approximate interval Between Onset and Dath ULAVS ULAVS ULAVS ULAVS 44b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	shock, pr haart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inliteted events reaulting in death) LAST PART ii. Other aignificent condition ON HOLLIANS 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 4 Homicide 8 Could not be detarmined 29e. CERTIFIER (Check only One) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER RAHLUM W	Elst Dniy Dne cause Dn of Arthrosch. OUE TO (OR AS DUE TO	patient 3 DDA 4 28b. TIME 1NJUF Y — At home, farm, structly on and/or investigation,	the underlying cause given 28. PLACE OF DEATH OTHER: Nursing Home 5 Rasident OF 28c. INJURY AT WORK? M 1 VES 2 NO net, factory, office at the firme, data and placa, and of in my opinion, death occurred at the firme, data and placa, and of In my opinion, death occurred at the firme, data and placa, and of 29c. LICENSE F D324	in Part I. Check only on 28d. DES 28f. LOC Chy fue to the cauthe time, data	24a. WAS AN A PERFORM 1 VES 2 (Specify) CRIBE HOW IN ATION (Street ar	AUTOPSY MED? NO IJURY OCCUP Ind Number or her as stated, if due to the c	Approximate interval Between Onset and Dath ULAVS ULAVS ULAVS ULAVS 44b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	shock, pr haart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inliteted events reaulting in death) LAST PART II. Other algnificent condition ON THE CONDITION OF DEATH Natural S Pending Investigation	Elst Dniy Dne cause Dn of Arthrosch. OUE TO (OR AS DUE TO	patient 3 DDA 4 patient 3 DDA 4 28b. TIME INJURY A consequence of: A consequence of: Dut not resulting in 28b. TIME INJURY Y At home, farm, atmosfy of the course of	the underlying cause given 28. PLACE OF DEATH OTHER: Nursing Home 5 Rasident OF 28c. INJURY AT WORK? M 1 VES 2 NO net, factory, office at the firme, data and placa, and of in my opinion, death occurred at the firme, data and placa, and of In my opinion, death occurred at the firme, data and placa, and of 29c. LICENSE F D324	in Part I. Check only on the 5 to the cauthe firm, data at UMBER 0 73	24a. WAS AN A PERFORM 1 VES 2 (Specify) CRIBE HOW IN ATION (Street ar	AUTOPSY MED? NO IJURY OCCUP Ind Number or her as stated, if due to the c	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within thours after death. Page 6 may be retained by the hospital or attended to the second of the sec
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	1 - FOR STATE REGISTRAR	STATE OF M	MARYL					IEALTH DEA		MENTA	L HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) ORETA SAACS								2. DATE OF DEATH DAY YEAR			3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last birthday)				UNDER 1 YEAR IF UNDER 24 HRS.			OF BIRTH		B. BIRTHPLACE (State or Foreign Country)		
	579-22-1067	1 🗆 M 2 💢 F		71	YRS.	MONTHS	DAYS	HOURS	MIN.	Sept	22,	1923	Vii	rginia
DIRECTOR	98. FACILITY NAME (If not Institution, give street end number) 96. CITY, TOWN OR LOCATION OF DEATH University of Maryland Shock Trauma Baltimore City													
EC	PRESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY										10d. INSIDE CITY			
										LIMITS?				
FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 21046 United States													
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U. FORCES? 1 YES IF YES, OIVE WAR OR DATA				2 NO If yes, specify Cuben, Mexica					NIC ORIGIN? (Specify Yee or No— 14. RAC an, Puerto Rican, etc.)			E — American Indian, k, White, etc.	
8	15. DECEDENT'S EDUC (Specify only highest grade	C/(TION completed)		16a, DEC	EDENT'S	USUAL O	CCUPATIO	ON at all works		16b	KIND OF BU	SINESS/IN	DUSTRY	
COMPLETED	(Give kind of work done during most of working College (1-4 or 5 +) College (1-4 or 5 +) 12 Federal Government Supervisor								ransportatio					
	17. FATHER'S NAME (First, Middle, Last)		•								Middle, Meider	Sumame)		
BE	Robert W. Pusey								_	Beck				
TO BE	190. INFORMANT'S NAME (Type/Print) Howard E. Isaacs	Ir									nbia,			210/6
8	20a, METHOD OF DISPOSITION		20b	PLACEAR		_			ve,	DAT	_	CATION -		21046
E	1 X Buriel 2 ☐ Cremation 3 ☐ Reme 4 ☐ Donation 5 ☐ Other (Specify)	oral from State		dar						1				ryland
22. NAME AND ADDRESS OF FACILITY Hines—Rin 11800 New Hampshire Aven Silver Spring, Maryland								inalo enue	naldi Funeral Home nue 20904					
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
CERTIF	CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): STREET LAND													
N: MEDICAL	PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying ceuee given in Pert I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN													
CIA	25. WAS CASE REFERRED TO MEDICAL PLAMINER? HOSPITAL: OTHER:													
PHYSICIAN:	1 VES 2 NO 27. MANNER OF DEATH	-	,	atient 3		4 🗆 Nur	aing Home		sidence	6 🗆 Othe				
6.1	1 Netural 6 Pending (Mg/th, Day, Yyar) INJURY WORK?													
ED BY	2 Accident Investigation 3 Suicide 6 Could not be distermined left investigation 26e. PLACE OF NJURY — At home term, street, factory, office building, stc. (Specify) 26t. LOCATION (Street and Number or Rugal Royle Number, City or Nown, State) 65.38 BULLIOUS W.													
	29e. CERTIFIER DESCRIPTION DUVELCIAN, Y. INC. 21046													
COMPLET	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated, one) MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.													
BEC	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE/SIGNED (Month, Day, Year)													
TO B	Law wifes	t.	fran	una "	alles	-		D	232	-86		1	17	195.
	Stock Rama Course. 225. Greene ST. BACTITUDE MD 21201													
	JAN 20 1995	32. REGISTRA	S SIGN	ATURE							<u> </u>			



Amended # 90, 1/20/95, J.W., Montgomery
1. STATE STATE MADVIAND, DECEMBER

1, 2, 3 should

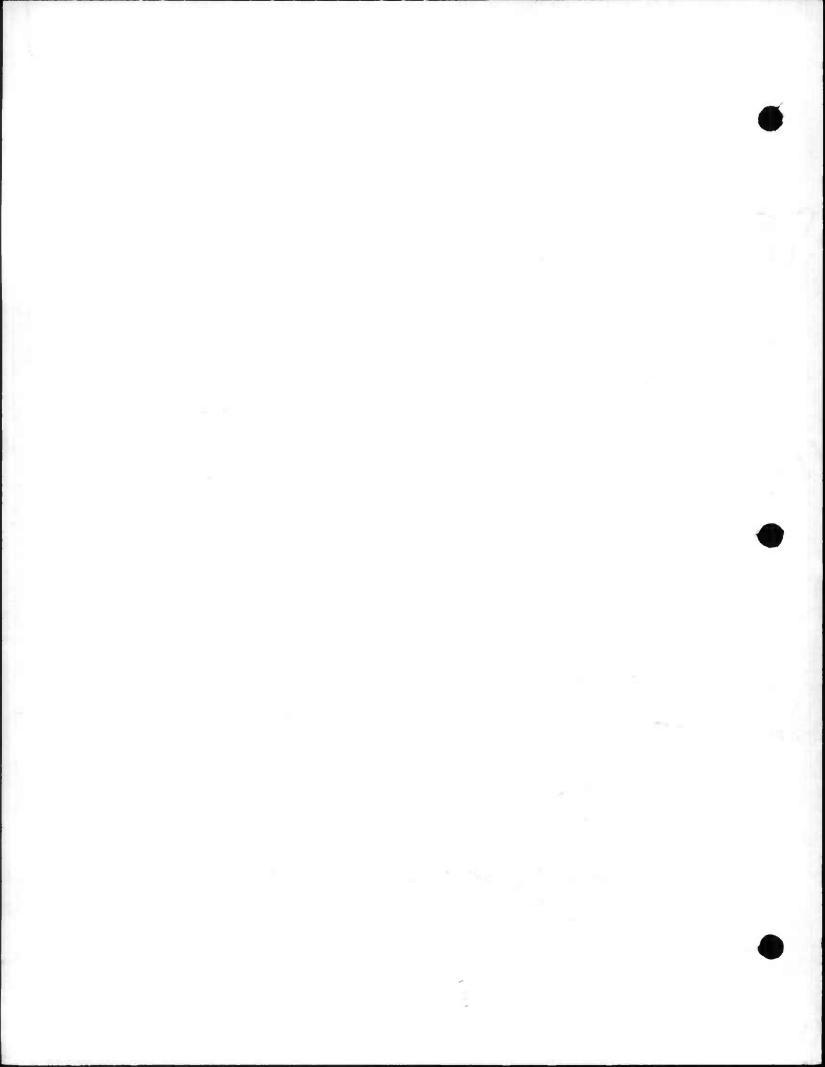
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CI	ERTIF	ICATE C	F DEATH	1	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)					2.1	DATE OF DEATH			3. TIME OF DEATN			
	HARVEY	B. JACOBSON						JAN. 15,1995			11:20 A M		
	4. SOCIAL SECURITY NUMBER	5. SEX	t birthday)	y) IF UNDER 1 YEAR IF UNDER 24 HRS.			7. DATE OF BIRTH			PLACE (State or Foreign			
	579-18-7775	1 🔯 M 2 🗌 F	85	YRS.	MONTHS DAY	8 HOURS I	MIN. (Month, Day, Year) gust 22	1909	Country	y)		
	Suburban	street and number)			9b. CITY, TOV	N OR LOCATION				NTY OF D			
DIRECTOR	SUNURBAN HOSPITAL Bethesda Montgomery												
<u>a</u>	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY		
8	D.C.		ashing					LIMITS?					
	10e. STREET AND NUMBER				asiiing	101. ZIP CODE			10e CIT	IZEN OF W	HAT COUNTRY?		
FUNERAL	2700 Calvert Stre				20008	8			.S.A.				
2	11. MARITAL STATUS 1 Never Married 2 Married PORCES? 1 YES 2 X			MED	13. WAS	DECENDENT OF I	HISPANIC O	RIGIN? (Specify Yes	or No-		- American Indian, White, etc.		
BY	3 X Wildowed 4 Olvorced IF YES, GIVE WAR OR DATES					ES 2 NO		orto ricuit, otc.)		Specif			
	15. DECEDENT'S EDU	CATION	16a, DE	CEDENT'S	USUAL OCCUP	ATION		16b. KIND OF BUS	SINESS/IND		willte		
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 6+		ive kind of a Do NOT us	work done during se retired.)	most of working							
COMPLETED	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5+	1 .	ttor	ney			Law					
ğ	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER	R'S NAME (F	ME (First, Middle, Malden Sumame)					
BE	Harry Jacobson					Edi	th Fr	itzel					
10	19a. INFORMANT'S NAME (Type/Print)								wn, State, Zip Code)				
-	Harvey B. Jacobso	n, Jr.	1	0820	Spring	gknoll 1	Drive	Potoma	ic, M	D 20	854		
	1 N Buriel 2 Cremation 3 Rem	20e. METHOD OF DISPOSITION 1 N Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cameleg, gramatory or other place) Washington Hebrew Cong. 1/18 Washington,											
ı	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	Washir	ngtor		W Cong.			sning	gton,	D.C.		
ŀ		1 1						•	ne	5130	Wisconsin		
- 13	Michael	Nus	m		Ave	nue, NW	Wash	ington,	D.C.	200	16		
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest. Approximate shock, or heart feliure. List only one cause on each line.												
	IMMEDIATE CAUSE (Finel									Interval Between Onset and Death			
	disease or condition a. BILATERAL PNEUMONIA								2 WEEKS				
	DUE TO (OR AS A CONSEQUENCE OF):												
NO N	Sequentially list conditions,												
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST													
윤	CAUSE (Disease or Injury that Initiated events	c. DUE TO	OR AS A CONSEQ	DUENCE OF	n:								
E	resulting in death) LAST				.76)						j l		
- "													
DICAL											WERE AUTOPSY FINDINGS MAILABLE PRIOR TO		
	- CHRONIC/ACUT	E RENAL F	AILURE					1 TYES 2	X NO		COMPLETION OF CAUSE OF DEATH?		
¥											1 T YES 2 NO		
ÿ I	DID TOBACCO USE CONT	RIBUTE TO CAI	USE OF DEAT	TH YE	S NO	□ UNCER	TAIN []					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	36. PLAC	E OF DEAT	OTHER:	Mr.				-			
Z \	1 ☐ YES 2 1 HO	1 ty Inpatient 2		□ DOA		ome 5 [] Reside	ence 6 🗆	Other (Specify)					
	1 N Natural S Pending	28s. DATE OF (Month, De		29b. TIME INJ	URY	NJURY AT WORK?		DESCRIBE HOW IF	URY OCC	CURED			
à l	1 Natural 3 Pending 2 Accident Investigation M 1 YES 2 NO												
	2 Guicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28r. LOCATION (Street and Number or Rural Route Aumber of Rural Route Aumber)									oute Mumber;			
<u> </u>	29s. CERTIFIER . 371 common co												
(Check only 1 X) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as uto only 3													
HE I	296. SIGNATURE AND TITLE OF CERTIFIES	///	1	2		256. LICENSI				ed. DATE SIGNED (Month, Dec. Near)			
<u>و</u>	TO BANE AND ADDRESS OF SERVICE WAY		200	12		D0417	9		▶ JA	N. 1	5,1995		
	JAMES J. FOSTER				5000354	CHACE	MADUT	ANTO DO	015				
	31. DATE FILED (Month, Day, Year)		N'S SIGNATURE	AVE	CHEVY	CHASE,	MARYL	AND 208	515				
	JAN 2 1295		R'S SIGNATURE										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the law filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-002



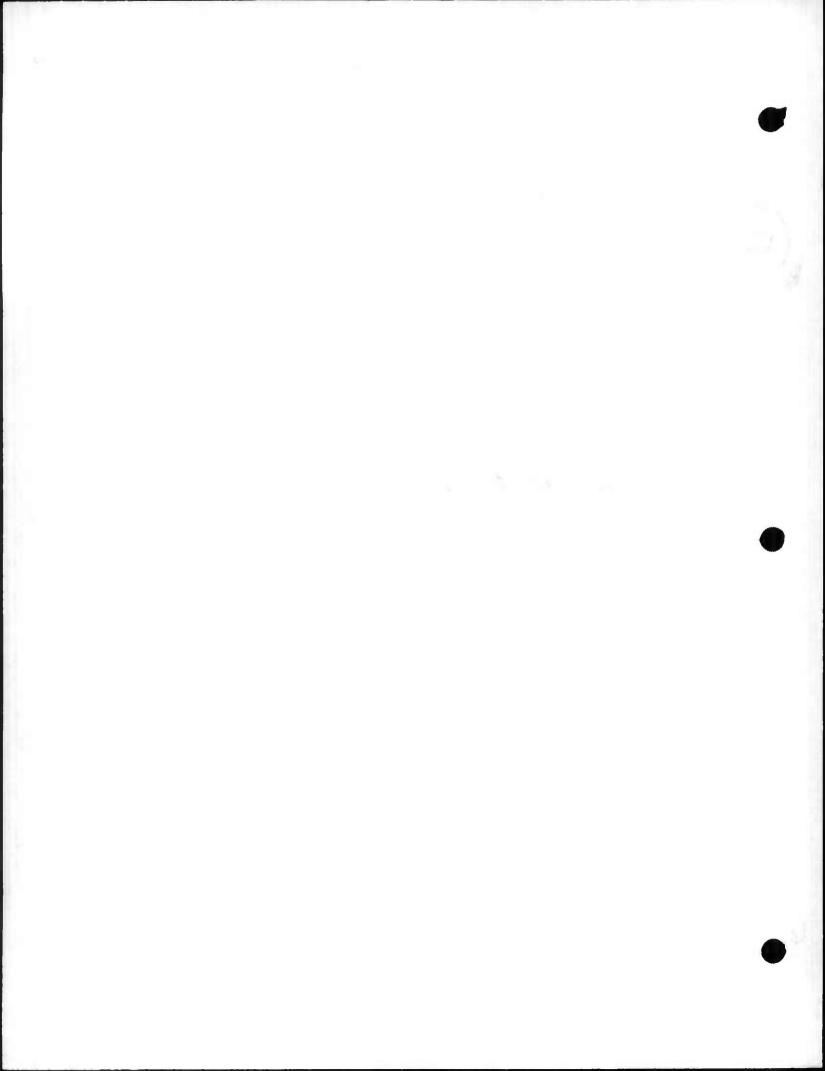
2, 3 should

Amended #99 - 1/17/95 MRT Montagenery 85 495 1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAGENE AREG. NO.											
	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY YEAR 3.									TIME OF DEATH	
		arcella Huebr	ohnso		IF UNDER 24 HRS.	7. DATE OF BIRTH	3, 19		2:10 P M		
	192-22-7659	□ M 2 X F 69	YRS.	MONTHS DAVE MOURE AS			July 30,	Country)	York		
DR.						ington oc. County of Death Montgomery					
ECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY										
L DIR	Maryland Montgo	mery		y, town on leaton	1				1 (d. INSIDE CITY LIMITS? YES 2 X NO	
ERA	1500 Gleason Stree				2	0902		Uni	ited States		
BY FUNERAL DIRECTOR	1 Never Married 2 Merried PORCES? 1 YES 2 XNO III yes					ENDENT OF HISPAN city Cuben, Mexice 2 X NO Specify	IIC ORIGIN? (Specify Yearn, Puerto Ricen, atc.)	s or No—	14. RACE — Black, W Specify: Whi	American Indien, hite, etc.	
	15. DECEDENT'S EDUCIT (Specify only highest grade con	mpleted)	n. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)				16b. KIND OF BU				
<u> </u>	Elementery/Secondary (0-12)	Nursir		de		Home Health Care					
COMPLETED	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)										
BE	Frederick Huebne					Clara	Novotny				
2	196. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) Sue Madrid-Meneses Same as 10										
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State										
	4 Donation 6 Dother (Specify) Chesapeake Crematory 1-14 Beltsville, Maryland										
	21. SIGNATURE OF FUNERAL SERVICE LICENS	. Kapp		Rap 933	p F 3 Gi	st Avenu	Services, F Je, Silver	Sprin	ng, MC	20910	
l	23. PART t. Enter the diseases, or complications that caused the desth. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between										
	disease or condition Renal Failure Renal Failure									Onset and Death Vears	
	DUE TO (OR AS A CONSEQUENCE OF):										
NO	Sequentially list conditions, Hypertension years										
CATION	If any, leading to immediata cause. Enter UNDERLYING										
= 1	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONS	SEQUENCE O	F):							
CERTIF	resulting in death) LAST d										
	PART II. Other significant conditions c						DEDEOR			RE AUTOPSY FINDINGS	
MEDICAL										MPLETION OF CAUSE DEATH?	
M	Recent CVA									YES 2 () NO	
IAN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 28. PLACE OF DEATH (Check only one)										
PHYSICIAN:	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA V Nursing Home 5 Residence 6 Other (Specify)										
	27. MANNER OF DEATN 1 X Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY INJURY					28d. DESCRIBE NOW I	d. DEȘCRIBE NOW INJURY OCCURED			
B	2 Accident Investigation		ES 2 NO	281 LOCATION (Street a	ON (Street and Number or Rural Route Number,						
	3 Suicide 8 Could not be determined 26e. PLACE OF INJURY — At home, 1arm, street, 1actory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)								Number,		
PLE	29s. CERTIFIER (Check only (Ch										
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated.										
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Day -			T	29c. LICENSE NUM				nth, Day, Year)	
0	D 23911 Danuary 13, 1995								13, 1995		

29b. SIGNATURE, 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D 23911 ▶ January 13, 1995 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

David A. Bl 31. DATE FILED (Month, Day, Year) JAN 17 9410 Old Georgetown Road, Blass, D. Bethesda, MD 20814

32. REGISTRAR'S SIGNATURE



1	H	1
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transpe filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

phods

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 20, YEAR 1995 11:09 Harry A. Johnson January 4. SOCIAL SECURITY NUMBER S. SEX 7. DATE OF BIRTH 8. Ap/10/11. 1 20/2 20/4 . 1911 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. S. BIRTHPLACE (State or Foreign 197-01-4188 1 🖾 M 2 🗆 F 83 MONTHS DAYS HOURS pa. 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Union Hospital Elkton Maryland Ceci1 RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Ceci.1 Rising Sun TYE YES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1811 Telegraph Rd. 21911 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 25 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY Specify: White 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EOUCATION (Specify only highest grade complete 16b. KINO OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (9-12) College (1-4 or 5+) Chrysler Corp. Tool & Die Maker 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Sumeme) Haws Johnson Elina Lind Johnson BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Charles H. Johnson 550 Hances Point Rd. NorthEast Md.21901 20s. METHOD OF DISPOSITION
1 ☑ Burial 2 ☐ Cremation 3 ☐ Ramovel from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata oxford Cemetery

Oxford Cemetery 4 Donation 5 Other (Specify) Oxford Pa. 19363 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AODRESS OF FACILITY Elward McKener Gee Funeral Home 259 E. Main St. Elkton, Md. 21921 23. PART I. Entar tha diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. **IMMEDIATE CAUSE (Final** Onset and Death disease or condition Seps15 resulting in death) QUE TO (OR AS A CONSEQUENCE OF): MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 YES 2 NO ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. MANNER OF DEATH 26a. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation ВҰ 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 2 MEDICAL EXAMINER: On the baels of examination end/or investigation, in my opinion, death occurred at the time, data and placs, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29d, DATE SIGNED (Month, Day, Your) 323 1-23-95 2 30. NAME AND ADD THO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pring uld

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L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buring the cours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	them 28 is marked or them 23 shows any injury or other traumatic event, the medical examiner must be notified at once.

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CE	ERTIFICAT			2 DATE	REG. NO			3 TIME	OF OEATH	
AGNES DAVIS	TAM	ISON				MONTH	0.					
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	t hirthday) IF UND	ER 1 YEAR	IF UNDER 24 HRS.	Jan.	2, 1	995	A BIR	12:2		
	1 M 2 F	85	YRS. MONTH		HOURS MIN.	(Month	Day, Year)	1000	Cou	intry)	and an i congri	
9a. FACILITY NAME (if not institution, give stre		0.5	9b. Cl	Dec.	15,	*	909 Georgia					
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10a. STATE 10b. COUNTY	Coomac	l o	10c. CITY, TOWN						П	10d. INSI	TS?	
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(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5 +	- Han	ive kind of work don . Do NOT use retired	ne during mo f.)	ost of working	10.5						
11	Campbe (In or 5 t		t Mistr	ess		P	ost 0	ffice	e			
17. FATHER'S NAME (First, Middle, Last)		1 - 30			18. MOTHER'S N.	_						
Stephen Decat	ur N	Velson			Gladys				Mo	Intos	h	
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING ADDRE	SS (Street a	and Number or Rural	Route Numb	er, City or Tox	vn, State, Z	ip Code)			
199a. INFORMANT'S NAME (Type:Print) 199b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) Evelyn M. Davis 2111 Brown Station Rd., Upper Marlboro, MD 20772												
20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Town, State												
1 X Burial 2 Cremation 3 Removal from State of cemetary, crematory or other place)												
		- Restha	ven Mem	orial			Fre	deri	ck,	Maryl	and	
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D., 6400 Marlboro Pike,
32. REGISTRAR'S SIGNATURE

В. 31. DATE FILED (Month, Day, Year)

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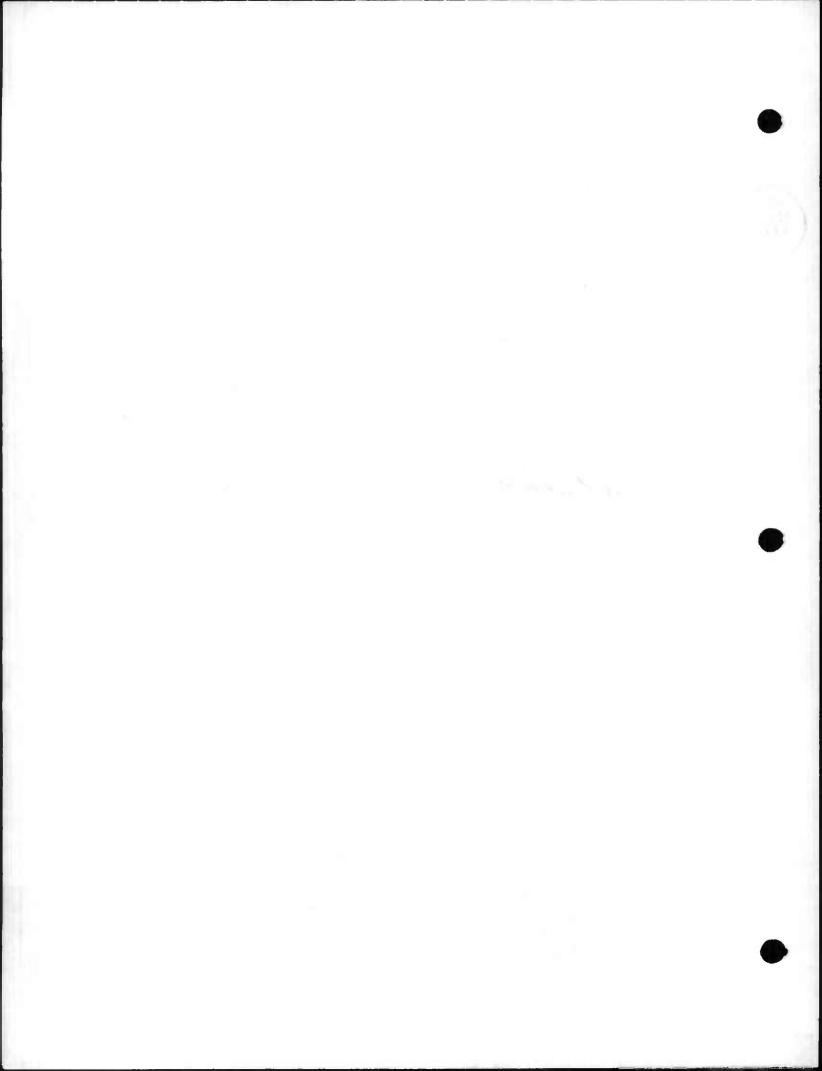
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CI	ERTIF	ICATE O	F DEA	TH III	REG. NO.	5			
1	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		YEAR 3.	TIME OF DEAT	ГН
1		REITLOW					JÄÑ."18,199	5	YEAR	8:45	Рм
3	/70 07 7-0-	SEX 8. AGE (In yrs. les		IF UNDER 1 YEAR	-	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	- 1	. BIRTHPL. Country)	ACE (State or Fo	oreign
	9a. FACILITY NAME (If not institution, give street	□ M 2 🗓 F 82	YRS.				MAY 24, 191		Country)		
DIRECTOR	BEDFORD COURT HEAT			9b. CITY, TOWN			тн	9c. COUNTY OF DEATH MONTGOMERY			
E	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION				10	Dd. INSIDE CITY	,
	MARYLAND MONTGO	MERY	OI	NEY						LIMITS?	
AL	10e. STREET AND NUMBER				101. ZIP COD	E		10g. CITIZE		AT COUNTRY?	
Ä	18430 BROOKE GROVE	ROAD			20833	}		US	A		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES XXN IF YES, GIVE WAR OR DATES	MED 10	If yes,	Specify Cube	n, Mexican,	ORIGIN? (Specify Yea Puerto Rican, etc.)	or No- 1	Black, W	American India	en,
8	18. DECEDENT'S EDUCATI (Specify only highest grade con		CEDENT'S	USUAL OCCUPA	TION		16b. KIND OF BUS	INESS/INDUS			
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	Do NOT us	te retired.)	most of workir	ng					
COMPLETED	12	НС	DMEMA	KER				HOME	E		
	17. FATHER'S NAME (First, Middle, Last) CHRIS DITLEVSON						E (First, Middle, Maiden S	Surname)			
BE	19a. INFORMANT'S NAME (Type/Print)	100		ADDDEAN (O)		BTAI					
5	WILLIAM F. KREITLOW	,	2212				LVER SPRIN			ND 209	04
	20a. METHOD OF DISPOSITION	20h BLACE A		OF DISPOSITION		D DII		ATION - CH			04
	1 ★ Burial 2 □ Cremation 3 □ Removal 4 □ Donation 8 □ Other (Specify)					ENS 1	/21/95 RO	CKVIL	LE,M	ARYLANI	D
	21. SIONATURE OF FUNERAL SERVICE LICENS	the Odi			AND ADDRES	SS OF FACIL	YTL				
	23. PART I. Enter the diseases, or com	inflications that sourced the de-	oth Do	111800) NEW	HAMPS	HIRE AVEO	SILV	ER S		
	snock, or neart fellure. List	t only one sause on each line.	atti. Do r	lot enter the n	node of dyl	ng, auch i	es cardiac or respir	atory arres	it,	Approximation interval Be	etween
	IMMEDIATE CAUSE (Finel disease or condition	Variable	m	di	glas	e.				Onset and	Death
1	resulting in death) a	DUE TO (OR AS A CONSEC	DUENCE OF		7 000					100	11
Z	Sequentially list conditions.										
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A CONSEO	UENCE OF	F):							
	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEO	HIENCE OF	3:							
E	resulting in death) LAST	TO TO TON NO N GONGEO	OLITOL OF	,							
S	0									1	
DICAL	PART II. Other algnificant conditions of	ontributing to death but not re	esulting i	n the underly	ng ceuse g	iven in Pa	Irt I. 24s. WAS AN A PERFORM			RE AUTOPSY FI	
ă	dene	of to					1 TYES 20	NO		IMPLETION DF C	AUSE
MEC	- Marian	, , ,		• 🗆					1 [YES 2	6
AN	DID TOBACCO USE CONTRIB			H (Check only on		ERTAIN					
Sici	EXAMINER?	OSPITAL: inpatient 2 ER/Outpatient 3		ОТНЕЙ:							
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIMI	E OF 28c. II	JURY AT		Other (Specify) 8d. DESCRIBE HOW IN.	JURY OCCU	REO		
ВУР	1 Natural 8 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	URY V	YES 2				il.		
	3 Suicide 8 Could not be	28e. PLACE OF INJURY — At hor building, etc. (Specify)	ne, farm, s	treet, factory, of	ice	21	8f. LOCATION (Street an	d Number or	Rural Route	e Number,	
	4 Homicide determined						City or Town, State)				
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN	N: To the best of my knowledge, dea	ith occurre	d at the time, da	te and place,	and due to	the cause(a) and mann	er as stated.		-	
Š	one) 2 MEDICAL EXAMINES: O	In the basis of examination and/or in	nvestigation	n, in my opinion,	death occur	ed at the tim	ne, date and place, and	due to the c	ause(a) an	d manner aa at	ated.
BE (295. SIGNATURE AND TITLE OF CERESPEE	7		DIIA	29c. LICE	NSE NUMBE	7	29d. DATE S	IGNED (Mo	onth, Day, Year)	,
2		10		WU (1)	D	560	1>/	> /-	-20	-95	
	30. NAME AND ADDRESS OF PERSON WHO CO				-						
-	DR. NAKUL GOYAL # 31. DATE FILED (Month, Day, Vear)	3801 INTERNATI	ONAL	DRIVE	SUITE	207	SILVER SP	RING,	Md.		
		32. REGISTRAR'S SIGNATURE									
	3 2 1000		_								

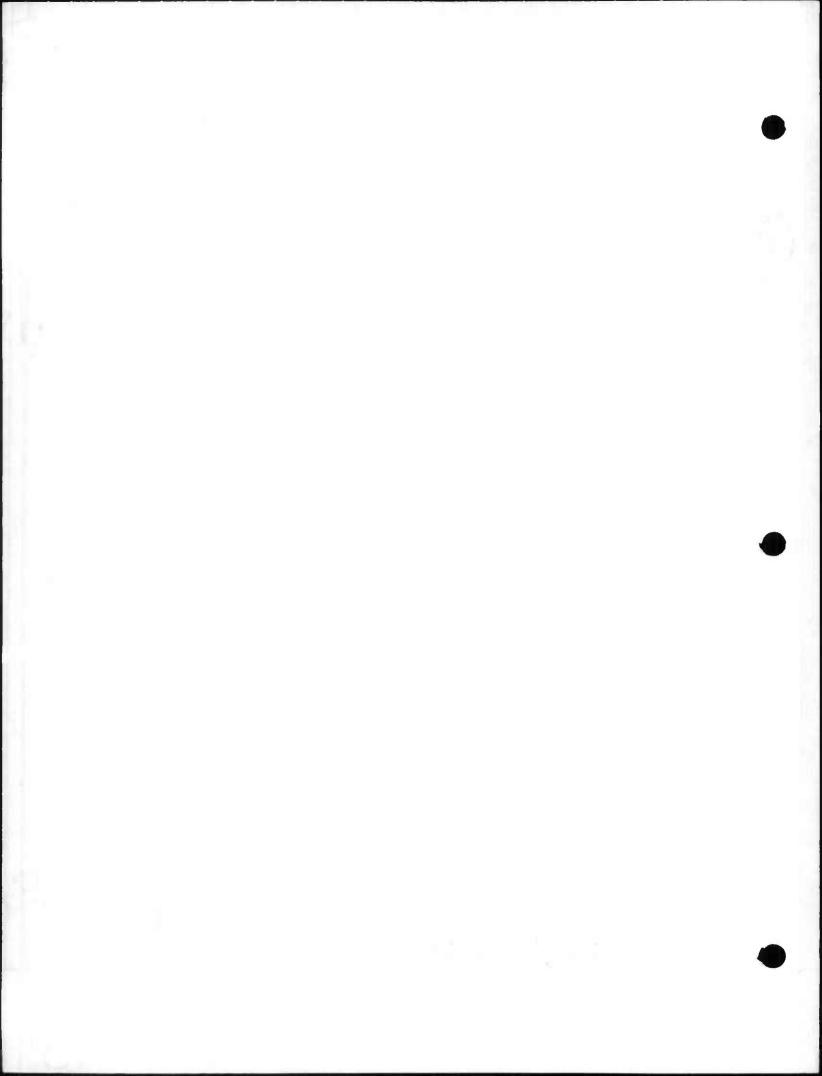
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the investigation of the physician and completely filled in by the funeral director, page 5 should be detained by use at the funeral manner. The funeral director, page 5 should be detained by use at the funeral hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT. If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at ones.



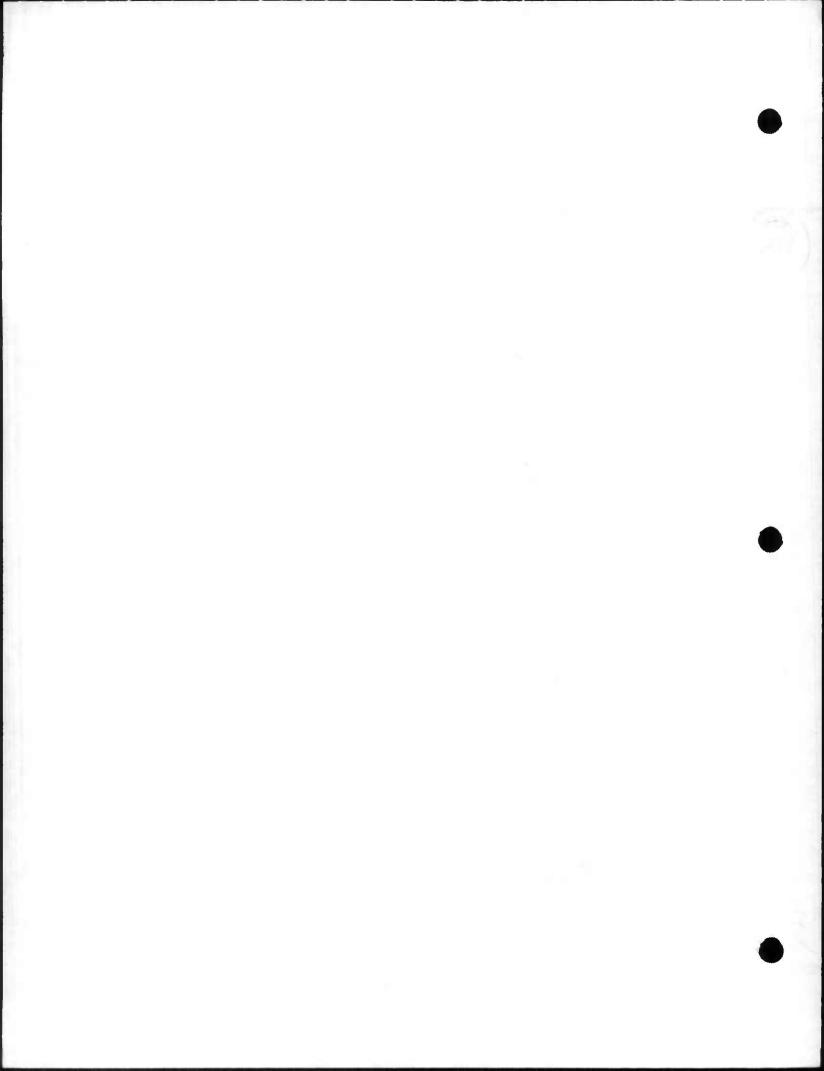
	1 - STATE OF MARYLI		RTMENT OF		MENTA	L HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last)					E OF DEATH			3. TIME OF DEATH			
	CLARA J. KIRCHER				MON	nuary		YEAR	8:35 A M			
	4. SOCIAL SECURITY NUMBER Si. SEX 6. AGE (h	n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE	OF BIRTH			IPLACE (State or Foreign			
	137-30-6484 □ M 2 🟋 F	86 YRS.	MONTHS DAYS	HOURS MIN.	(Mor	oril 8,		Countr	ew Jersey			
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN	OR LOCATION OF		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9c COUN					
RO	Sacred Heart Home, Inc.		Hva	ttsville			Pri	nce	Georges			
15	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY								0001800			
DIRECTOR		1 =	ry, TOWN OR LOC						10d. INSIDE CITY LIMITS?			
	Maryland Prince Georges		Hyattsv						tXX YES 2 ☐ NO			
A A				Of. ZIP CODE	_				WHAT COUNTRY?			
FUNERAL	5805 Queens Chapel Road			2078			U.S					
	1 Never Married 2 Merried FORCES? 1 YES	2 NO	If yes,	CENDENT OF HISP pecify Cuban, Mexi	can, Puerto	IN? (Specify Yes Rican, etc.)	or No-	14. RACE Black	E — American Indian, c, White, etc.			
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DA	TES	1 🗆 YI	S 2 X NO Spec	olfy:		-	Speci	"" White			
0	15. DECEDENT'S EDUCATION	16a. DECEDENT'S	USUAL OCCUPA	ION	16	b. KIND OF BUS	UNESS/INDI	ISTRY				
la l	(Specify only highest grade completed) Elementary/Secondary (0-12) (College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during i se retired.)	nost of working								
AP.	5 Librarian P.G. Library											
COMPLET	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)											
BE (Jacob P. Kircher 18. MOTHER'S NAME (First, Micdile, Malden Surname) Clara Petty											
70 E	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Stree	and Number or Rura	I Route Nur	nber, City or Town	n, State, Zip	Code)				
-	Frances Wilkes	180	Walnut	Stree	. M	t. Cla	air.	N.	J.			
		PLACE AND DATE	OF DISPOSITION (CATION — C					
	4 Donation 5 Other (Specify)	orgeto	wn Med	Schoo	oli 1	-4-95	Was	sh.	DC			
	21. BIGHATURE OF FUNERAL SERVICE LICENSIEE			tih Roy		20 Elino		TTes				
	10-6			5 14th								
	23. PART i. Enter the diseases, or complications that caused	the death. Do	not enter the n	ode of dying, su	ich ss ca	diac or respi	ratory srre	et,	Approximata			
	shock, or heart failure. List only one cause on ea IMMEDIATE CAUSE (Final	cn line.							Onset and Death			
	disease or condition	SKE							10 Mays			
	DUE TO (OR AS A	CONSEQUENCE O	F):						· lings			
Z	Sequentially list conditions,	5 CH	016 MSC	ULAK DI	IN	E			YEARS			
ΙĔΙ	If sny, leading to immediate	CONSEQUENCE O	F):									
5	CAUSE (Disease or Injury that initiated examples											
∄	that initiated events resulting in death) LAST	CONSEQUENCE O	F):									
CERTIFICATION	d								-			
4	PART ii. Other significant conditions contributing to death but	t not resulting	in the underlyi	ng cause given i	n Part i.	24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS			
MEDIC						1 TYES 2	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
E I									1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			PLACE OF DEATH (C	Check only a	ne)						
YS!	1 YES 2 NO 1 Inpatient 2 ER/Outpe	itlent 3 🗆 DOA	OTHER: 4 Ø Nursing Ho	me 5 🗆 Residence	6 🗆 Oth	er (Specify)						
H	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year)	28b. TIW		JURY AT ORK?	28d. DE	SCRIBE HOW II	JURY OCC	JRED				
B	1 Netural 5 Pending 2 Accident Investigation		M 1	YES 2 NO								
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY building, etc. (Specific Sp	— At home, ferm,	street, factory, off	ce	28f. LO	CATION (Street e	nd Number o	r Rural R	loute Number,			
COMPLETE	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowle											
S S	one) 2 MEDICAL EXAMINER: On the basis of examination	end/or investigation	on, in my opinion,	death occured at th	e time, dat	e and place, an	d due to the	cause(e)) and manner ee stated.			
l w l	SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE N	UMBER		29d. DATE	SIGNED	(Month, Day, Year)			
10 B	IMITAMINE AUNTO			2263	3/		> //	4/9	5			
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type	Print)	Mar a Pri	211	WWW.	41130	4	2011			
	MININA THINE SCHWETDLERM	0340/1	THEATH	MURICI	DIVI	V MIST	TOC	de	016			
	JAN 19 1995 Julia Saudias R	TURE										
	MUNICIPALITY CEET ET HILL	Volally										



DIVISION OF VITAL RECORDS, P.O. BOX 68760	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within er hours after death. Page 6 may be retained by the hospital or attending physical	ifter death. Page 6 may be retained by the hospital or attending physical
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the number frameway the filled within 72 hours after death with the State Dept, of Health and Mental Miglene prior to burfal, or removal.	the funeral director, page 5 should be detached for use as the fundamental condi-
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	al examiner must be notified at once.

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

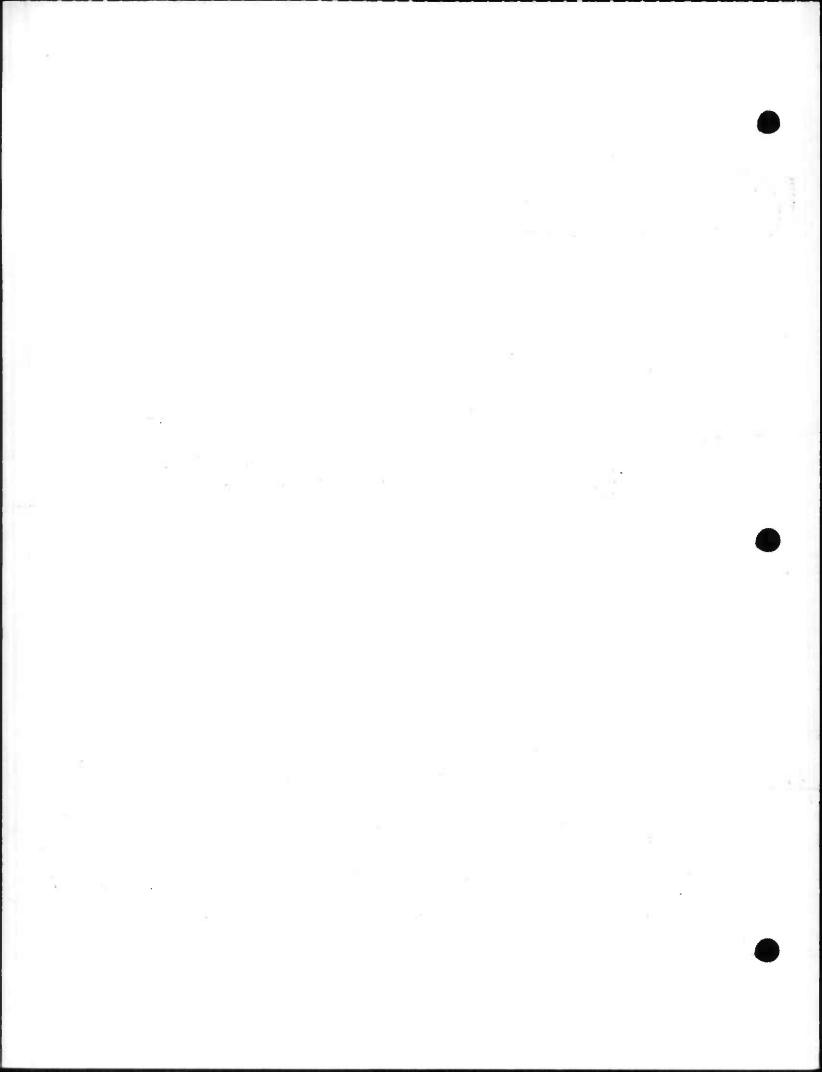
	CERTIFICATE OF DEATH REG. NO.													
	1. DECEDENT'S NAME (First, I					MONTH DAY YEAR			3. TIME OF DEATH					
	Kalleope	-	Р.			Konjas				Janua		1, 19	995	5:30 A M
	And the control of th		S. SEX	6. AGE (In yrs.		IF UNDER 1	YEAR DAYS	IF UNDER	MIN.	7. DATE OF I (Month, De	ly, Ybar)		8. BIRTHE Country	PLACE (State or Foreign
	100-30-9716		1 M 2 X F	85	YRS.								eece	
~	90. FACILITY NAME (If not inst						D. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF C					NTY OF DE	ATH	
FUNERAL DIRECTOR	Meridian at	Asper	nwood			Sil	Lve:	r Spi	ring			Mor	ntgom	ery
E E		10b. COUNTY			10c. CIT	Y, TOWN OR	OWN OR LOCATION 10d.					10d, INSIDE CITY		
늄	Maryland	Montgo	omery		Rockville					- 1	LIMITS?			
A	10e. STREET AND NUMBER										1 YES 2 NO			
E	4717 Boiling Brook Parkway									Un:	ited	States		
5	11, MARITAL STATUS 12, WAS DECEDENT EVER IN U.S. A				ARMED	13. WA	S DEC	ENDENT O	F HISPAN	IC ORIGIN? (S	pecify Yea		14. RACE	- American Indian,
BY F	1 Never Merried 2 Merried FORCES? 1 YES 2 YNO IF YES, GIVE WAR OR DATES				XIVO.				n, Maxican Specify.	, Puerto Rica	n, atc.)		Specify	White, etc.
	-													White
COMPLETED	(Specify only	DENT'S EDUC highest grade		1000	Give kind of a life. Do NOT us	work done dur	UPATIC	N st of workin	ng	16b. KJA	ID OF BUS	INESS/INC	DUSTRY	+
٦		Elementary/Secondary (0-12) College (1-4 or 5+)				se reurea.)					Dine:	_		
M	17. FATHER'S NAME (First, Middle, Last) George Papaleonardos				Cook			40. 040771	100/0 111	AE (First, Midd				
								112241		La An			nul ou	
BE	194, INFORMANT'S NAME (Typ		19b. MAILING	ADDRESS (S	Street o			oute Number, (
2	Harriet K.		oros			me as		na monipor	or norm n	oute number, t	any or rown	n, State, Zij	o Code)	
- 1	20e, METHOD OF DISPOSITIO			20b. PLAC	EANDDATE	OF DISPOSITI	ON /Na	me ol		DATE	20c. LO	CATION -	City or Tow	m. State
	A □ Donation 5 □ Other (5	3 ☐ Remo Specify)	val from State	Cemetery.	crematory or o	ther place)	ete	rv		1-14			-	ew York
	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE			22. NA	ME AN	O ADDRES	SS OF FAC	HLITY				WIOIK
	► Cle	en (1.	Kai	Rapp Funeral Services, P									
				t caused the	933 Gist Avenue, Silver Spring, No dithe death. Do not anter the mode of dying, such as cardiac or respiratory arrest,									
	shock, or her	na.	Interval Bet							Interval Between				
	IMMEDIATE CAUSE (Fina disease or condition		Candia	Dyeny	+hmia									Onset and Death
ľ	resulting in death)	ti	Cardiac	OR AS A CON		F):								Minutes
_			Atrial	Fibril	lation	, 1								Years
흔	Sequentially list condition if any, leading to immediate			(OR AS A CONS										10013
3	cause. Enter UNDERLYIN CAUSE (Disesse or Injury	IG	Coronar	y Arte	rv Dis	sease								U Years
E	that initiated events		DUE TO	(OR AS A CONS	SEQUENCE OF	F):								
CERTIFICATION	resulting in deeth) LAST													
	PART II. Other significant	t conditions	contributing to	death but no	t resulting i	in the unde	rlying	ceuse o	lven in F	Part I. 24e	ort I. 24a. WAS AN AUTOPSY		24b. 1	WERE AUTOPSY FINDINGS
EDICAL			scular Ad								PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
							_			- 10	YES 2	(по		OF DEATH?
Σ.	DID TOBACCO US	E CONTR	IBUTE TO CA	USE OF DE	ATH YE	SINO	2 🗆	LINC	ERTAIN					1 TES 2X NO
PHYSICIAN:	25. WAS CASE REFERRED TO				ACE OF DEAT			0110	EKIAII					
Sic	1 YES 2 NO		HOSPITAL:	ER/Outpatient	3 DOA	OTHER:	g Home	5 🗆 Re	eldence 8	Other (Sp	ecity)			
훉	27. MANNER OF DEATH		28a. DATE OF (Month, D	INJURY ev Year)	28b. T9M		_	JRY AT		28d. DEŞCRII		JURY OC	CURED	
BY	1 Netural 5 Pe	ending vestigation	(month, o	ay, roary	,,,,,		1 🗌 Y		NO					
	3 Suicide 8 C	ould not be	28a. PLACE O buttding,	F INJURY — At atc. (Specify)	home, farm, a	street, factory	, office			281. LOCATIO	N (Street a	nd Number	or Rural Ro	ute Number,
COMPLETED	4 Homtcide de	etermined									, , ,			
3	29a. CERTIFIER 1 X CERTIF	YING PHYSIC	IAN: To the best of	my knowledge,	death occurre	ed at the time	, data	and place,	and due t	o the cause(a) and man	ner aa stat	ed.	
8	one) 2 MEDIC	AL EXAMINER	: On the beals of a	camination and/	or Investigatio	n, in my opin	iton, de	ath occur	ed at the t	lme, data and	placa, and	due to th	ne cause(a)	and manner as stated.
w II	396. SIGNAZURE AND TITLE OF CENTIFIER							29c, LICE	NSE NUM	BER		29d. DAT	E SIGNED (Month, Day, Year)
ω	111	De	-	1	m	0		D 5	557					11, 1995
유	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETEO CAUS	SE OF OEATH (I	TEM 27) (Type,	Print)	_					001	y	,
	R. T. Benad		D., 41	L15 Col	ie DRi	DRive, Wheaton, MD 20906								
	31. DATE FILED (Month, Day, Ye	1005	82 REGISTRA	R'S SIGNATURE	dall									
	JANI	1995	June 10											



	TOTAL CONTRACT OF	20
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	IMPO
is torrelate unection, page 3 stroute de detacting	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	be filed
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	THE OF
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hosp	THE CH
משנה לה היים היים היים היים היים היים היים		

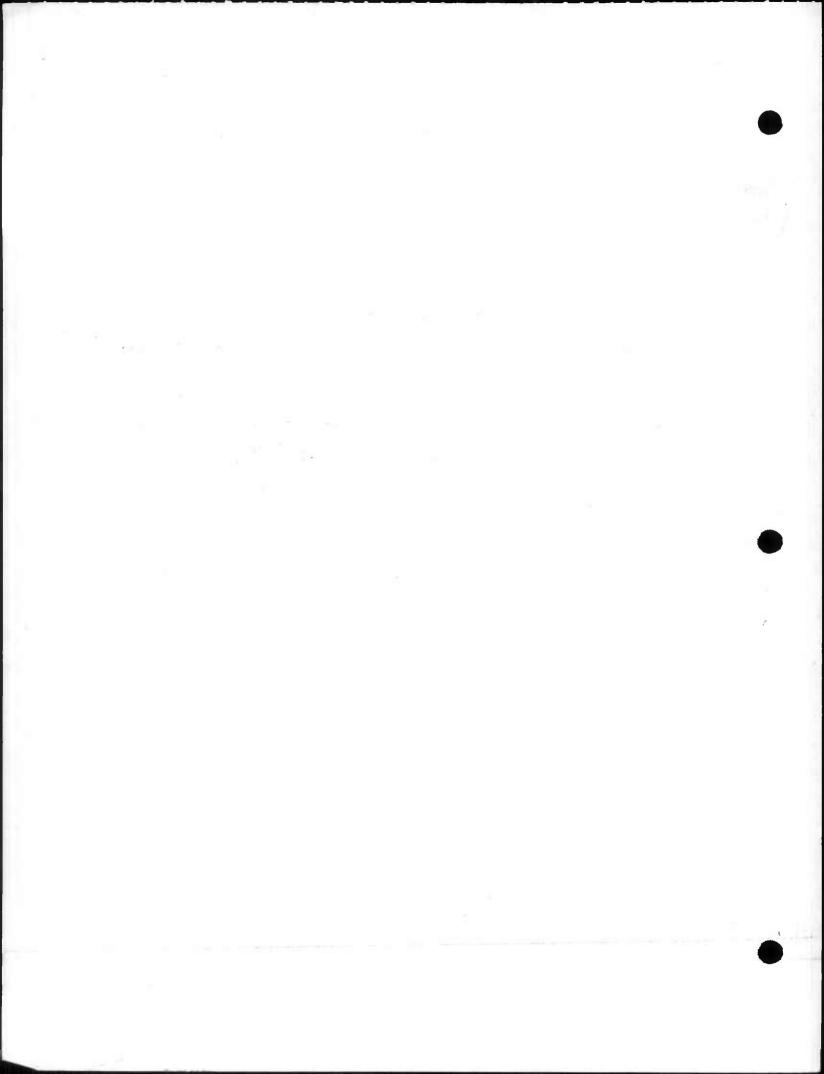
							95	5 0	2901
	1 - FOR STATE REGISTRAR	STATE OF MAP	RYLAND / DEPAI CERTIF	RTMENT OF I	IEALTH AND ME	ENTAL HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	CHUN	1 1.	10.		DATE OF DEATH		YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER 1 YEAR		DATE OF BIRTH	10	85	2235 M
	217-94-5476	1 M 2 K F	78 YRS.	MONTHS DAYS	HOURS MIN	(Month, Day, Year)	016	Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give s	itieet and number)		9b. CITY, TOWN	DR LOCATION OF DEATI	an. 25, 1		Korea	
OR	Suburban Hospital			Bethe	esda		Мо	ntgome	ery
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	Υ	19e CT	TY, TOWN OR LOCA	TION			140	d. INSIDE CITY
DIR	Maryland Monts	gomery		ckville	non-				LIMITS? X YES 2 NO
ALI	10e. STREET AND NUMBER	3,0 110 -)	110		f. ZIP CODE		10g. CIT	IZEN OF WHA	
ER/	11121 Snowshoe La	ane			20852		USA	Perm.	Resident
J.	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	13. WAS OE	CENDENT OF HISPANIC ecify Cuban, Mexican, F	ORIGIN? (Specify Yes	or No-	14. RACE —	American Indian, /hita, atc.
ВУ	1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR			2 NO Specify:	rueno mican, etc.)		Specify:	
	15. DECEDENT'S EDU	CATION	18a, DECEDENT'S	S USUAL DCCUPATION	ON	16b. KIND OF BUS	EINESS/INI	DUSTRY	Korean
ET	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NDT L	work done during me	ost of working	TOOL KIND OF BOX	MINESS/INC	7031H1	
COMPLETED	6th	0	Home	maker		0wn	Home		
	17. FATHER'S NAME (First, Middle, Last) Unobtainable				16. MOTHER'S NAME Unobtair	(First, Middle, Malden nable	Sumame)		
) BE	19a, INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street I	and Number or Rural Rout	te Number, City or Town	n, State, Ziç	o Code)	
2	Hanik Kim		11121	Snowsho	e Lane, Ro	ckville,	Mary	yland	20852
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Remote Donation 5 Other (Specify)		20b. PLACE AND DATE cometery, crematory or Nordeck M	of disposition (Na other place) emorial	nme of Park	DATE 20c. LOC 1/13 Oln			
	21. SIGNATURE OF SUNERAL SERVICE LIC	wald		1180	nd address of facili O New Hamp er Spring,	shire Av	enue	di Fun 0904	eral Home
	23. PART I. Entar the diseases, or of ahock, or heart failure.	omplications that car	usad the death. Do	not enter tha mo	de of dying, auch a	s cardiac or reapi	ratory an	rest,	Approximata
	IMMEDIATE CAUSE (Final								Intarval Between Onset and Death
	disease or condition resulting in death)	a	VLT1	PLE	TRA	UMA			36 HRS
_		DUE TO (OR	AS A CONSEDUENCE D	PF):					
ERTIFICATION	Sequantisity list conditions, if sny, laading to immediate	DUE TO (DR	AS A CONSEDUENCE D	PF):					
CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury	0-							
E	that initiated eventa resulting in death) LAST	DUE TO (OR	AS A CONSEDUENCE O	OF):					
		d							
AL C	PART II. Other significant condition	s contributing to das	th but not reaulting	In the underlyin	g causa given in Par				RE AUTOPSY FINDINGS
MEDICAL						PERFOR		co	AILABLE PRIOR TO HIPLETION OF CAUSE DEATH?
ME									YES 2 NO
	DID TOBACCO USE CONTI	RIBUTE TO CAUSE	OF DEATH Y	ES 🗆 NO 🗆] UNCERTAIN				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSFITAL:		OTHER:					
ΥS	1 VES 2 NO 27. MANNER OF DEATH	1 Pinpetlent 2 ER/		4 - Nursing Hon	e 5 🗆 Raaldenca 6 🗆				
	1 Natural 5 Pending	(Month, Day, Ye	(ar) IN		PRK?	d. DESCRIBE HOW IF	JURY OC	CURED	(
BY	2 Accident Investigation 3 Suicide a Could not be	26e. PLACE DF INJ	JURY — At home, farm,	20 -	19	M. LOCATION (Street a	ind Number	or Rural Route	Number,
E	4 Homicide determined	building, etc. (REET		A	OCKUILLE!	0,75	TRATH	MORE
29e. CERTIFIER (Check only 1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) and menner as stated.									
COMPLETED		R: On the besie of exemin							d manner as stated.
w I	296. SIGNATURE AND THILE DE CERTIFIE	0//	11	1.6	29c. LICENSE NUMBE	R	29d, DAT	E SIGNED (Mo	onth, Day, Year)
TO 8	Mucan	Mille	ull	50	DOYG	99	DJ/	SNURIS	1411.95
\vdash	30 NAME AND ADDRESS OF PERSON WHI	O COMPLETED CALLERY	DEATH STEM OF CE	Dulant		7			

31. DATE FILED (Month, Day, Year) 199



executed within 25 hours after death. Page 6 may be retained by the hos	in and completely filled in by the funeral director, page 5 should be detach	umatic event, the medical examiner must be notified at once.
be executed within 25 hours after	cian and completely filled in by the	aumatic event, the medical
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach. As find within 72 hours after death with the State Date of Health and Maniel Harians prior to harist or promotion or personal	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HO	TO THE FUI	IMPORTAL

	1 - STATE CERTIFICATE OF DEATH REG. NO.														
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O	F OEATH	AY		3. TIME OF DEATH		
			RD KROLL						JA	v 6		Ĭ995	7:45	P _M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER	1 YEAR DAYS	HOURS	24 HRS.	7. DATE Of (Month,	BIRTH Day, Year)		BIRTHE Country	PLACE (State or For	ilgn	
	561-50-2708	1 🔀 M 2 🗌 F	53	YRS.						14,1			Utah		
	9e. FACILITY NAME (If not institution, give s.				9b. CITY,	TOWN C	R LOCATIO	ON OF DE	EATH		9c. COUNTY OF DEATH				
Ō	Bethesda N	aval Hos	pital				Be	thes	da			Montg	omery		
EC	10e. STATE 10b. COUNTY	r		10c. CIT	Y, TOWN O	R LOCAT	ION				10d. INSIDE CITY				
DIA	Maryland	Montgome	rv	Rockville								LIMITS?			
T.	10e. STREET AND NUMBER	Horregomer	_ у			101.	ZIP CODE						1 YES 2 NO		
ER.	261 Congress	ional Lar	ne #715					20852				United States			
FUNERAL DIRECTOR	11. MARITAL STATUS		T EVER IN U.S. ARI	13. \	13. WAS DECENDENT OF HISPANIC ORIGIN? (S If yes, specify Cuban, Mexican, Puerto Rica			(Specify Yes	or No-	14. RACE	- American Indian				
ВУ Е	1 X Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W		Ю			2 X NO			an, etc.)		Specify	White, etc.		
		1974-1											White		
TE	(Specify only highest grade completed)				work done of se retired.)	during mo:	N st of workin	g	16b. K	IND OF BU	SINESS/IN	DUSTRY	Public		
PLE	Elementary/Secondary (0-12) College (1-4 or 5+)					. 7						tes P	ublic		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	5+	PI	ogra	m Ana	alys		ED'S NA	ME (First, Mid	ealth				-	
	Morris	Horwitz					10. 110.11								
BE	t9e. INFORMANT'S NAME (Type/Print)	IOTWICZ	198	. MAILING	ADDRESS	(Street a	nd Number		Lilli. Route Number					-	
2	Robert Allen Kro	1.1											nia 907:	20	
	20e. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Remo		20b. PLACE A	NDDATE	OF DISPOSI	ITION /Na	me of		OATE	77		- City or Tow		-	
	4 Donetion 5 Other (Specify)	Ival from State	cemetery, crer	matory or o	rv Cr	cema:	torii	m T	nc	Re	thes	da M	arvland		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Montgomery Crematorium Inc. Bethesda, Maryland 22. NAME AND AGORESS OF FACILITY Robert A. Pumphrey Funeral Home/ Bethesda-Chevy Chase, Inc. 7557 Wisconsin														
	1 1 2	2	A MOO	225	Be	ethe	sda-	Chev	y Cha	se, I	nç.	7557	Wiscons:	in	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory strest, Approximate														
	ahock, or heart failure.	List only one cau	ise on each iine.										Onset and		
	disease or condition	LE	UKEMTA												
	in addition	DUE TO	(OR AS A CONSEC	UENCE O	F):								1	\neg	
Z	Sequentially list conditions,	tu	UTE LYMP			LEUK	EMIA								
CERTIFICATION	if sny, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEC	OUENCE O	F):								l		
임	CAUSE (Disease or injury	DUE TO	(OR AS A CONSEC	LIENCE O	E)·								-		
Ē	that initiated events reaulting in death) LAST				,								j		
													1		
PHYSICIAN: MEDICAL	PART II. Other algnificant condition	s contributing to	death but not n	eaulting	in the un	deriying	cause g	iven In	Part i. 2	4a. WAS AN PERFOR			WERE AUTOPSY FIN AVAILABLE PRIOR TO)	
ă		,							_ '	X YES 2	□ NO		COMPLETION DF CA OF DEATH?	USE	
×	DID TOPACCO LICE CONTE	NIDUITE TO CA	LICE OF SEA	T1.1 > 7					_			,	T YES 2 X NO	·	
AN	DID TOBACCO USE CONTI	RIBUTE TO CA			TH (Check o		UNC	ERTAIN	4 FX 1					\dashv	
SC	EXAMINER?	HOSPITAL:			OTHER	1:	- 5							-1	
H	27. MANNER OF DEATH	26e. DATE OF		26b, TIM	Y	28c. INJU		sidence	6 Other (28d. DESCI	-	NULLEY OF	CCUREO		\dashv	
	1 Netural 5 Pending	(Month, Di	ay, Year)	IN	IURY M	WOI	RK?	NO .							
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE O	F INJURY — At hor	me, ferm,	street, tecto						and Numbe	er or Rural Ro	ute Number,	\dashv	
COMPLETED	4 Homicide determined	building,	etc. (Specify)						City or	Town, State)				- 1	
Z.E	29e. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, dea	th occum	ed at the tir	me date	and place	and due	to the cause	(a) and mar	oper en et	etad			
ME	(Check only one) 2 MEDICAL EXAMINE												end menner ee sta	ted.	
	29b. SIGNATURE AND TITLE OF CERTIFIER				4			NSE NUN							
BE	29c. SIGNATURE AND TITLE OF CERTIFIEF 29d. DATE SIGNED (Month, Day, Year) 8 Jan 95														
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUS	SE OF GEATH (ITEM	1 27 (Type	Print)	ч		_					0 7 0~	,	
	VENNETH JOUN	SON, LT,	MC, USN	R B	ethes	sda	Nava	1 но	spita	l Ret	hesc	Ba. M∍	ryland		
	31. OATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	111					-pm well			-w / 110	- y ranu	\neg	
	JAN 17 1995 JAN 17 1995														



notified at

must be

or other traumatic event, the medical examiner

shows any injury,

Item 23

6

28 is marked,

If Item

Fred Smith, M.D. 31. DATE FILED (Month, Day, Year)

7 1995

32. REGISTRAR'S SIGNATURE

THE HOSPITAL (THE FUNERAL D filed within 72 h TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

Amended # 1 - STATE REGISTRAR	STATE OF MA	/95 RYLAN	D / DEPAR CERTIF	P T TMEN ICATI	T OF H	M IEALTH DEA	AND TH	MENTAL HY	GIENE G. NO
	ing							2. DATE OF DE.	ATH DAY 12
4. SOCIAL SECURITY NUMBER 429-40-9395	AGE (In you	AGE (In yrs. lest bithdey) IF UNDER 1 YEAR IF UNDER 24 HR					7. DATE OF BIR May 15		
90. FACILITY NAME (N not institution, give s 13101 Autumn Driv					er Sp			9c.	
100. STATE 10b. COUNTY Md. Montg	gomery			y, town o		now pring	3		
13101 Autumn Dr	ive		101. ZIP CODE 20904						10g
11. MARITAL STATUS 1 Never Married 2 A Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, OIVE WAR	YES 2 NO It yes, specify Cuben, Mex				in, Mexica	an, Puerto Rican, e	city Yes or No Hc.)	
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	COTION completed) College (1-4 or 5+)	160	GIVE kind of ville. Do NOT us BOOK	vork done se retired.)	during mo	ON ost of world	ng	U.S. Gove	
17. FATHER'S NAME (First, Middle, Last) Ollie W. Tu	berville							AME (First, Middle, I Tubervil	
190. INFORMANT'S NAME (Type/Print) Corliss F. King								Route Number, City er Sprin	
28a. METHOD OF DISPOSITION 1& Burlel 2 Cremetion 3 Rem. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUMERAL SERVICE LICE		206.PLA cemetery Par	CEAND DATE OF CONTRACT OF CONT	ceme	tery	Roc		DATE 2	

Montgomery 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? United States Specify Yes or No— in, etc.) 14. RACE — American Indian, Black, White, atc. SpecMy: White ND OF BUSINESS/INDUSTRY S. Government inting Office le, Maiden Sumame) ille Houghton City or Town, State, Zip Code) ing Md. 20904 20c. LOCATION — City or Town, State Rockville 6 Approximate nterval Between Onset and Death 6 aus 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 NO 1 YES 2 NO 29d. DATE SIGNED (Month, Day, Year) 5401 Western Ave., N.W., Washington, D.C. DHMH-18 Rev 1/89

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Country)

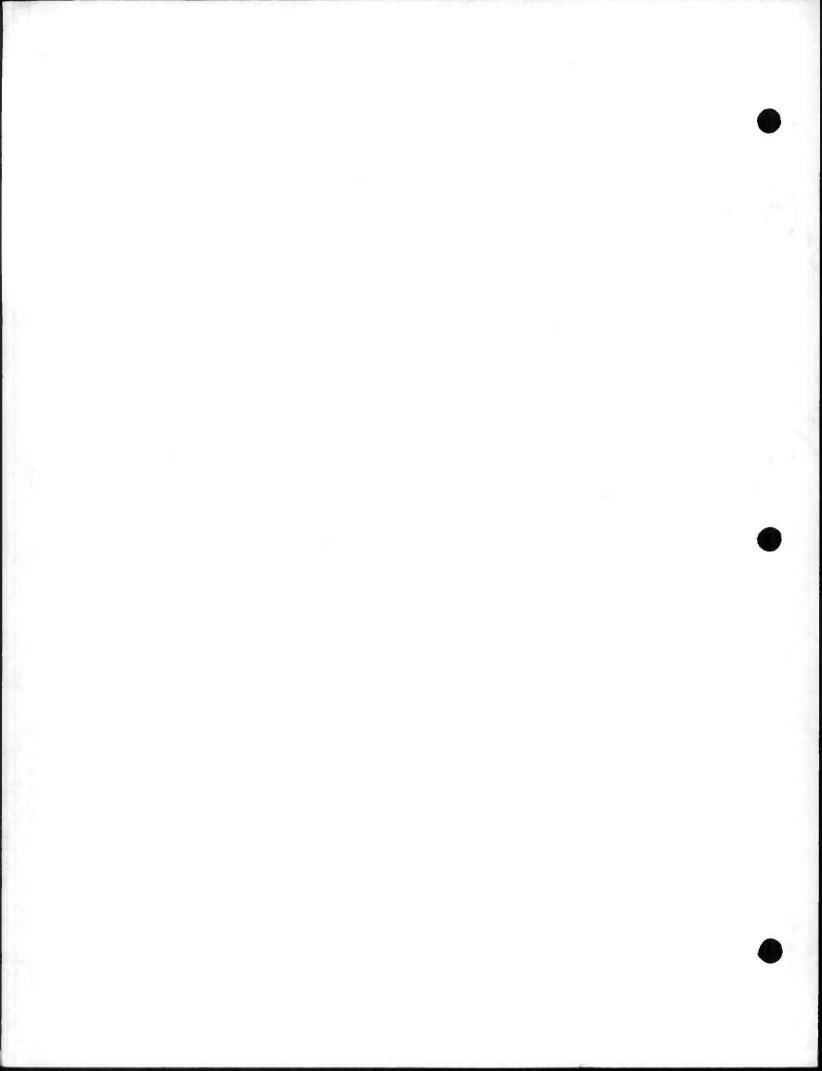
Arkansas

8:00AM

1995

9c. COUNTY OF DEATH





	1	ended #18	1/17/2	· W	10-	-	20.	1 -		95	92	904		
1	7 11	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPAR	RTMENT	OF H	IEALTH AND N DEATH	MENTAL	HYGIEN REG. NO.	Ey	(0)	unti	7	
	1	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	F DEATH		3.	TIME OF DEATH		
		Patri	ck Joseph Kyr	ne .				MONTH Janua	ry 13		YEAR 95	3:44 I	P W	
			5. SEX 8. AGE (In y)	rs. last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS	7. DATE OF (Month, I	BIRTH		8. BIRTHPL	reland	ign	
		9e. FACILITY NAME (If not institution, give street	et and number)		9b. CITY,	TOWH (OR LOCATION OF DE				NTY OF DEAT	Н	_	
	cton	18 Froude Circle			Cal	bin	John	n Montgor						
1	1	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c CI	Y, TOWN O	P I OCA	TION				1.00	d. INSIDE CITY		
18	DIREC		gomery		abin					192	LIMITS?			
J)	١	10e. STREET AND NUMBER	gomer y		JUNITI		. ZIP CODE			10a CITI	ZEN OF WHA	T COUNTRY?	0	
	ERAL	18 Froude Circle					20818				ted S			
	FUR		2. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HIS				IC ORIGIN?	(Specify Yes						
- 1		1 Never Married 2 XXMerried	12. WAS DECEMBENT EYER IN U.S. ARMED 13. WAS DECEMBENT OF HISI FORCES? 1 ∑ YES 2 □ NO 15 YES, GIVE WAR OR DATES 1 □ YES 2∑XNO Spe			ecity Cuban, Mexican	, Puerto Ric			Black, W Specify:	American Indian, hite, etc.	,		
	TED BY	3 Wildowed 4 Divorced	Kore	an War			ороспу				ороспу.	White		
		15. DECEDENT'S EDUCAT (Specify only highest grade co	TION 18-	e. DECEDENT'S (Give kind of	work done of	CUPATIO	ON st of working	16b. K	IND OF BUS	SINESS/IND	USTRY			
ł	Ē		College (1-4 or 5+)	life. Do NOT u				1						
esi 23	COMPL	12		Machi	nist						ndustr	У		
it o	_	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NAM		1					
notified at once	B	James Kyne 190. INFORMANT'S NAME (Type/Print)				100	Kath]				eddin	gton		
notif	임						and Number or Rural R					20010		
9		Kathleen A. Kyne 18 Froude Circle, Cabin John, Maryland 20818 20a, METHOD OF DISPOSITION 20b, PLACE AND DATE OF DISPOSITION / DATE 20c, LOCATION — City or Town, State												
nust		1 Buriel 2 Cremetion 3 Remove 4 Donation 5 Dother (Specify)	al from State cemeter	y, crematory or o	ther plece)			1					. A	
ne.		21-SIGNATURE OF FUNERAL SERVICE LICEN	set 1	e or He	22. I	NAME A	metery 1/	TO/ 30) STT	ver s	pring	, Maryra.	na	
val. il examiner must	Ц	Robert A. Pumphrey Funeral Home/Bethesda- Chevy Chase, Inc., 7557 Wisconsin Avenue Bethesda, Maryland 20814-3501											-	
or removal medical		23. PART I. Enter the diseases, or compilections that coused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart feliure. List only one cause on each line. Approximate interval Between												
the me		iMMEDIATE CAUSE (Final	* CARTOTA AVE									Onset and D		
nt, th		disease or condition resulting in death) a. Aspiration Pneumonia												
bunal, cremation, atic event, the		31-11-11-11-11-1	DUE TO (OR AS A CO	NSEOUENCE O	F):									
other traumatic	ON	Sequentially list conditions, b.	DUE TO (OR AS A CO	NOTOLIENOE O										
traum	FICATION	if any, leeding to immediate cause. Enter UNDERLYING	DOE TO (OH AS A CO	NSECUENCE O	r):									
ne pr	임	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO	NSEQUENCE O	F):									
È 5	E	resulting in deeth) LAST												
injury,	2	0.												
y ii A	DICAL	PART ii. Other algorificent conditions of COPD	contributing to death out i	not resulting	in the un	deriying	g ceuse given in f	Part i. 2	4a. WAS AN PERFOR		AM	RE AUTOPSY FIND VILABLE PRIOR TO)	
of Health and	EDIC							_ 1	YES 2	X NO		MPLETION DF CAU DEATH?	JSE	
shows	Σ										1 [YES 2 NO	ı	
Dept.	AN:	DID TOBACCO USE CONTRII					UNCERTAIN							
State Item	SICI		IOSPITAL:	PLACE OF DEA	OTHER	1:								
e 5	₹	YES 2 NO 1	28e. DATE OF INJURY				e 5 M Residence (
marked	PHY	Natural 5 Pending	(Month, Day, Year)	28b. TIN	JURY		PK?	28d. DESCF	RIBE HOW I	NJURY OCC	CURED			
death s mar	B	2 Accident Investigation 3 Suicide 8 Could get be	28e. PLACE OF INJURY —	At home, ferm	street fects			284 LOCATI	ION (Otmot a	and Mumbus	as Donal David	Alexander		
after d		4 Homicide 8 Could not be determined												
Hours a	Ē	29e. CERTIFIER	io. CERTIFIER											
2 2	MPL	(Check only	TIFYING PHYSICUN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner as stated. DICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.											
FORTANT:	8		over or examination en	and meanightic	on, in my Of	pinion, d			ra piece, en				ed.	
POR	BE	296. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER D08546							5				
a 🔀	2	250. DATE SIGNED (MOUNT), Day,										L-I, 1991	,	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day,

John F. Tauber, M.D., 8218 Wisconsin Avenue, Bethesda, Maryland

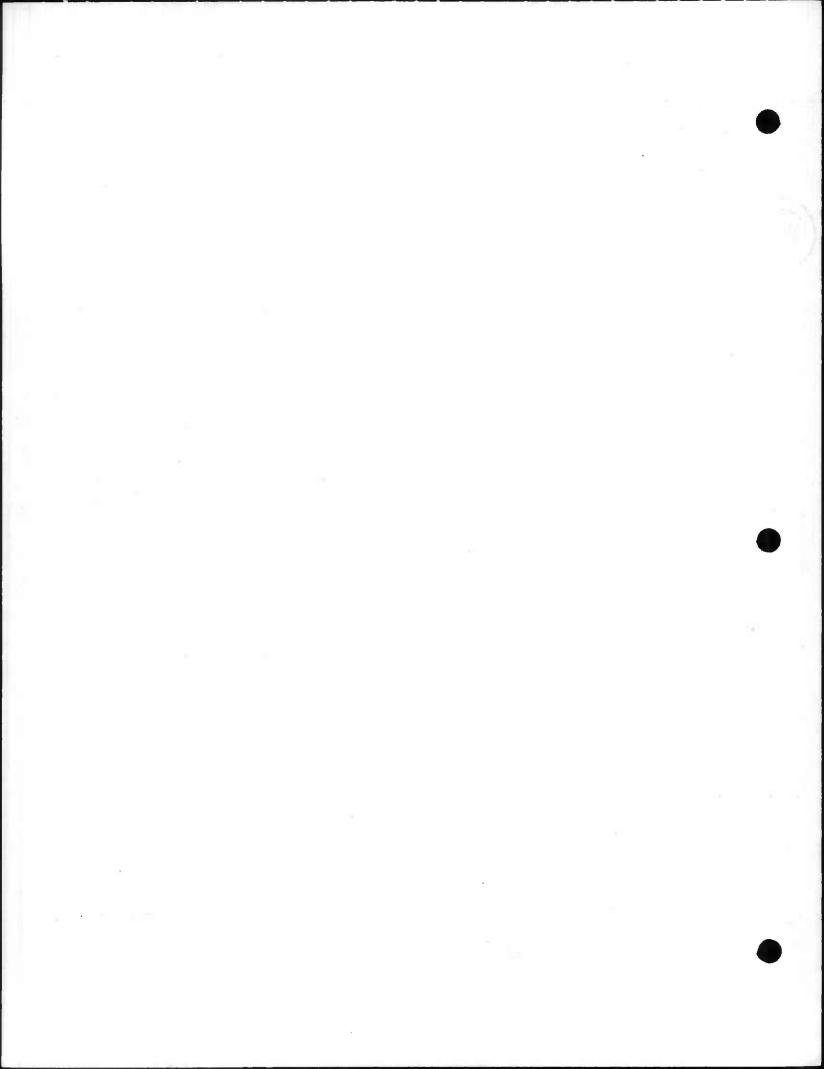
32. REGISTRAR'S SIGNATURE
Julia Davelson-Revoall

10

20814

VH		it permit. Pa	
D. BOX 68760 BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-branest permit. Pa	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cert	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fibe within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or of

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIEI					
	1. DECEDENT'S HAME (First, Middle, Last) DEALLTO M. KEY					2. DATE OF DEATH	1 4 9!	YEAR C	TIME OF DEATH 11:14A M		
	4. SOCIAL SECURITY HUMBER 579–96–0392	1. M 2 🗆 F	_	UNDER 1 YEAR HTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Aug. 9,		Country)	C.		
5	9a. FACILITY NAME (If not institution, give s 1501 SOUTHER		HILL		KON Hill		9c. COUNT	Y OF DEA			
DIRECTOR	PRESIDENCE OF DECEDENT 10a. STATE 10b. COUHTY D. C.	4	10c. CITY, T	OWN OR LOCAT					10d. INSIDE CITY LIMITS? 1 Try Yes 2 Ho		
	10e. STREET AND NUMBER 2615 Martin Lut	her King Jr.	, Ave., Si		zip code 2002	0		EN OF WH	AT COUNTRY? States		
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPANI scify Cuban, Maxican 2 NO Specify:						
9	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	life. Do NOT use re	done during mo tired.)	IPATION 16b. KIHD OF BUSIHESS/INDUSTRY						
COMPLET	12th 17. FATHER'S NAME (First, Middle, Last)		Stud	dent		AE (First, Middle, Maider					
O BE	Robert Strong 19a. IHFORMANT'S HAME (Type/Print)				nd Number or Rural R	et Key oute Number, City or Tox		code)			
	Janet K. Drumming 396 Marigold St., Edgefield, S. C. 28 29824 20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Cremation 3 Cremoval from Stata 4 Donation 5 Other (Specify) Date Cremation 3 Cremoval from Stata Cremoval from Stata Date Cremoval from Stata Date Cremoval from Stata Date Cremoval from Stata Date Cremoval from Stata Date Cremoval from Stata Date Cremoval from Stata Date Cremoval from Stata Date Cremoval from Stata Date Cremoval from Stata Date Cremoval from Stata Date Cremoval from Stata Date Date Date Cremoval from Stata Date Da										
	21. SIGHATURE OF FUHERAL SERVICE LIC	ENSEE	PIeas	R. N.	Horton		cians,	Inc			
NOLLEGILLON	23. PART t. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on aach lina. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if arm, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury										
MEDICAL CERT	resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): d									
	DID TOBACCO USE CONTI		F DEATH YES		UNCERTAIN			1	Nes 5 NO		
TH TOICIAN:	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outp	etlent 3 DOA 4	THER: Hursing Home		X Sher (Specify)	IN AU	TO			
no ren	27. MAHHER OF DEATH 1	28e. PLACE OF IHJURY (Month, Day, Year) 28e. PLACE OF IHJURY building, atc. (Spec	28b. TIME O	MA 1 V	ES 2 HO	28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State		1	te Number		
	29a. CERTIFIER (Check only	CIAN: To the best of my knowl	STREE			1501 50	WTH6	en	top Hill		
200		n the basis of axamination				lme, data and place, a	and due to the cause(s) and manner as stated. 29st. DATE SIGNED (Movin. Day, Wer) JAN 15/95				
	20. NAME AND ADDRESS OF PERSON WHO 21. DATE FILED (Month, Day, Hear)	32. REGISTRAR'S SIGNA	111 Penr		et, Bal	timore,	Mary	lanc	1 21201		
H	JAN 19 199	15 Salva attents	400 Rarbell								



TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		STATE OF I			TMENT				MENTA		E		
1. DECEDENT'S NAME (First	t, Middle, Last)				TOATE	01 1	DLA		2 DAT	REG. NO.	_		3. TIME OF DEATN
Vsevolo	d		Kud	ravce	V				MON	TH DA		YEAR	9:30 P M
4. SOCIAL SECURITY NUM	BER	5. SEX	8. AGE (In yrs. Is		IF UNDER 1	YEAR	IF UNDER	24 HRS	Jan	14,	1995	_	
112-26-150	1	1 X M 2 F	85	YRS.			HOURS	MIN.	(Mon	th, Day, Year) 24,190	Ω.	Count	
9a. FACILITY NAME (If not in	nstitution, give s	reet and number)			9b. CITY, 1	DWN OB	LOCATI	ON OF DE		24,190			via
	dfield							ON OF DE	ENIN		9c. COUNTY OF DEATN		
RESIDENCE OF DEC	CEDENT				Да	Damascus Mo						ntgo	mery
10e. STATE	186. COUNTY	·		10c. CIT	Y, TOWN OR	LOCATIO	ON						10d. INSIDE CITY
Maryland	Mont	gomery		C	lney								LIMITS?
10e. STREET AND NUMBER						10f. 2	ZIP CODE				10g. CIT	IZEN OF V	WHAT COUNTRY?
18257 Pal	adin D	rive				2	2083	2			Uni	ted	States
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.A	RMED	13. W	S DECE	NDENT O	F HISPAN	IIC ORIGI	N? (Specify Yes			E — American Indian, k, White, etc.
1 Never Married 2 3 Wildowed 4 Dive		IF YES, GIVE W		NO	1 (YES 2	NO	n, Mexica: Specify		Rican, etc.)		Speci	
							41						White
(Specify only	EDENT'S EDUC y highest grade	completed)	1 (0	live kind of t	Work done du	UPATION ring most	of workin	g	160	. KIND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0	1-12)	College (1-4 or 8 +)	Do NOT u		ai ma				Federa	1 00	***	
17. FATHER'S NAME (First, M	Undelle d = st	JT	Ете	CLION	ic En							vern	ment
Unobta							18. MOTH	IER'S NAI	ME (First,	Middle, Malden S	Sumame)		
										nable			
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Alexander Kudravcev													
Alexander Rudravcev 18257 Paladin Dr. Olney, Maryland 20832													
14 Buriet 2 - Cremetic	n 3 🗆 Remo	eval from State	cemetery, cri	AND DATE	OF DISPOSITI	ON (Name	e of		DAT			City or To	
4 Donation 5 Other (Specify) Cemetery 1-18-95 Jackson, NewJersey													
22. NAME AND ADDRESS OF FACILITY Hines—Rinaldi Funeral Home 20904													
11800 NewHampshireAve.SilverSpring,M.D.													
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate													
Interval Between													
disease or condition resulting in death)	→	CEX	SIRBI	OVA	SCU	1LA	1R	A	CC	102	NT	•	Onset and Death
resulting in datatn)	,		OR AS A CONSE					, -		1/0.			
v													i
Sequentially list conditi if any, leading to immed		DUE TO	OR AS A CONSE	DUENCE OF	F):								
cause. Enter UNDERLYI CAUSE (Disease or inju	NG												
thet initiated events		DUE TO	OR AS A CONSE	DUENCE OF	j:								
resulting in death) LAS*													
PART ii. Other eignifice	nt conditions	contributing to	death but not i	eeuitlee i	in the unde	elula a							
		to the same of the	South Dat Hot I	eouiting i	ii the unge	rrying c	euse g	iven in i	Part I.	24a, WAS AN A PERFORM	ED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
									_	1 - YES 2	NO		OF DEATH?
DID TODA CCO III													1 TES TO NO
DID TOBACCO US		IBUTE TO CAL					UNC	ERTAIN					
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	28. PLAC	E OF DEAT	N (Check only OTHER:	r one)							
1 VES 27 NO		1 Inpatient 2		□ DOA	4 Nursing	Home !	5 Res	idence 8	□ Othe	r (Specify)			
27. MANNER OF DEATH	Pending	28e. DATE OF I (Month, Da		28b. TIMI INJI	E OF 28 URY	c. INJUR WORK			28d. DES	CRIBE NOW IN.	JURY OCC	URED	
	nvestigation					YES	2 🗌	NO					
	Could not be	28e. PLACE OF building, e	INJURY — At ho tc. (Specify)	me, farm, s	treet, factory	offica			28f. LOC City	ATION (Street an	d Number	or Rural R	oute Number,
	recermined												
29a. CERTIFIER (Check only	FYING PHYSIC	AN: To the best of r	ny knowledge, de	eth occurre	d at the time	, date an	d place,	and due t	o the cau	rse(a) and mann	er sa stat	ed.	
one) 2 MEDIC	CAL EXAMINER	On the basis of axi	mination and/or	nvestigatios	n, In my opin	ion, deat	h occure	d at the ti	lme, date	and place, and	due to th	e cause(a)	and manner as stated.
29b. SIGNATURE AND TITLE			/					ISE NUME					(Month, Day, Year)
mirha	NA	ne	un	M			02	9-	7 ?	0	> /	-17	~95
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUSE	OF DEATH (ITE	1 27) (Type,	Print)		1	-1	/)		L	1/	1-
Michael Ar	-		0 Frede			Sui	te 2	210 (Gait	hersbur	g.M:	arvla	and
31. DATE FILED (Month, Day, Y	bar)	32 REGISTRAR									0,		
JAN 19	1995	Jahn Ste	der Ren	all									

DIVISION OF VITAL RECORDS, P.O. BOX 68760

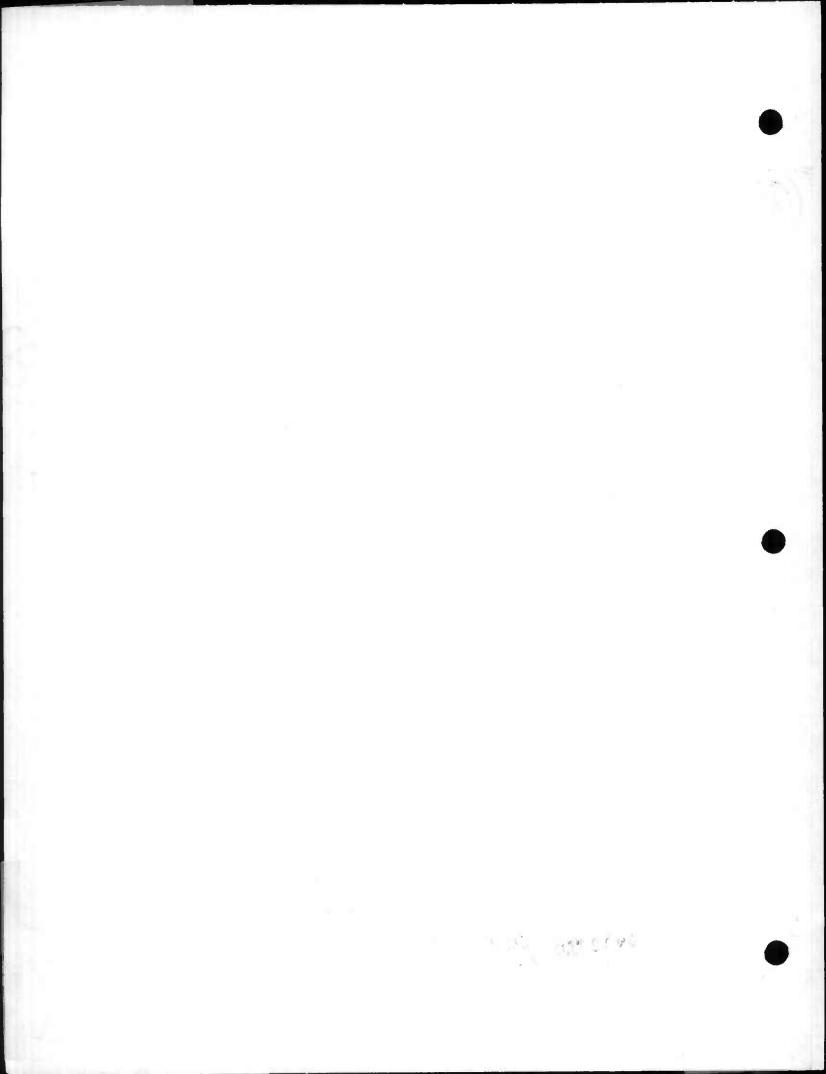
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

DHMH-18 Rev 1/89



	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF I		MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)	William P.	Kinca	id		2. DATE OF DEATH ON THE STATE OF THE STATE O	7 9	5 3. 1 YEAR	1825 M		
	4. SOCIAL SECURITY NUMBER 212-16-5591	1 🔀 M 2 🗆 F	(In yrs. lest birthdey) 71 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) July 11,			and		
TOR	99. FACILITY NAME (# not institution, give st Union Hospital of RESIDENCE OF DECEDENT		y .	96. CITY, TOWN Elkton	OR LOCATION OF D	EATH	9c. COUNT Ceci	y of oeath 1			
DIRECTOR	10e. STATE 10b. COUNTY Maryland Cecil		ioc. cit	y, TOWN OR LOCA	TION		10d. INSIDE CITY LIMITS? 1 ☐ YES 2 [7] NO				
ERAL	100. STREET AND NUMBER 716 West Chestnut	Hill Road			1. ZIP COOE 21921		109. CITIZEN OF WHAT COUNTRY? U.S.A.				
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 K Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 X YES IF YES, GIVE WAR OR D World War	2 NO	If yee, sp		NIC ORIGIN? (Specify Yes en, Puerto Ricen, etc.) fy:	or No— 14. RACE — American Indian, Black, White, etc. Specify: White				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CAITION oxmpleted) College (1-4 or 5+)	life. Do NOT us	vork done during mo e retired.)	ost of working	Thiokol			on		
	17. FATHER'S NAME (First, Middle, Lest) James W. K	incaid	rroduct	tion/Supervisor Thiokol Corpo 18. MOTHER'S NAME (First, Middle, Melden Surneme) Emma Juergens					on		
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stele, Zip Code) 716 West Chestnut Hill Road - Elkton, MD										
	20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, cremetory or other place) 10ADE 20c. LOCATION — City or Town, State 4 Donetion 5 Other (Specify) Cilpin Manor Memorial Park 1995 Elkton, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY.										
	1 Donald.	S. Hicks	0	_ Elkte	on, MD 2	Funerals kton Stree 21921-5521					
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errect, abook, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death disease or condition resulting in death)										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST a. The transpose of the policy of the poli										
MEDICAL	PART II. Other significent conditions					Part i. 24a. WAS AN PERFOR	MEO?	OF 0	E AUTOPSY FINDINGS LABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 NO		
PHYSICIAN:	DID TOBACCO USE CONTR	HOSPITAL:	26. PLACE OF DEAT] UNCERTAII	N 🗆					
	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	26e. DATE OF INJURY (Month, Day, Year)	petient 3 DOA	4 Nursing Hon E OF 26c. INJ URY WO	URY AT PRK?	6 ☐ Other (Specify) 28d. DE\$CRIBE HOW II	NJURY OCCUP	RED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	26s. PLACE OF INJURY building, etc. (Spec	f — At home, ferm, s	treel, factory, offic	•	26f. LOCATION (Street e City or Town, State)	and Number or	Rural Route	Number,		
COMPLETED		CIAN: To the best of my know B. On the basis of examination							menner ee stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER Jui this lynn /	41)			29c. LICENSE NUI DO 489 2		29d. DATE S	29d. DATE SIGNED (Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WHO	٨٠, 22	3 West		et e	20_ Md	21	92	1		
	JAN 20 1995	12 REGISTRAR'S DIGN	dall								

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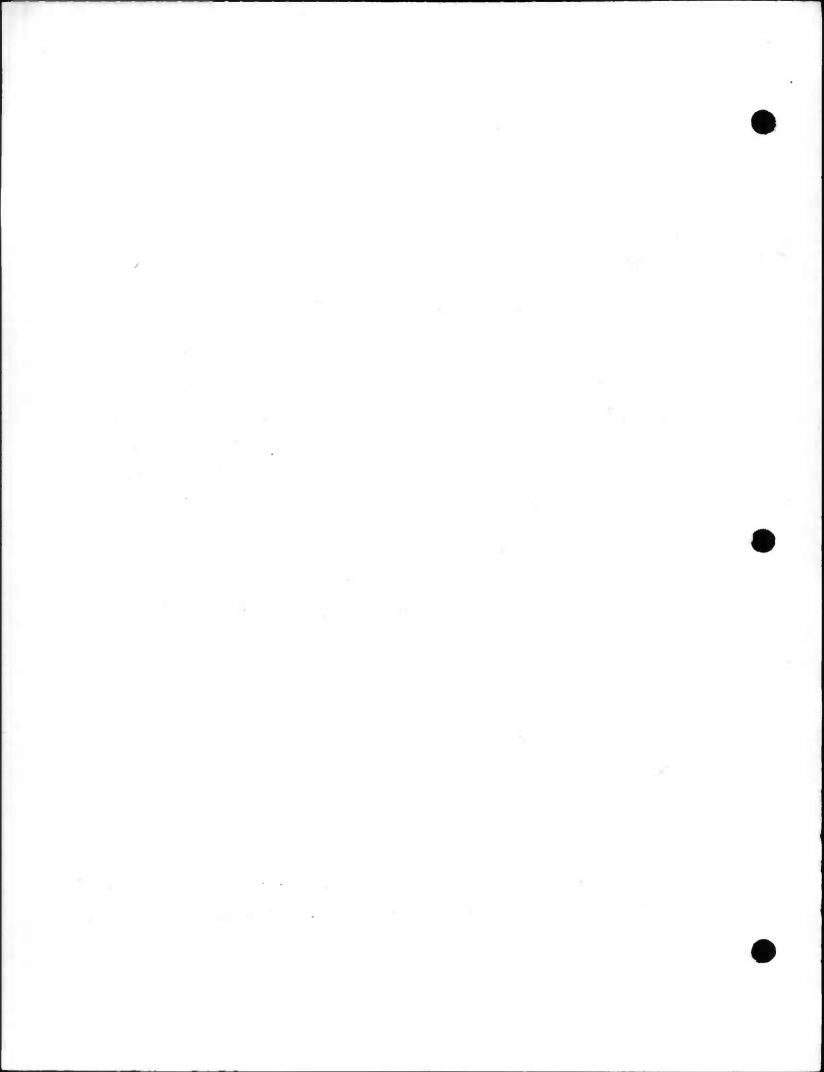
BALTIMORE, MARYLAND 21215-0029-

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the intending physician and completely filled in by the funeral director, page 5 should be detacted by use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

KINCALA WILLECORDS, P.O. BOX 68760, BALTIMORE, MARYL

OHMH-16 Rev 1/89



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BALTIMORE, MARYLAND 2	PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for a with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
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Item 23

BY

4 Homicide 29e. CERTIFIER

2 MEDICAL EXAMINER: On the besis of ax-

DIVISION OF VITAL

215-0020 attending physic

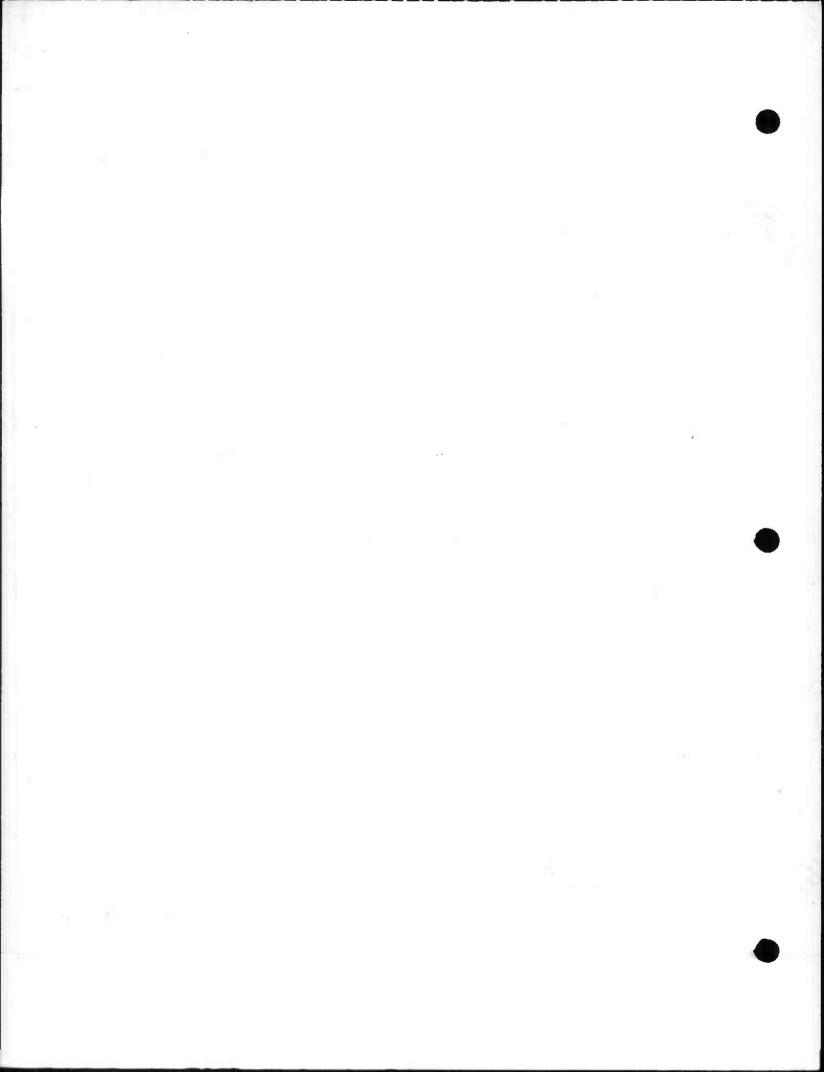
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH John Joseph Luna 7:30 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS 7. DATE OF BIRTH (Month, Day, Year) 1951 6. BIRTHPLACE (State or Foreign Country) DAYS HOURS 1 M 2 F YRS 550-86-5666 California January 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1641-C Carriage House Terrace DIRECTOR Silver Spring Montgomery 10a. STATE 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY Maryland Montgomery Silver Spring 1 YES 2 NO FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1641-C Carriage House Terrace 20904 U.S.A. 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Merried 2 Merried 2 NO Specify: ВУ 1 X YES 2 NO Specify: 3 Widowed 4 Divorced 1971-1980 Mexican White ETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gr (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COMPI 4 Registered Nurse Medical 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumame, Raymond Luna Eleanor Tapia 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 20904 2 Jo Anna Caherty-Luna 1641-C Carriage House Terrace Silver Spring, Maryland 20e. METHOD OF DISPOSITION
1 Burlel 2 X Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Metropolitan Crematory 1/14/95 Alexandria, Virginia 4 ☐ Donellon 5 ☐ Other (Specify) 21. SIGNATURE OF TUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Francis J. Collins Funeral Home, Inc. 500 University Blvd., W. Sil. Spr., MD 20901 23. PART I. Enter the diseases, or complications that caused Me death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate ahock, or haart fallure. Liet only one cause on sech line. intervai Between IMMEDIATE CAUSE (Fine) **Onset and Death** 3 teogenic Saveuna disease or condition ustatec LY mo resulting in death) DUE TO (DR AS A CONSEQUENCE OF) CERTIFICATION Sequentially liet conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 NO DF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL OTHER 1 YES 2 NO 1 | Inpatient 2 | ER/Oulpatient 3 | DOA 4 - Nursing Home 5 Residence 6 - Other (Specify) 27. MANNER OF DEATH 280. DATE OF INJURY 28c. INJURY AT 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At homa, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The TO THE FUNERAL DIRECTION: After this certificate habe filed within 72 hours after death with the State DIMPORTANT: If Item 28 is marked, or Item 3. COMPLETED 29b, SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 8 1-11-95 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BARR Wisconsing Ave Chesy Chase FREDERIC 32. REGISTRAR'S SIGNATURE

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) end manner es stated.

mination end/or investigation, in my opinion, death occured at the lime, date end place, end dua to the cause(s) end menner as stated.

DHMH-16 Ray 1/89



0, BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending phy	ietely filled in by the funeral director, page 5 should be detached for use as the bur remation, or removal.	ent, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR		CEI	RUIFIC	CATE O	F DEAT	Н	REG. N	O.		
	1. DECEDENT'S NAME (First, Middle, Last)				7172		2.	DATE OF DEATH			3. TIME OF DEATH
	Frank Elwood	d Law						anuary	14, 1	995	8:40 P.M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. /	AGE (In yrs. last b	oirthday)	IF UNDER 1 YEA	IF UNDER 2	14 HRS. 7.	DATE OF BIRTH		S. BIRTH	IPLACE (State or Foreign
	577-54-0743	1XXM 2 □ F	88	YRS.	MONTHS DAY	HOURS	MIN.	Ct. 16,	1906	th Dakota	
	9a. FACILITY NAME (If not institution, give	stree: and number)			9b. CITY, TOWN OR LOCATION OF DEATH					UNTY OF D	EATH
=	4408 Dustin Road				Burtonsville				Mo	ntgo	mery
UINECTOR	RESIDENCE OF DECEDENT										
	10a. STATE 10b. COUNT				TY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?
		gomery		Bu	rtonsv	ille			1 🗆		
3	10e. STREET AND NUMBER					101. ZIP CODE					WHAT COUNTRY?
	4408 Dustin Road	a			20866					ited	STates
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YER IN U.S. ARMI	ED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify It yes, specify Cuben, Maxican, Puerto Rican, etc.)					14. RACI	E — American Indian, k, White, etc.
2	1 Never Married 2 Married 3 Xidowed 4 Divorced			ES 2 NO	Specify:	derio riicani, etc.)		Spec			
		1				241					WIIICC
ED	15, DECEDENT'S EDI (Specify only highest grad		(Give	kind of wo	SUAL OCCUP	TION most of working	,	16b. KIND OF E	IUSINESS/II	OUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5 +)		NOT use				II C D		**	
COMPLE	17. FATHER'S NAME (First, Middle, Last)	C	Dei	ntis	C			-		неа.	lth Service
	Henry Fowler	Law					lice	(First, Middle, Maid Bey			
2	19a. INFORMANT'S NAME (Type/Print)	2.0011	Berry .								
2	Jane Law Brown				as #1		or Rural Rout	e Number, City or 1	own, State, 2	(ip Code)	
	20s. METHOD OF DISPOSITION			-							
	Burial 2 Cremation 3 Ran	noval from Stata	cemetery, creme	etory or oth	er place)		17		LOCATION -		
	4 D Donation 5 D Other (Specify)	CENSEE	Union (ceme		Jan.			rtons	VIII	e, Maryland
	Malli	1							unera	1 Hor	me, P.A.
	Potter	J 131	ou								Md.20705
AL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	AS A CONSEDU AS A CONSEDU AS A CONSEOU	SEDUENCE OF):					AN AUTOPS	7 248	Onset and Death 1 year . WERE AUTOPSY FINDINGS	
DICAL	Upper Gastro							PERF	ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
U			2200021					1 YES	ZXNO		DF DEATH?
2											1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				26	PLACE OF DE	ATH (Check	only one)			
2	EXAMINER? 1 Tes 2 XXO	HOSPITAL:	/Outpetlant 3	DOA	OTHER:			Other (Specify)			
PHTSICIAN: M	27. MANNER OF OEATH	28a. DATE OF INJ	URY	28b. TIME	OF 28c.	INJURY AT		d. DESCRIBE HO	V INJURY O	CCURED	
	1 Natural 5 Pending	(Month, Day, Y	bar)	INJU	IRY	WORK?					
0	2 Outside	26a. PLACE OF IN	JURY — At home	e, term, at	raet, factory, o	ffice	28	It. LOCATION (Stre	et and Numb	er or Rural	Route Number,
6 Could not be building, atc. (Specify) building, atc. (Specify) City or Town, State)											
4	29a. CERTIFIER 1 X VERTIFYING PHYS	SICIAN: To the best of my	knowledge de-	h neessee	at the time	ate and store	and due to a	the entered and	200000	lated	
COMPLEIED		EB: On the beals of exami									a) and manner as stated.
u I	29b. SIGNATURE AND TITLE OF BERTIFIE	000	m	^		29c. LICE	NSE NUMBE	R	29d. Di	TE SIGNE	(Month, Day, Year)
ם כ	1/6	401/	*	•		0	140	0 1		113	/45
-	30. NAME AND ADDRESS OF PERSON W					THE					
	Lwis Kellert, MI		ey Layt	const	ville :	Road 0	lney,	Maryla	nd 2	0832	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE CLUON-ROM								
	JAN 17 199) fille alle	SELLEN TON	tall							
		V									

PD . . . BY FUNERAL DIRECTOR

TO BE COMPLETED

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

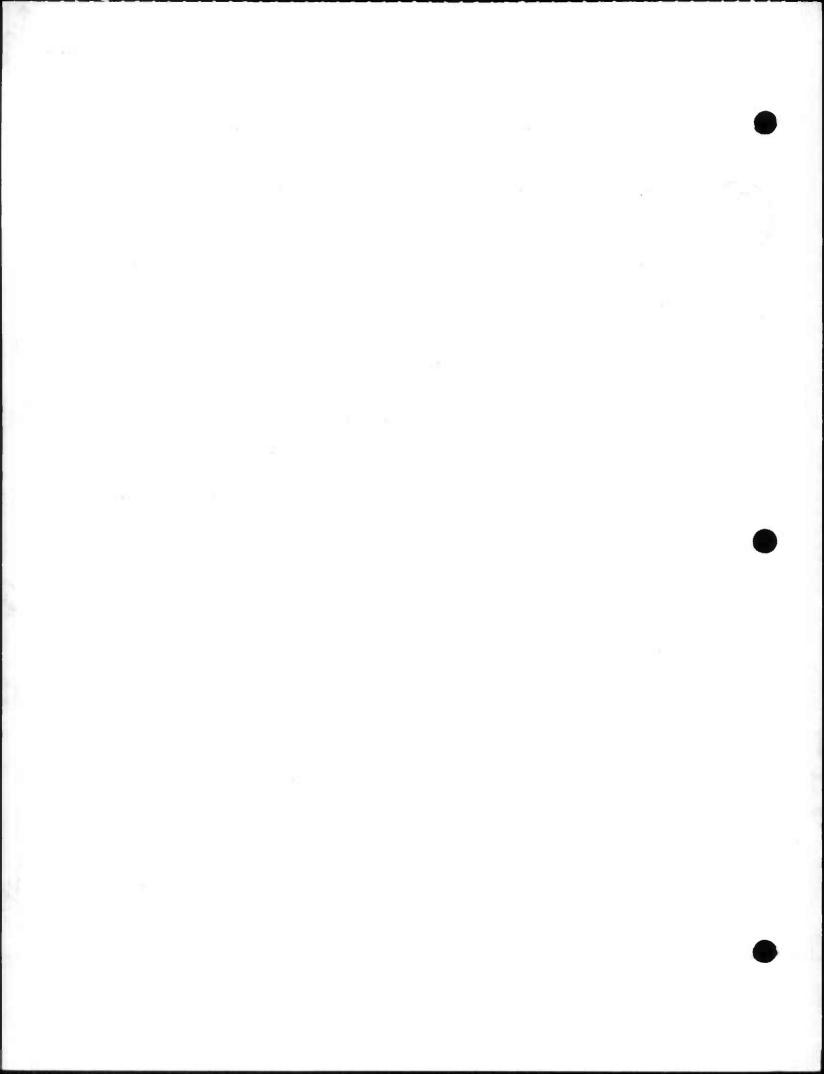
32. REGISTRAR'S SIGNATURE

95	0	2	9	1	
Cty					

	3. TIME OF OEATH								
LENA SCHMIDT LEWIS TANUARY 14 1985	5: 55 PM								
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthdey) FUNDER 1 YEAR FUNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHE	PLACE (State or Foreign								
Oct. 9, 1912 New	Jersey								
9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DE	ATH								
Holy Cross Hospital Silver Spring Montgo	mery								
40- OTTE	10d. INSIDE CITY								
	LIMITS?								
100. STREET AND NUMBER 2908 Craiglawn Road 107. ZIP CODE 109. CITIZEN OF WITH CODE 109. CITIZEN OF WITH CODE 109. CITIZEN OF WITH CODE									
1 Never Married 2 Merried FORCES? 1 YES XXNO It yes, specify Cuban, Maxican, Puarto Rican, etc.) If yes, specify Cuban, Maxican, Puarto Rican, etc.) Black,	- American Indian, White, atc.								
3 XXIdowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2XX NO Specify: Specify:	white								
15. DECEDENT'S EDUCITION (Specify only highest grade completed) 18a. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 18b. KIND OF BUSINESS/INDUSTRY									
Elementary/Secondary (0-12) College (1-4 or 5+) iffs. Do NOT use retired.)									
12 Bookkeeper Private									
17. FATHER'S NAME (First, Middle, Last) Michael Schmidt Rosalie Wertz									
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Plural Route Number, City or Town, Stete, Zip Code)									
Nancy L. Zerbe same as #10									
20b. PLACE AND DATE OF DISPOSITION DATE 20c. LOCATION - City or Tow YSBurlel 2 Cremetion 3 Removal from State 4 Doneston 5 Other (Specify) Falk Lawn Metrochial Park January 18,1995 Silver Spring.	rn, State								
22. NAME AND ADDRESS OF FACILITY Donald V. Borgwardt Funeral Home, P.A. 4400 Powder Mill Road Beltsville, Maryland 20705									
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate									
MAMEDIATE CAUSE (Final	Onset and Death								
resulting in death) a. Anuxic Encephalopolly	9 days								
decese or condition resulting in death) ANUXIC ENCEPHILIPATING DUE TO (OR AS A CONSEQUENCE OF): Repiratory failure. DUE TO (ORIAS A CONSEQUENCE OF): CALISE (Pleases or the policy of the policy	0.1								
Sequentially list conditions, b. Keaptruttry future.	4 days								
If any, leading to immediate cause. Enter UNDERLYING	a dan								
that initiated eventa DUE TO (OR AS A CONSEQUENCE OF):									
	Camps								
thet initiated eventa resulting in death) LAST d.	- Comp								
that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d. PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. 1	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO								
PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. VERSON MADO									
DUE TO (OR AS A CONSEQUENCE OF): d. PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 XNO	AVAILABLE PRIOR TO COMPLETION OF CAUSE								
DUE TO (OR AS A CONSEQUENCE OF): part ii. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. PART ii. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. PART II. Other algnificant conditions ceuse given in Part i. PART II. Other algnificant con	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?								
DUE TO (OR AS A CONSEQUENCE OF): The resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. PERFORMED? 1 YES 2 ABO 24b. VAS AN AUTOPSY PERFORMED? 1 YES 2 ABO TO THER:	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?								
DUE TO (OR AS A CONSEQUENCE OF): part ii. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. part ii. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. part ii. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. performed? 1 yes 2 Abo DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 28. PLACE OF DEATH (Check only one) THER: 1 yes 2 NO OTHER: 1 Vinpertant 2 ER/Outpetlant 3 DOA 4 Nursing Nome 5 Residence 6 Other (Specify) 27. MANIYER OF DEATN 28. DATE OF INJURY 28. DATE OF INJURY 28. TIME OF 28. INJURY AT 28. DESCRIBE NOW INJURY OCCURED	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?								
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The initieted eventa resulting in death) LAST DIE TO (OR AS A CONSEQUENCE OF): d	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 100 0 100 100 100 100 100 100 100 10								
The tinitieted eventa resulting in death) LAST d. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part II. PART II. Other algnificant conditions contributions of the underlying ceuse given in Part II. PART II. Other algnificant conditions contributions of the underlying ceuse given in Part II. PART II. Other algnificant conditions contributions of the underlying ceuse given in Part II. PART II. Other algnificant c	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?								
The initieted eventa resulting in death) LAST DIE TO (OR AS A CONSEQUENCE OF): d	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1								

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and refer to refer to the retained by the strending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DNMH-16 Rev 1/89



DWO	3		
Amen	de	d	#

BE COMPLETED BY FUNERAL DIRECTOR

2

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

1 Natural 2 Accident

3 Suictde

Spt.

BALTIMORE, MARYLAND 21215-0020

DWG				,							0	5	02011
Amended	# /	#192		1/1	7/9	5	m	RT	Mor	ta	C NO	0	CT
FOR 1 - STATE REGISTRAR		STATE OF I	MARYL	AND /	DEPAR	TME	NT OF I	RT HEALTH AND I DEATH	MENTAL H	YGIEN	É	100	7 7
1. DECEDENT'S NAME (First		40		CI	EKIIF	ICAI	E OF	DEATH	2. DATE OF E	EG. NO.			3. TIME OF DEATH
MARV		Mary	ANY	1	ANN			LEE	JAN	DA	-	YEAR 95	11:40P
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE	(in yrs. las			DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	нтя		8. BIRTI	IPLACE (State or Foreign
527-74-0112	2	1 M 2 X F	_ 4	7	YRS.	MONTH	S DAYS	HOURS MIN.	Apr.		1947	Country) Arizona	
9a. FACILITY NAME (If not in	stitution, give s	treet and number)				9b. Cl	TY, TOWN	OR LOCATION OF DE	HTA		9c. COU	INTY OF D	EATH
18809 PE	UN SH	CP ROAD					MOU	NT AIRY				HOW	ARD
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY					
Maryland	Howa	ard			Mo	ount	Air	У					LIMITS?
10e. STREET AND NUMBER							10	. ZIP CODE			10g. CIT	IZEN OF V	VHAT COUNTRY?
18809 Penn	Shop F	Road						21	771		Uni	ted S	States
11. MARITAL STATUS		12. WAS DECEDEN				1:	3. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Sp	ecify Yes	or No-	14. RACI	— American Indian, c, White, atc.
1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES						It yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 ☐ YES 2 ☒ NO Specify: Specify:							
l W								White					
(Specify only highest grade completed) (Give kind of work done during most of working													
Elementary/Secondary (0	1-12)	College (1-4 or 5	+)			ender Restaurant							
17. FATHER'S NAME (First, M	iddle, Last)			Ба	LCEIR	IEI		16. MOTNER'S NA					
John Slatte								Addel1			Surname)		
19a, INFORMANT'S NAME (7				198	b. MAILING	ADDRE	SS (Street a	and Number or Rural F			n. Stete. Zi	n Codel	20874
Catherine J	. Grah	nam		1				tins Land					
20a. METNOD OF DISPOSITE	ION on 3 Rame	oval from State	201	D. PLACE	AND DATE (OF DISPO	OSITION (Na	ame of	DATE	20c. LO	CATION -	City or To	wn State
4 Donation 5 Other	(Specify)		_ M	etro	poli	tan	Crem	atory 1/	14/95	Ale	xand:	ria,	Virginia
31 SIGNATURE OF FUNERAL	L SERVICE LIC	THE PARTY OF	1	10	1			ND ADDRESS OF FAC			Fune:	ral l	Iome
Much	u	VD (el	lel	m.	> 1	lO Ea Gaith	st Deer 1 ersburg,	Park Di MD 208	rive 377			
23. PART I. Enter the di	seeses, or c	complications the	t cause	d the de	eth. Do r	not ente	er the mo	de of dying, sucl	as cardiec	or respi	retory ar	reat,	Approximata
IMMEDIATE CAUSE (Fin		Link Only One Cel	7	lacii inie	•	0	/	. 1		- 1			Interval Between Onset and Death
disease or condition resulting in death)	→		L	ma	00		Cy	HELOT	hou	nd			
		DUE TO	(OR AS	A CONSEC	DUENCE OF	f):							
Sequentielly list conditi	ione C	b											
if any, leading to immed	diate	DUE TO	(OR AS	A CONSEC	DUENCE OF	F):							
cause. Enter UNDERLYi CAUSE (Disesse or inju		C	(OD 40		NIENCE -								
that initiated events resulting in death) LAS	т	DOF 10	(UR AS	- CONSEC	QUENCE OF	-):							
		d											:

PART ii. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i.

24a. WAS AN AUTOPSY PERFORMED?

WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 NES 2 | NO

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one 1 YES 2 NO 27. MANNER OF DEATH

PLACE OF INJURY - At home,

28b. TIME OF INJURY

28c. INJURY AT WORK?

JAN

6 Could not be determined 29a. CERTIFIER

O, C.M.E. 29d. DATE SIGNED (Month, Day, Year)

AND ADDRESS OF PERSON WND COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

Penn Street, Baltimore, Maryland 21201

JUARON 31. DATE FILED (Month, Day, Year)

JAN

registrar's signature

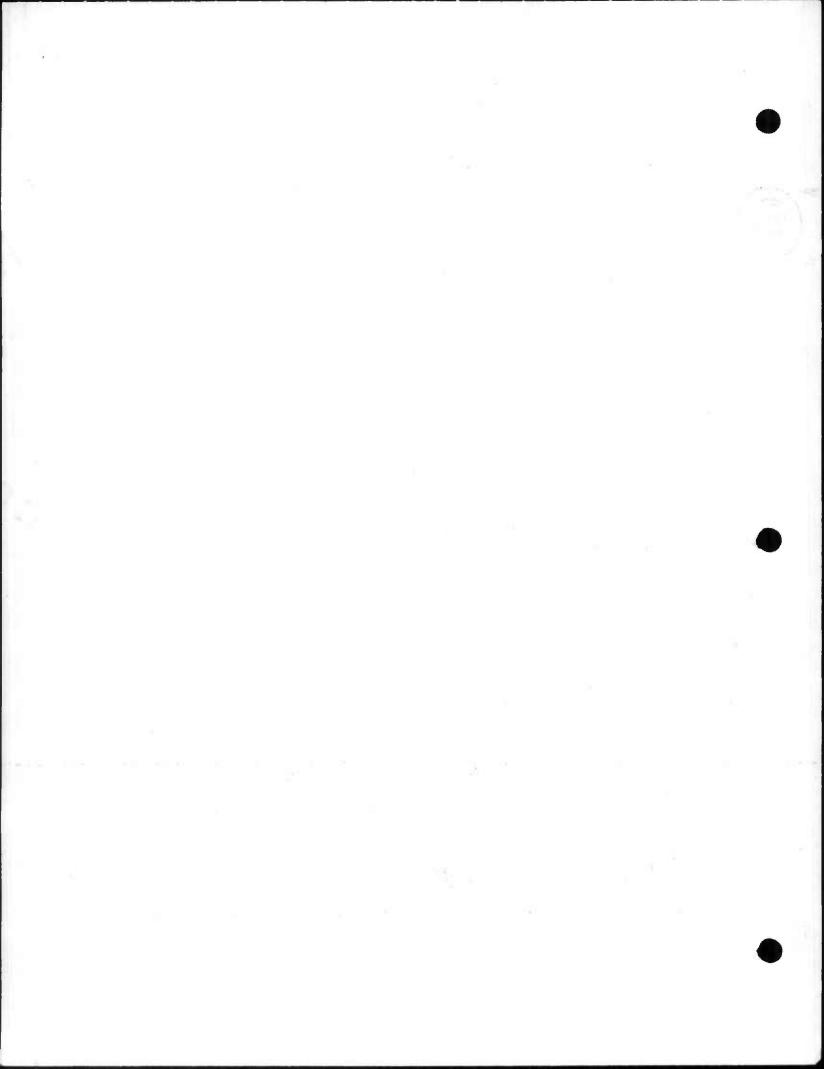
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a first hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical and must be notified at once.

10

13/95



		FOR
1	-	STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - REGISTRAR	C	ERTIF	ICATE C	F DEAT	ГН	REG. 1	Ю.			
	1. OECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	DAY	VEAD	3. TIME OF	DEATH
ď	Anı	- 11 20					Jan. 1	2, 19	95°	11:1	l a.m
1	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. le		IF UNDER 1 YEAR		24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year,		8. BIRTH Count	HPLACE (State	or Foreign
	217-32-2002 1 N 2		YRS.				May 1,	1933		laryla	nd
~	9a. FACILITY NAME (If not institution, give street and num				N OR LOCATIO	ON OF DE	ATH		JNTY OF D		
DIRECTOR	Montgomery General Hospital Olney MONTGOMERY									OMERY	
EC	100. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION					10d, INSIDE	CITY
E	Maryland Montgom	erv		Ash	ton					LIMITS?	
	10s. STREET AND NUMBER				101. ZIP CODE			10g. CIT	IZEN OF 1	WHAT COUNTR	
EB	18716 New Hampshir	e Ave.			208	361		1000	U.S.		
FUNERAL	11. MARITAL STATUS 12, WAS DE	ECEDENT EVER IN U.S. AF	MED	13. WAS I	ECENDENT O	F HISPAN	IC ORIOIN? (Specify	fee or No —	14. RACI	E — Americen	Indien,
BY	1 Never Married 2 Merried FORCE 3 Wildowed 4 Divorced	n, Puerto Ricen, etc.)			k, White, etc.	k					
	15. OECEDENT'S EDUC/ITION (Specify only highest grade completed)	(G	ECEDENT'S Give kind of v D. Do NOT us	USUAL OCCUP	ATION most of working	g	16b. KIND OF	USINESS/IN	DUSTRY		
7	Elementary/Secondary (0-12) College (1	-4 or 5+}		Servic	e Wor	ker	Mon	taome	erv	Colle	ge
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Meid				50
	Frank W. Lee						ice Mat		5		
BE	19+, INFORMANT'S NAME (Type/Print)	19	b. MAILINO	ADDRESS (Stre	et end Number	or Rural R	loute Number, City or	own State Zi	in Code)		
2	Olivia Lee (Daught	er)]					e Ave.,			MD 20	861
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Removal from S	20b. PLACE	AND DATE (OF DISPOSITION	(Name of	_	DATE 20c.	LOCATION -	City or To	own, State	
	4 Donation 5 Other (Specify)	Ash	Memo	orial	Cemet	ery	1/17	Sand	y Sp	ring,	MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	7		22, NAME	AND AGORES	S OF FAC	ERAL HO	ME 1	D 7		
	SMOCE K.	nound	24		KVILI				· .A.		
	23. PART I. Enter the diseases, or complication	na thet ceused the de	eath. Do n						rest,	Approx	dmata
	shock, or heart fellure. List only o	he cause on sech line								Onset	Between and Death
ì	disease or condition resulting in death)	ute m	MOC	cond	Long.	Lus	entra	~ SI	KXU	1 80	hous
		DUE TO (OR AS A CONSE	OUENCE OF	F):				,	9		
NO	Sequentially list conditions.										
AT	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	OUENCE OF	-):							
은	CAUSE (Disease or Injury	DUE TO (OR AS A CONSE	OUENCE OF	า:							
CERTIFICATION	resulting in death) LAST									į	
	DADY II Other significant conditions and the										
DICAL	PART II. Other algolificent conditions contribute	ing to deeth but not i	resulting i	n the underly	ing ceuse g	iven in F	Pert I, 24e. WAS	N AUTOPSY DRMED?	24b.	. WERE AUTOPS AVAILABLE PR	IOR TO
ă							1 🗆 YES	2 NO		OF DEATH?	OF CAUSE
: ME	DID TOBACCO USE CONTRIBUTE TO	O CALISE OF DEA	TU VE	C D NO		EDTAIN				1 YES 2	□ NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			H (Check only o		ERTAIN	Ш				
S	EXAMINER? HOSPIT			OTHER:							
H		ATE OF INJURY	26b. TIMI		Ome 5 Rec	eldence 6	28d. DESCRIBE HON	/ IN ILIEN OC	CHRED		
	1 Natural 5 Pending	fonth, Day, Year)	LNI	URY	WORK? YES 2	NO	TOWN DECOMINE TO	intooni oc	CONED		
Э ВҮ	2 Accident Investigation 3 Suicide 8 Could not be	LACE OF INJURY — At ho	ome, farm, s			-	281. LOCATION (Street	t end Numbe	r or Rural F	Route Number.	
TED	4 Homicide determined	uliding, etc. (Specify)					City or Town, Sta	(e)			
٦	290. CERTIFIER (Check only	best of my knowledge, de	eath occurre	d at the time, d	tte end place	and due t	In the cause(s) and a	anner en ete	ted		
COMPLET	one) 2 MEDICAL EXAMINER: On the ba	sie of examination end/or	Investigation	n, in my opinior	, death occure	ed at the t	ime, date end place,	end due to fi	ne cause(e) end menner	e stated.
	296 GIGNATURE AND TITLE OF CERTIFIER				29c. LICE					(Month, Day, Ye	
BE	Dan Son Son	2 NA			Tr	5	200	>	1 -	17 -	25
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETE	D CAUSE OF DEATH (ITE	M 27) (Type,	Print)	1 10			1		12	13
	LOAK G. LODME	LL, MD.	200	31 0	meu	15	8. OX	nou	M8	100	532
- 1		GISTRAR'S SIGNATURE						-	, 10		, , ,
	JAN 1 7 1995 Juli	Davideor Rend	lalle								

WILLIAM MARKETER TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Includent, Page 6 may be retained by the hospital or attending physician.

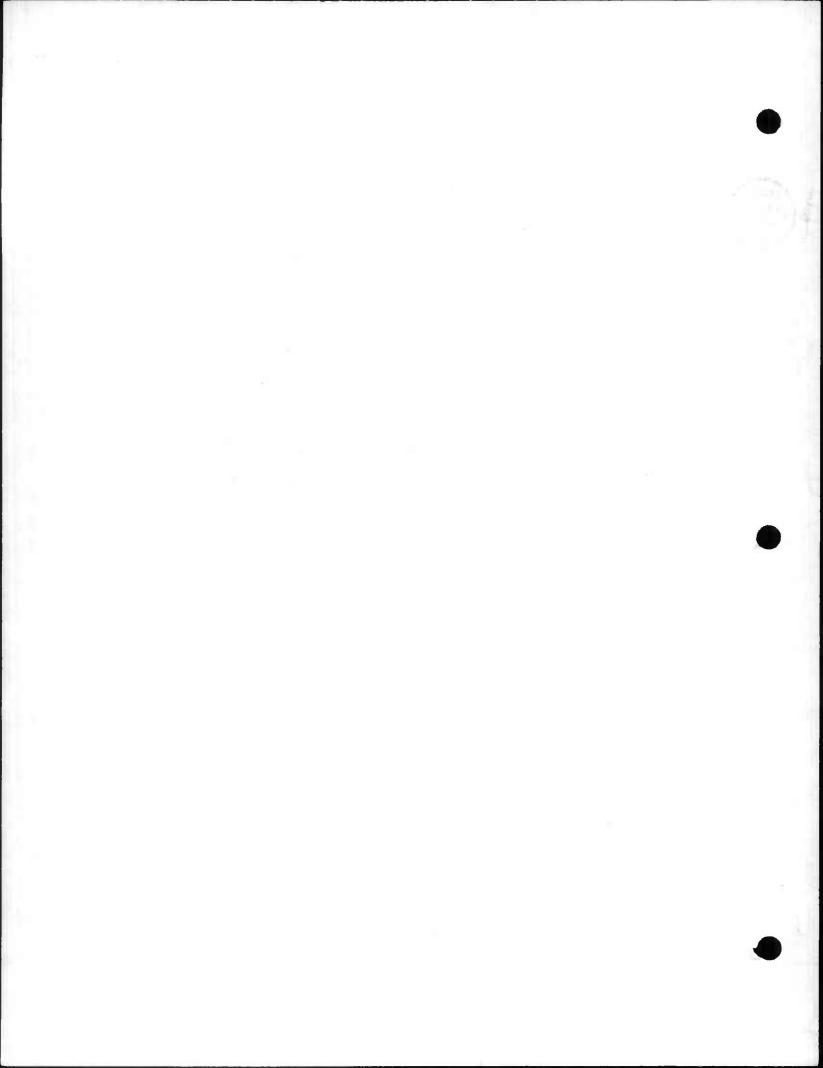
TO THE FINEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89



FOR

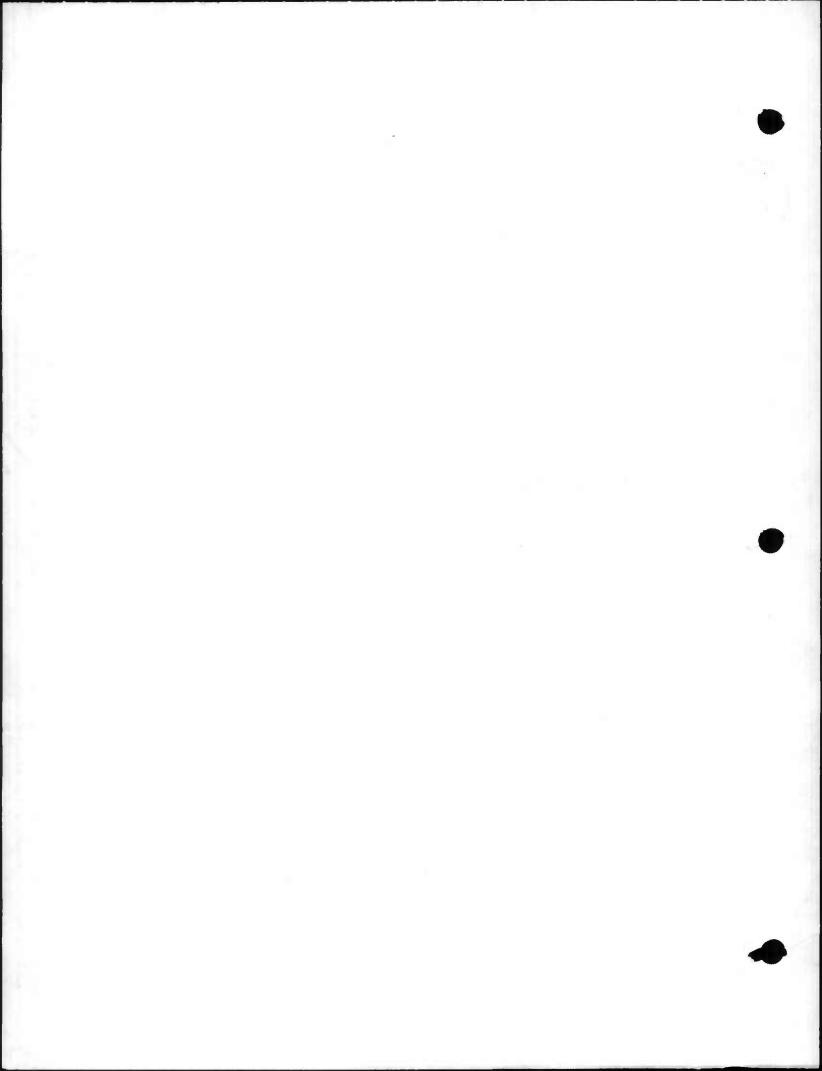
STATE OF MADVI AND / DEPARTMENT OF MEANING AND ASSISTANCE

	REGISTRAR		C	ERTIF	ICATI	E OF	DEA	ТН		REG. NO				
	1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TH								3. TIME OF DEA	тн				
	MINNIE			JA				TH NUARY 1		995	5:14	Р. м		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	asi birthday)			IF UNDER 24 HRS.		7. DATE OF BIRTH			8. BIRTH	PLACE (State or Fi	
g.	052-05-8065	1 - M 2 - F	77	YRS.	MONTHS	DAYS	HOURS	MIN.	FEE	3. 20,1	917	NI	W YORK	
2	Sa. FACILITY NAME (If not institution, give	street and number)			9b. CITY	, TOWN	R LOCATI	ON OF D	EATH		9c. COL	INTY OF DI	EATH	
вінестон	SUBURBAN HOSPIT	AI.				BETH	ESDA				MON	TGOME	ERY	
EC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY				10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY	,	
番目	MARYLAND MONT	IGOMERY			KENSINGTON					LIMITS?			LIMITS?	
_	10e. STREET AND NUMBER			101	. ZIP COD	E			10a, CIT	IZEN OF W	HAT COUNTRY?	NU		
FUNERAL	10224 PARKWOO	DD DRIVE					20	0895					TATES	
5	11. MARITAL STATUS	12. WAS DECEDEN			13.	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuben, Maxican, Puerto Ricen, etc.)					or No-	14. RACE	- American Indi , White, atc.	en,
BY F	1 Never Married 2 X Merried 3 Wildowed 4 Olvorced	FORCES? 1		NO	1 Uses a specify Cuban, Maxican, 1 Uses 2 X NO Specify:					n, Puarto Rican, etc.) Specify:			V:	
	1 10-10	<u> </u>		DECEDENT'S USUAL OCCUPATION									WHITE	
1	15. DECEDENT'S ED (Specify only highest gra-	de completed)		Give kind of a le. Do NOT us	work done	during mo.	ON at of working	ng	16b. KIND OF BUSINESS/INOUSTRY					
2	Elementary/Secondary (0-12)	College (1-4 or 5	•) ""		HOMEMAKER				OWN HOME					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18 MOTI	HER'S NA	ME /Elest	Middle, Maiden				
0	OSHER BUTTEL						LEA			NOWN)	Surramey			
BE	19e. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRESS	S (Street a	nd Number	or Rural	Route Nun	nber, City or Tow	n. State. Zi	Code)		
2	LOUIS LEVIN												AND 208	95
	20a, METHOD OF DISPOSITION 1 A Burlel 2 D Cremation 3 D Re			E AND DATE					OA"	TE 20c. LO	CATION —	City or Tox	wn, State	
	4 Donation S Other (Specify)		JUDEA	N ME	IORTA	AL GA	ARDE	NS	1/1	9 OLN	AND			
	22. NAME AND ADDRESS OF FACILITY DANZANSKY—GOLDBERG MEMORIAL CHAPEL													
	14ax10	ut												
	23. PART I. Enter the diseases, or	complications the	t caused the d	leeth. Do r	not enter	the mo	de of dyl	Ing, auc	h aa cer	diac or reapi	ratory ar	reat.	MD 2085	
	ahock, or heert fellure IMMEDIATE CAUSE (Finel	. List only one ceu	se on each lin	10.									Interval B	atween
	disease or condition resulting in death)	CARDIO	IANOMATII	RV ARI	REST								SUDDE	
	resulting in death)		(OR AS A CONSE										JODDE	3TA
Z	Sequentially list conditions	b. MYOCARI											3 DAY	S
Ĕ	Sequentially list conditione, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):													
5	cause. Enter UNDERLYING CAUSE (Disease or Injury c. CARDIOMYOPATHY									YEARS				
E	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST													
CERTIFICATION	d													
	PART II. Other eignificent condition	ons contributing to	deeth but not	regulting	n the un	derlylng	cause g	given in	Part I.	24e. WAS AN		24b.	WERE AUTOPSY FI	
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ME										1 YES 2 1	NO			
	DID TOBACCO USE CON	TRIBUTE TO CA	USE OF DEA	ATH YE	S 🗆 I	NO 🗆	UNC	ERTAII	N \square					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLA	CE OF DEAT	OTHER									
YSI	1 TYES 2 X NO	1 X Inpatient 2		3 🗆 DOA			5 🗆 Re	sidence	6 🗆 Oth	er (Specify)				
표	27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF (Month, D.		26b. TIM INJ	E OF URY		RK?		28d. OEŞCRIBE HOW INJURY OCCUREO					
B	2 Accident Investigation		M 1 TES				2 NO							
	3 Suicide 6 Could not be determined City or Town, Stete) 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Rou City or Town, State)								oute Number,					
品	29a CERTIFIER								_					
LETEC	29a. CERTIFIER (Check only one) (Certifying PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.													
MPLETEC	(Check only		One) 2 MEDICAL EXAMINETI: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and										and menner as s	tated,
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E COMPLET	(Check only	IEII: On the basis of a	camination and/or	2					HIER					
BE COMPLET	(Check only 1 A CERTIFYING PHY One) 2 MEDICAL EXAMIN	EII: On the basis of a	will.	5				3844	MIER				(Month, Day, Year)	
E COMPLET	(Check only 1 A CERTIFYING PRY ONE) 2 MEDICAL EXAMINATION AND ADDRESS OF PERSON W.	EII: On the basis of a	SE OF OEATH (ITE	ЕМ 27) (Туре,			D33	3844	A11801		▶ J/	ANUAR	Y 16, 1	
BE COMPLET	(Check only 1 A CERTIFYING PHY One) 2 MEDICAL EXAMIN	HO COMPLETEO CAUS	BE OF OEATH (ITE	EM 27) (Type,	NSIN	AVE	D33	3844	A11801	HASE, 1	▶ J/		Y 16, 1	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 54 hours after death. Page 6 may be mained by the hispaths or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burta-transit to be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

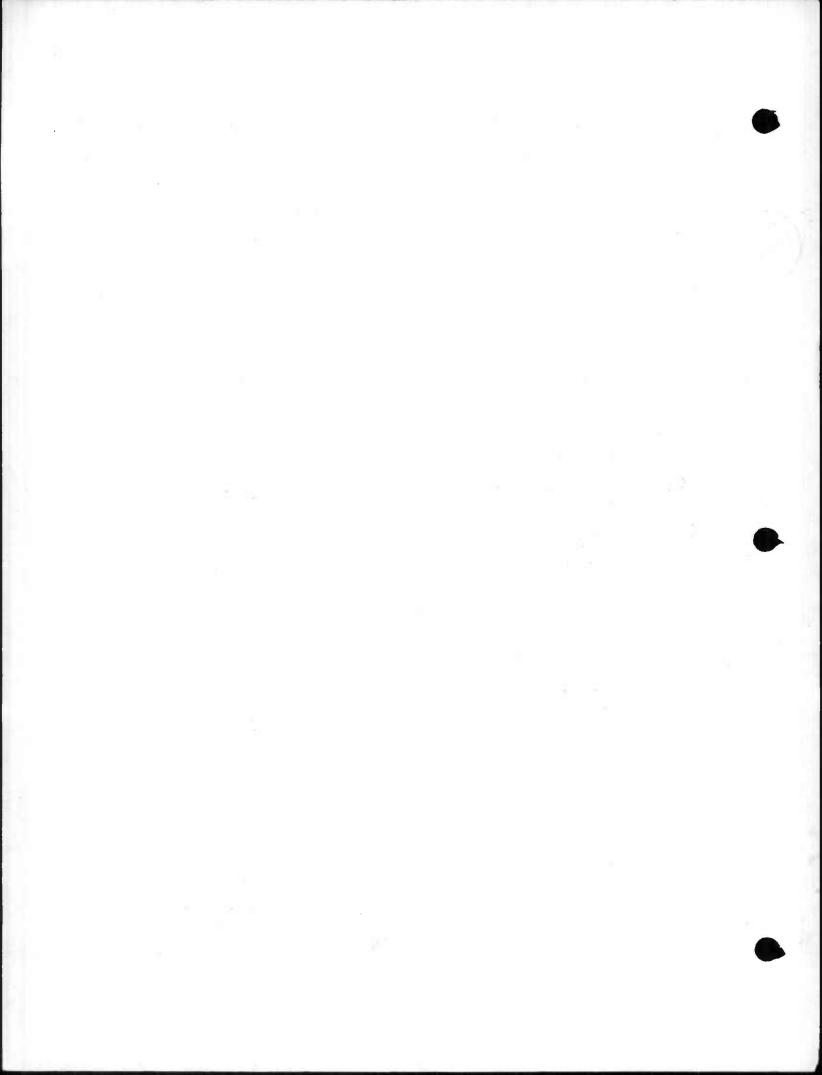
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020



DIVISION OF VITAL RECORDS, P.O. BOX 68760	BALTIMORE, MARYLAND 21215-002
TO THE MOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending program.	hours after death. Page 6 may be retained by the hospital or attending physican
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the the find within 20 hours after death with the State Deat, of Health and Mental Hollene note to burial cremation or named	c. certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the turning physician and completely filled in by the funeral manual for the State fleet of Health and Mental Hyriene principle in purish companion or removal
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	te medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Modific, Last)		1 - FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH		YGIENE EG. NO.			
TO THE PARTY SAME (FIRST AND PARTY OF THE ART SAME (FIRST AND PART		John Emil	LARSON	V		2. DATE OF I	BV 119	95 C	1845	
SHADY GROVE ADVENTIST HOSPITAL— ROCKVILLE MONTGOMERY THE STREET AND MARKET PRICE AND MARKE		579-52-2780	1 🟋 M 2 🗆 F	98 YRS. MON	THE DAYS HOURS MIN.	AUG . 2	4,1896	MAIN	E	
STATE OF A DESIGNATION OF STATE OF A DRIVE 9701 - VEIRS DRIVE 9701 - VEIRS DRIVE 11. MANTHESTATUS 12. WAS DECEMBER OF HERDANIC CHICARY (Speciff Yes or MINITED AND CONTINUED CHICARY (Speciff Yes or MINITED CHICARY (Speciff Yes or MINITED CHICARY (Speciff Yes or MINITED CHICARY (Speciff Yes or MINITED CHICARY (Speciff Yes or MINITED CHICARY (Speciff Yes or MINITED CHICARY (Speciff Yes or MINITED CHICARY (Speciff Yes or MINITED CHICARY (Speciff Yes or MINITED CHICARY (Speciff Yes or MINITED CHICARY (Speciff Yes or MINITED	TOR	SHADY GROVE		HOSPITAI	- ROCKVIL					
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Test NAME Species Page Species Page Species	BY FUNERAL	T .	DRIVE					EN OF WHAT		
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Web Marking Address (Specific Properties) Web Marking Address (Specific and Humber or Read Room Room, City or Date), Room, 20 85 4		AUGUST SANF	RED LARSON		M.					
NO NO Section Committee Committe		MR.SANFRED LA	RSON						20854	
22. ARASE AND ADDRESS OF PACILITY HYSONG CO., INC. 1300 - N. STREET.N.W. WASH.DC Approximate shock, or heart failure. List only one cause on each line. Approximate shock, or heart failure. List only one cause on each line. Approximate shock, or heart failure. List only one cause on each line. Approximate interval Batte Ones and the season of conditions and the season of conditions and the season of cause on each line. Approximate interval Batte Ones and the season of cause on each line. Approximate interval Batte Ones and the season of cause on each line. Approximate interval Batte Ones and the season of cause on each line. Approximate interval Batte Ones and the season of cause on each line. Approximate interval Batte Ones and the season of cause of c		1 Surlet 2 Commetion 3 Ren 4 Donation 5 Other (Specify)	novel from State	PLACE AND DATE OF DI etery, cremetory or other p IETROPOLI	SPOSITION (Name of CREMAT)	DATE ORY-1/	20c. LOCATION — CE 12-ALEXA	NDRI	A, VA.	
APPROVIDED NOTE: The control of the		21, SIGNATURE OF FUNERAL SHIP CE	40gun		HYSONG CO	D., INC	•			
PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. C SSENT Part THE MBO CY THEM IA		shock, or heart failure IMMEDIATE CAUSE (Fine) disease or condition	a. GAS TRUMA	ITESTIN	enter the mode of dying, a	uch aa cardiac	or reapiratory arrea	nt,	Approximate interval Between Onset and Death	
PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. C SSENT Part THE MBO CY THEM IA	RTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	c							
29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner as stated. 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner as stated. 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner as stated. 29a. DATE SIGNED (Month, Dey, Vear) 30a. HAME AND ADDRESS OF PERSON AND COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 4. SUPPLY CONTROL (Street and Number or Rural Route Number, City or Town, State) 4. DATE SIGNED (Month, Dey, Vear) 4. DATE SIGNED (Month, Dey, Vear) 5. SUPPLY CONTROL (TYPE, Print) 6. DATE SIGNED (Month, Dey, Vear) 6. DATE SIGNED (Month, Dey, Vear) 7. SUPPLY CONTROL (Street and Number or Rural Route Number, City or Town, State) 7. DATE SIGNED (Month, Dey, Vear) 7. DATE SIGNED (Month, Dey, Vear) 8. DATE SIGNED (Month, Dey, Vear) 9. DATE SIGNED (Month, Dey, Vear) 9. DATE SIGNED (Month, Dey, Vear) 9. DATE SIGNED (Month, Dey, Vear) 9. DATE SIGNED (Month, Dey, Vear) 9. DATE SIGNED (Month, Dey, Vear) 9. DATE SIGNED (Month, Dey, Vear) 9. DATE SIGNED (Mon	AL.	ESSENTIAL THROMBOCYTHEM 164 1 YES 2 DAY						COM OF D	LABLE PRIOR TO IPLETION OF CAUSE DEATH?	
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3 Suicide 4 Homicide 6 Could not be defermined 28e. PLACE OF INJURY — At home, term, street, tectory, office 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beat of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner as stated. 29e. CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date and place, and due to the cause(s) end menner as stated. 29e. CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 29e. LICENSE NUMBER 29e. LICENSE NUM		Natural 5 Pending	(Month, Day, Year)	M 1 YES 2 NO						
29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Moonth, Dev, Voor) 310. NAME AND ADDRESS OF PERSON WHO ISOMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Dev, Voor) 32. REGISTRAR'S SIGNATURE	L L	3 Suicide 6 Could not be 26s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify)								
29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Veat) 310. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Dey, Veat) 32. REGISTRAR'S SIGNATURE	OMPL	(Check only							menner as stated.	
CAM 1. SCHOENBERCEN (6220 FREDERICK HO GATTISBURA. 31. DATE FILED (MONTH), Day, Year) 32. REGISTRAR'S SIGNATURE	H	fel Astoly	s MO		D265		29d. DATE:	WUAT Y	th, Day, Year) 1995	
		CAM 1. SC	HOENDER	cen (BUCK	40 GATE	ntols.	BURA.	
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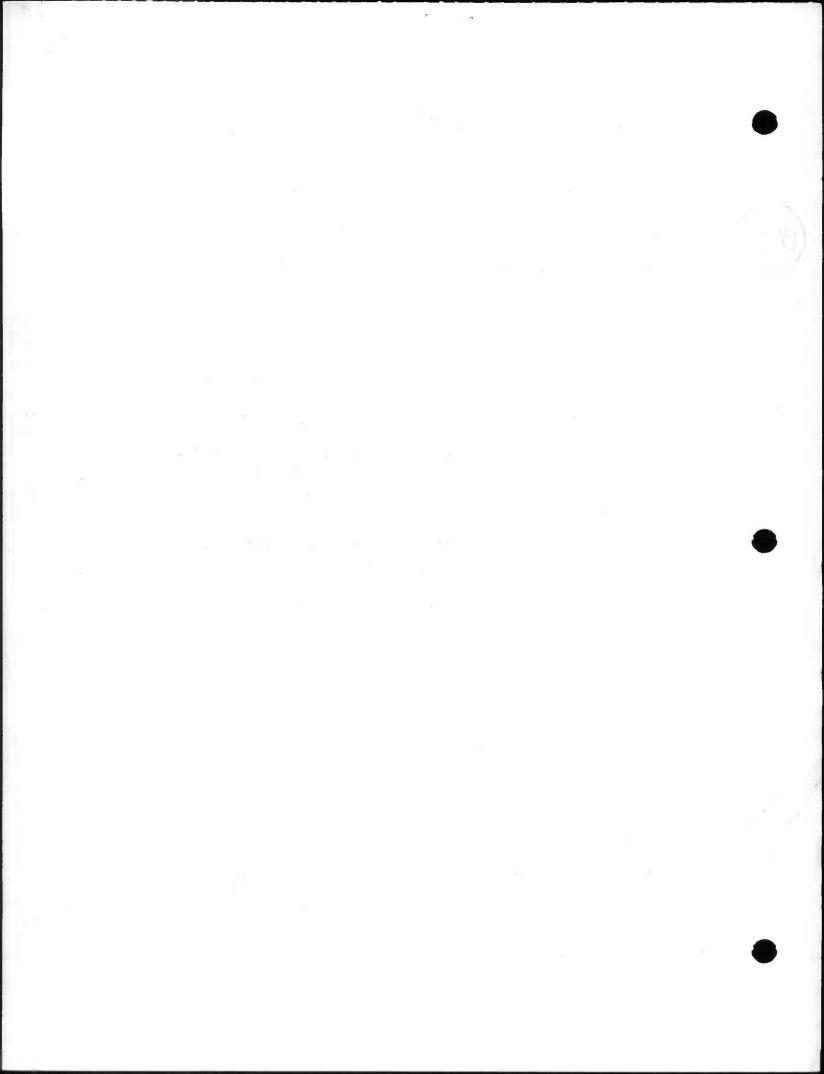
	1 - FOR STATE REGISTRAR	STATE OF MARYLA		RTMENT OF		MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last)	E MILI	-ER			2. DATE OF DEATH	w 9	3. TIME OF GEATH				
			n yrs. lest birthday) 6 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Sear) JULY 9,	1908	BIRTHPLACE (State or Foreign Country) Maryland				
OR	9a. FACILITY NAME (If not institution, give street of Howard County G	_			on Location of Dumbia							
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CI	ry, TOWN OR LOC	ATION		10d. INSIDE CITY					
	Maryland Howa:	rd	E		cott City 100. CITIZEN OF WHAT C							
FUNERAL	9579 Frederick Road				21042			United States				
BY	1 Never Married 2 Married	U.S. ARMED 2 NO TES	If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: Specify:									
TED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	ON pleted)	16a. DECEDENT'S (Give kind of	USUAL OCCUPAT work done during n se retired.)	ION lost of working	166. KIND OF BU	SINESS/INDUS	White White				
COMPLETED	Elementary/Secondary (0-12) Co	oflege (1-4 or 5+)		maker		Own	Home					
CO	17. FATNER'S NAME (First, Middle, Last)					AME (First, Middle, Maiden						
8	Charles Wes	tphal	105 MAII IN	ADDRESS (Street		beth Spie:						
	Paul Miller							ity, MD21042				
	20g. METNOD OF DISPOSITION 1 LABurial 2 Cremetton 3 Removal 4 Donation 6 Other (Specify)	from State 20b.	PLACEAND DATE	of disposition (for their place)	eterv			t City, MD				
	21. SIGNATURE OF FUNERAL SERVICE LICENSI		,			tzke Fune						
	Harry H.	Witik	2)	411	2 01d C	olumbia I	Pike 1	Ellicott Cit				
	23. PART I. Enter the disease, or complications that caused the desth. Do not enter the mode of dying, such as cardisc or respiratory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) PUL MONARY ASPIRATION Approximate interval Between Onset and Death Hours.											
	DUE TO (OR AS A CONSEQUENCE OF):											
TION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE, TO (OR AS A COSSEQUENCE OF): PLACE TO (OR AS A COSSEQUENCE OF): A CHARGE TO (OR AS A COSSEQUENCE OF): PLACE TO (OR AS A COSSEQUENCE OF): A CHARGE TO (OR AS A C											
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE O	31470C	INFAH	ZCTIVIV		IMMONIT				
CERI	resulting in deeth) LAST											
MEDICAL	PART II. Other algolificant conditions co	ntributing to death bu	it not reaulting	In the underlyi	ng csuse given in	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATN?				
M	DID TOBACCO USE CONTRIBU	JTE TO CAUSE OF	DEATH Y	ES 🗆 NO [UNCERTAI			1 TES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			TN (Check only one								
HYS	1 YES 2 NO 1	Inpatient 2 ER/Outpe 26a. DATE OF INJURY	tiant 3 DOA	4 - Nursing No	ne 5 🗆 Residence	6 Other (Specify) 26d. DESCRIBE HOW I	N HIRV OCCUR	950				
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN	JURY W	ORK? YES 2 ND	200. 0 20011102 11011	Naoni occor					
3 Suicide 8 Could not be datarmined 28f. LOCATION (Street and Null City or Town, State)							and Number or	Rural Route Number,				
COMPLET		To the best of my knowle						ause(a) and manner as stated.				
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER	DIIA	20 1/1		20c. LICENSE MO	MB59 9		IGNED (Mogth, Day, Year)				
5	30. NAME AND ADDRESS OF PERSON WIN) COL	MPLETED CAUSE OF DEA	TN (iTEM 27) (Type	MIK IN IN	DUNCE	20 =:	-//	24/90				
	31. DATE FILED (MORTH, Day, Year) 1995	32. REGISTRAR'S SIGNA	TURE	Dirigit	TUY	V ELLI	CU 1 (LITY 21042				

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with proper after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnithan be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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BALTIMORE, MARYLAND 21215-0020



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	1 - FOR STATE REGISTRAR	STATE OF N		/ DEPAR					MENTA	L HYGIEN				
	1. OECEDENT'S NAME (First, Middle, Last)									OF OEATH			3. TIME OF O	EATH
	Alice MacDonald	Miles					January					YEAR	9:25	D M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UND	ER 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH	0, 1.		IPLACE (State o	r Foreign
	008-01-6027	1 🗌 M 2 🖵 F	10	O YRS.	MONTHS	DAYS	HOURS	MIN.		7 17,1	002	Counti	ny)	
	Se. FACILITY NAME (If not institution, give et	reet and number)			9b. Cf1	TY, TOWN C	OR LOCATION	ON OF D		1/,1				na
Œ	Arcola Nursing Ca	Arcola Nursing Center												
8	RESIDENCE OF DECEDENT	inter		_	ST	lver	Spri	Ling			M	ontgo	omery	
DIRECTOR	10e. STATE 10b. COUNTY			10c, CIT	Y, TOWN	OR LOCAT	TION							ITY
	Maryland Mon	tgomery				Silve	er Sp	ring	g					™ NO
A	10s. STREET AND NUMBER					101	. ZIP CODE	Ē.			10g. CIT	IZEN OF Y	WHAT COUNTRY	77
E	13010 Valleywood	Drive					209	906			II.	S.A.		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN			13					? (Specify Yes		14. RACE	E — American I	ndlen.
	1 Never Married 2 Merried	FORCES? 1	YES 2 MAR OR DATES	MNO			ecify Cuba			lican, etc.)		Bleci	k, White, etc.	
В	3. Widowed 4 Divorced						40.00		,			Interest of the second of the		
臣	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			DECEDENT'S				v2	16b	KIND OF BUS	SINESS/IN	DUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5 a		life. Do NOT u	se retired.	.)	of or working	•	- 1					
COMPLETED		To	eachei	<u> </u>				E	ducat	ion				
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	HER'S NA	ME (First, I	Aiddle, Maiden	Surneme)				
BE	John N. MacDonal					Ann	nie		013	Sulli	Lvan			
0	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING A						nd Number	or Rural	Route Numi	oer, City or Tow	n, State, Zi	o Code)		
-	Helen Gearin 13010 Valleywood Drive Silver Spring, Maryland 209										20906			
	20a. METHOD OF DISPOSITION 1 Dariel 2 Cremation 3 Remo	und from Ctate	20b. PLAC	EANDDATE	OF DISPO	OSITION /Na	me of		CAT	20c LO	CATION -			
	4 Donation 6 Other (Specify)	THE TOTAL STATE	St. Sy	Ivest	er s	S Cem	eter	y 1,	/20/9	5 Barr	e		Vermon	nt
	21. SIGNATURE OF FUNERAL SERVICE LIC	INSEE	A		22	. NAME AN	ID ADDRES	SS OF FA	CILITY					
	> Storen 1 trond													
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximate													
	shock, of haart failure. List only one cause on each line.													
- 1	IMMEDIATE CAUSE (Final disease or condition													
	resulting in death)	nia (OR AS A CONS	EQUENCE O	D.								1 3 da	ays	
_		302 10	(011 45 4 66116	DEGOENCE O	·).									
ō	Sequentially list conditions,	DUE TO	(OR AS A CONS	SEQUENCE O	F):									
AT	If any, leading to immediata cause. Entar UNDERLYING												j	
CERTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A CONS	SEOUENCE O	F):								+	
F	resulting in death) LAST													
_														
¥	PART II. Other algorificant conditions Alzheimers	contributing to	daath but no	t raaulting	in tha u	ındariyinç	g cauae g	iven in	Part I.	24a. WAS AN PERFOR		24b.		
ă									_	1 TES 2	X NO			F CAUSE
BY PHYSICIAN: MEDICAL	Hypertension												1 [] YES 2 [NO
ä	Mitral Stenosis													
ठ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL;			OTHE		ACE OF D	EATH (Ch	eck only on	e)				
YSI	1 TES 2 NO	1 Inpatient 2	ER/Outpetlant	3 🗆 DDA		insing Hom	• 6 □ Re	sidence	6 🗆 Other	(Specify)				
H	27. MANNER OF DEATH 1 X Natural 5 Pending	28a. OATE OF (Month, Di		26b. TIM	E OF	28c. INJ WO	URY AT RK?		28d. OES	CRIBE HOW I	NJURY OC	CUREO		
¥	2 Accident Investigation				M		/ES 2 [) NO						
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE Of building,	F INJURY — At letc. (Specify)	home, lerm,	stroot, fa	ctory, office	•		281. LOCA	ATION (Street e	and Number	or Rural R	loute Number,	
	4 Homicide determined													
P	29e. CERTIFIER (Check only 1) CERTIFYING PHYSIC													
COMPLETED	one) 2 MEDICAL EXAMINER) end manner e	stated.
	295. SIGNATURE AND TITLE OF CERTIFIER	1)					29c. LICE	NSE NUN	MBER		29d. OAT	E SIGNED	(Month, Day, Yes	nr)
BE (Edward A	tucha	do o	re)	- 13	70	3			ry 19,	
January 19, 19														

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
Edward S. Richards, M.D. 10301 Georgia Ave. Silver Spring, Maryland 20902 32. REGISTHAR'S SIGNATURE

DHMH-16 Rev 1/89

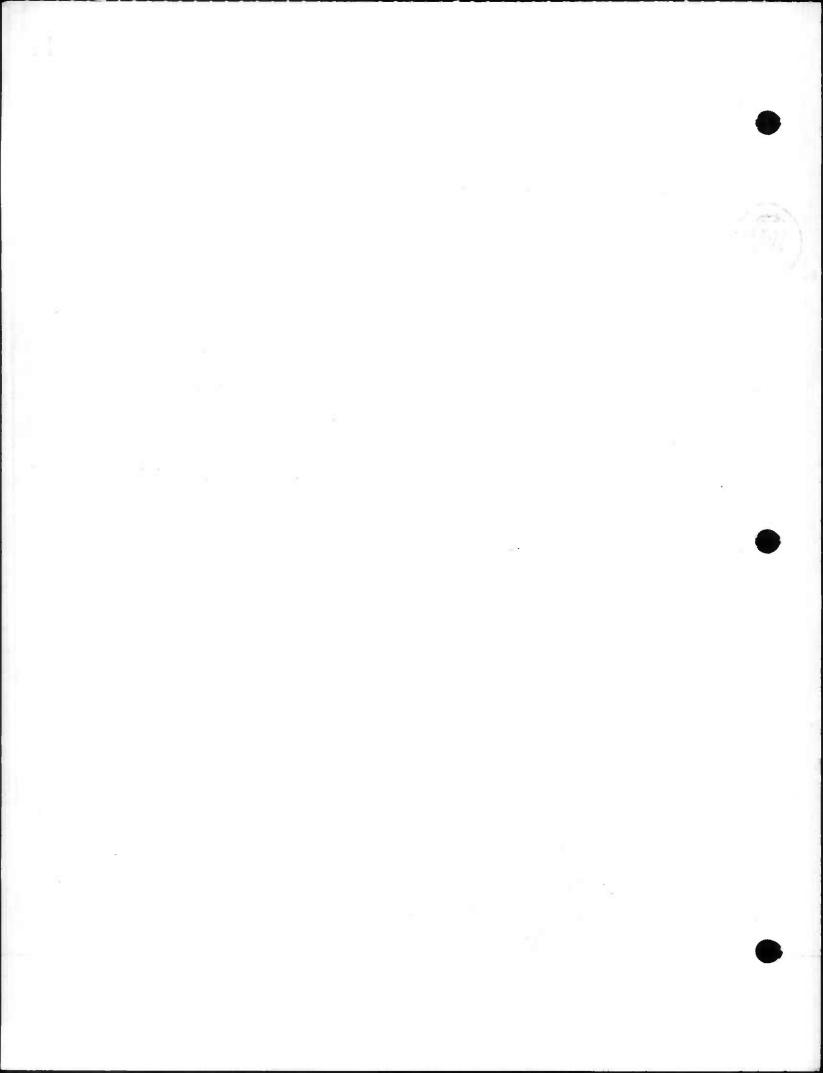


DIVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physical	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-in be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE HOSP	TO THE FUNE be filed within	IMPORTANT

DIVISION OF VITAL

1215-0020

	1 - STATE REGISTRAR	STATE OF I) / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, I	.ast)								E OF DEATH			3. TIME OF DEATH	
	Roger Morigi								Jan	nuary 1		YEAR	4:30	n M
á	4. SOCIAL SECURITY NUMBER	5. SEX	1000			DAYS	IF UNDER	24 HRS.	7. DAT	E OF BIRTH		1		n
	081-10-3807	1 🔀 M 2 🗌 F	L	87 YRS	MONTHS					nth, Day, Year)			NPLACE (State or Foreign try) Italy	
œ	Se. FACILITY NAME (If not institution, give street end number)						DR LOCATI		EATN			JNTY OF	DEATH	
FUNERAL DIRECTOR	Washington Adventist Hospital				Tal	koma	Park	-			Mor	ntgon	nery	_
REC	10e. STATE 10b. CO	UNTY	UNTY			OR LOCAT	TION						10d. INSIDE CITY LIMITS?	
۵		ince George	S	H	yatt								1 X YES 2 □ NO	
RAL	10e. STREET AND NUMBER					101	. ZIP COD						WHAT COUNTRY?	
NE	4103 Quintana S		er mirmo in							States				
FU	1 Never Merried 2 Merried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.) Blec				E — American Indien, ik, White, etc.						
B	3 Widowed 4 Divorced	IF YES, GIVE Y	MAN ON DAI	ies	}	1 TES	2 K NO	Specify	y:			Specify: White		
COMPLETED	15. DECEDENT'S (Specify only highest	EDUCATION grade :completed)	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relited.) 16b. KIND OF B						b. KIND OF BUS	SINESS/IN	DUSTRY			
9	Elementary/Secondary (0-12)	College (1-4 or 5	+}							37 6.7	. 1 . 0	1	1 1	
MP	17. FATHER'S NAME (First, Middle, Las.	+5		Master	Stoi	ne Ca			_	Nationa Middle, Maiden		athec	iral	_
	Napoleon Morigi	•					100		, ,	Morigi	Sumame)			
BE (19e. INFORMANT'S NAME (Type/Print)			19b. MAILH	IG ADDRES	SS (Street a			_	mber, City or Tow	n, State, Zi	ip Code)		
임	Louise Morigi			4103	Quin	tana	Stre	et,	Нуа	ttsvill	Le, N	Maryl	Land 2078	2
	20e. METNOD OF DISPOSITION 1 Burlel 2 X Cremetion 3	Removal from State	20b. i	PLACE AND DAT	E OF DISPO	SITION (Na	ime of		1			- City or To		
4 Donetton's Other (Specify) Fort Lincoln Crematory 1/18 Brentwood, Maryla														
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	0	linn	22	1180	NO ADDRE	SS OF FAC	CILITY	Hines-H hire Av	Rina]	ldi E	Funeral Ho	me
	Mari	- went	- J	10lla	nck	Silv	7er S	prin	ıg,	Marylar	nd 20	0904		
	21. PART 1. Entar the diseases, shock, or heart fall	or complications the	nt caused use on ea	tha daath. De	not ante	r tha mo	da of dyl	ing, suci	h aa ca	rdiac or respi	ratory ar	rreat,	Approximata Interval Batw	990
	iMMEDIATE CAUSE (Final disease or condition										Onsat and De			
	resulting in death)			STRUCT		ulmo	nary	Dis	ease	9			15 year	rs
_		502 10	(OH AS A	CONSCOUENCE	OF):									
CERTIFICATION	Sequantially list conditions, if any, leading to immediate	CONSEQUENCE	OF):											
CA	cause. Entar UNDERLYING CAUSE (Disease or injury	c												
E	that initiated eventa resulting in dasth) LAST	OUE TO	(OR AS A	CONSEQUENCE	OF):									
R		d												_
CAL	PART ii. Other significant cond	Itloria contributing to	death bu	t not rasultin	In the u	inderiyin	g cause g	given in	Part I.	24s. WAS AN PERFOR		24t	. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO	IGS
									_	1 TYES 2			COMPLETION OF CAUS OF DEATH?	E
MEDI													1 TYES 2 TO NO	
PHYSICIAN:	DID TOBACCO USE CO			6. PLACE OF DE			UNC	ERTAIN	<u> </u>					
SC	EXAMINER? 1 YES 2 NO	HOSPITAL:			OTHE	R:		9		2000				\dashv
HYS	27. MANNER OF DEATH	1 Sinpatient 2 D	INJURY		4 □ Nu	28c. INJ		sidence		ner (Specify)	LIURY OC	CURED		-
	1 Natural 5 Pending	(Month, D	Any, Hear)	1	M	WO	RK7 YES 2	NO						
D BY	2 Accident Investigat 3 Suicide 8 Could no	38e. PLACE O	etc. (Specif	At home, farm	, street, fac	ntary, office			28f. LO	CATION (Street a	ind Numbe	r or Aurel	Route Number	\neg
TED	4 Homicide determine	id.	West Tobuson	,,,					-	y or lowing states				- 1
COMPLET		HYTICIAN: To the best of	my knowle	dge, death occu	rred at the	time, date	and place.	and due	to the co	ause(s) and man	ner as sta	ned.		
O	OTH) 2 MEDICAL EXA	MINES: On the beets of e	namination	and/or Investiga	tion, in my	opinion, d	eath occur	ed of the	time, det	te and place, an	f due to t	the cause(s) and manner as stated	£ .
29c. DIGNATURE AND TITLE O CERTIFIER 29d. DATE SIGNED (Mount), Day								(Morth, Day, Year)						
TO B	ym	m)					D20	0391			▶ J	anua	ry 13,1995	5
- 1	30. NAME AND ADDRESS OF PERSON			1000-0-52011	2000									
	Jeffrey Kelman 31. DATE FIVE (Month, Day, Year)	M.D. 652	25 Be	lcrest	Rd.,	Нуа	ttsvi	ille	, MD	2078	2			_
	JAN 20 1995	July Davides	or Rand	all										
	OTTI ROUND	7												- 1



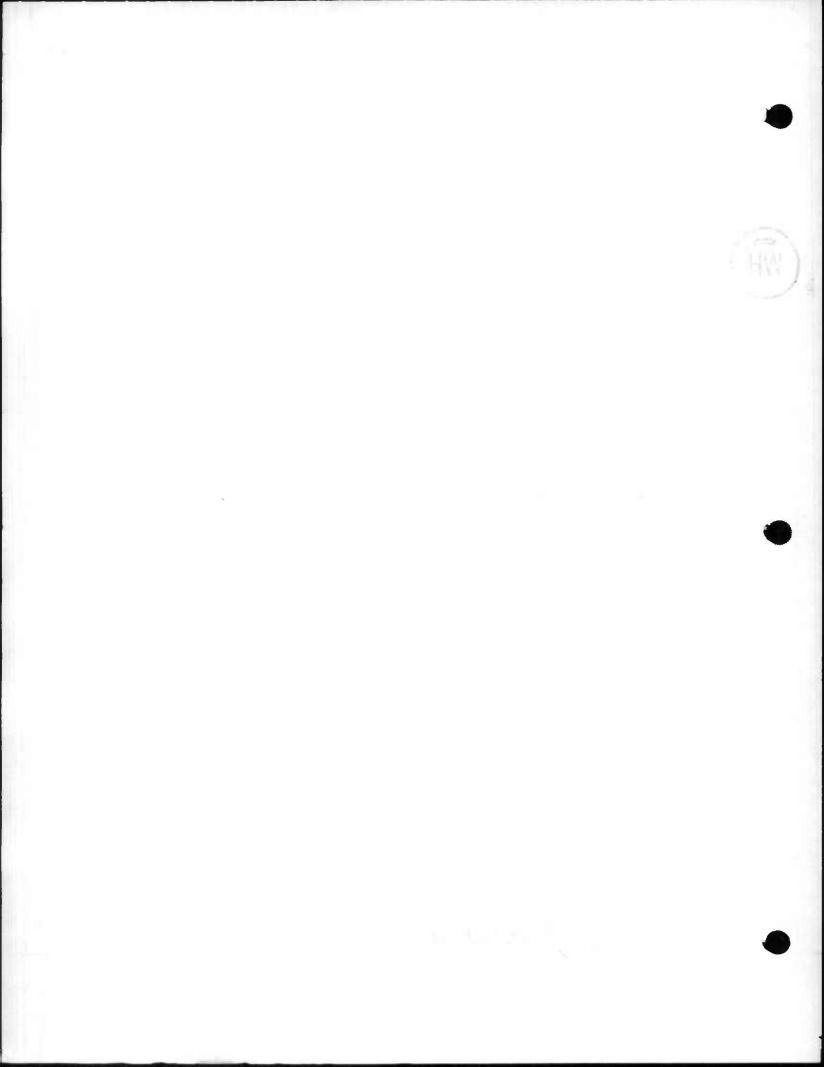
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OR	that
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	W. The law requires that the death certificate he executed within 2, or
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OF	OR ATTENDING PHYSICIAN
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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attend or process.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the present of the second of the s
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

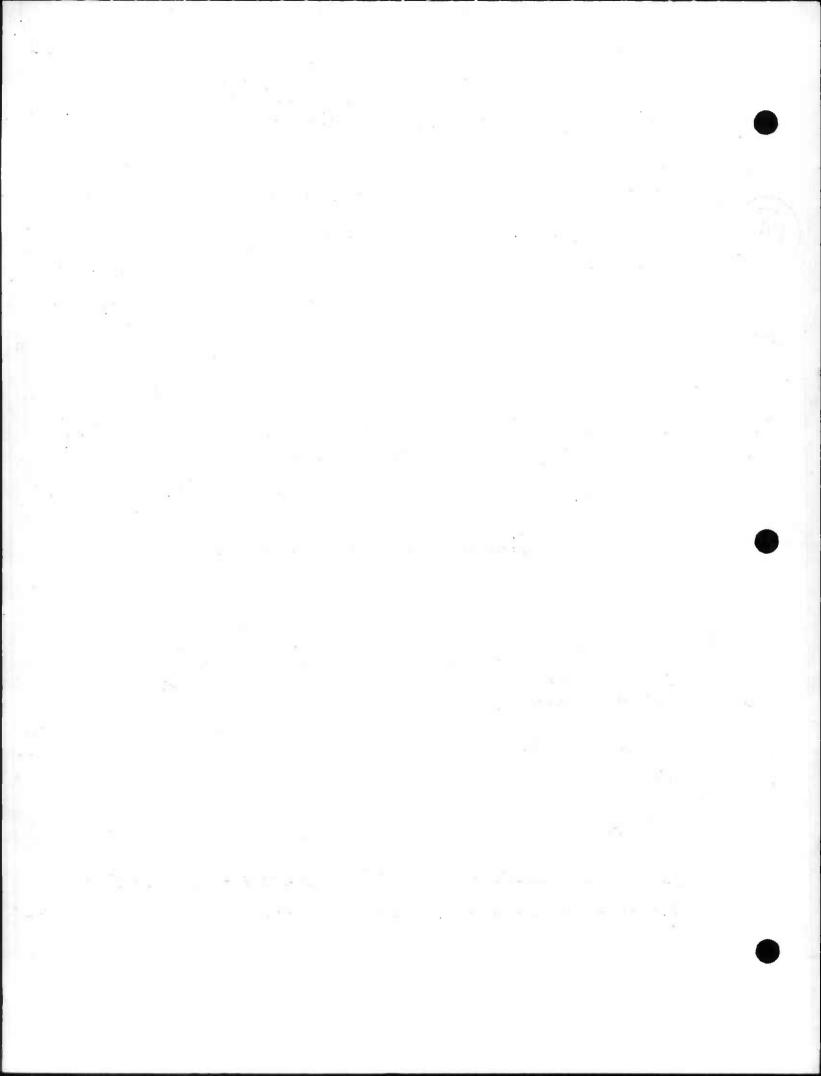
BALTIMORE, MARYLAND 21215-0020

المقالمات

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
1	1. DECEDENT'S NAME (First, Middle, Last) DOKOTHY	A. Moore	2			2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH WONTH 75 95					
1	4. SOCIAL SECURITY NUMBER 266-32-6342	1 □ M 2 💢 F 9]	s. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) December	23 No:	orthpLACE (State or Foreign unity) rth Carolina			
TOR	Se. FACILITY NAME (If not institution, give strength of the state of t		ation	Chevy	Chase	EATH	%c. COUNTY OF DEATH Montgomery				
DIRECTOR	10a. STATE 10b. COUNTY	gomery	34.0	town or Locat				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
VERAL	8700 Jones Mill Re	pad		101	20815		10g. CITIZEN OF WHAT COUNTRY? U.S.A.				
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	∑ NO	If yes, spi	ENDENT OF HISPAN Incity Cubert, Mexica 2 X NO Specify	NC ORIGIN? (Specify Yer in, Puerto Rican, etc.)	tes or No — 14. RACE — American Indian, Slack, White, atc. Specify: White				
COMPLETED	(Specify only highest grade completed) [Give kind] [Give kind] [Ife. Do NO:			USUAL OCCUPATION or during most retired.) Office1	st of working	Centra	ntral Intelligence Agency				
BE CO	17. FATHER'S NAME (First, Middle, Last) Walter E. Moore			A'S NAME (First, Middle, Maiden Surneme) Lace Enloe Rural Route Number, City or Town, State, Zip Code) Lace Rockville, MD 20852 OATE 20c. LOCATION — City or Town, State							
10	John Ashby Bryson										
	20a. METHOD OF DISPOSITION 1 Guriel 2 Commation 3 Remote 4 Donation 5 Other (Specify)	val from Stata cemeter)	cremetory or oth	ort Crem	natory	1/19 A1					
	· Veinon	Simmon	20	Joseph	NW Was	s Sons, I	D.C. 200	0 Wisconsin			
	23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE-TO (OR AS A CONSEQUENCE OF): Approximate interval Between Onset and Death disease or condition of the condi										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST E. JN S/Ven 3 DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):										
CAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
PHYSICIAN: MEDIC	Hypertension					1 YES 2	1	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
SICIAN		HOSPITAL:		OTHER:	ACE OF DEATH (Che	6 Cher (Specify)					
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c, INJU	JRY AT	28d. OESCRIBE NOW I	NJURY OCCURED				
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — A building, etc. (Specify)	it home, farm, at	reet, tactory, office		281. LOCATION (Street a City or Town, State)	and Number or Run	al Route Number,			
COMPLETED		IAN: To the best of my knowledge ; On the bests of examination and						e(a) and manner as stated.			
TO BE (296. SIGNATUPE AND TITLE OF CERTIFIEF	proster i	hus		29c. LICENSE NUM 1033	357	29d. DATE SIGN	ED (Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WND Lee John Ha.	hrusten.	2230	Mse.	asia k	he Chen	Chere	- un			
	JAN 20 1995	22. REGISTRAR'S SIGNATUR Le Daudson Randa	LL LL								



	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGI REG.					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT		3. 1	IME OF DEATH		
	CHRISTINE	MYKON	TAIL			MONTH DAY YEAR 6 AM					
				UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH 1 00 / 8. BIRTHPLACE (State or Foreign					
	216-13-8882	□ M 2 □ F	90 YRS.	NTHS DAYS	HOURS MIN.			Country)			
	9a. FACILITY NAME (If not institution, give stree			CITY, TOWN C	R LOCATION OF DE	December 24. Greece					
DIRECTOR	Holy Cross Hospita	1		Silver	Spring		Mon	tgome	_v		
ပ္က	10a, STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION			10d	INSIDE CITY		
뚬	Maryland Mont	gomerv	τ.,	heaton		1 UV					
	10e. STREET AND NUMBER	gomery			ZIP CODE		10g. CITIZ	EN OF WHAT	X		
	11926 Andrew Court		2090	2		Conn					
FUNERAL		2. WAS DECEDENT EVER IN	U.S. ARMED		ENDENT OF HISPAN	IIC ORIGIN? (Specify		Gree 14. RACE — /	merican Indian.		
BY	1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				cify Cuban, Maxica 2x NO Specify	.)	Black, White, atc. Specify:				
	3 ▼ Widowed 4 □ Divorced							White			
	15. DECEDENT'S EDUCAT (Specify only highest grade co.	15. DECEDENT'S EDUCATION (Specify only highest grade ccmpleted) 16a. DECEDENT'S USU (Give kind of work				16b. KIND OF	BUSINESS/INDU	JSTRY			
		7 1									
COMPLETED	Unknown 17. FATHER'S NAME (First, Middle, Last)		Homemak	er		Own Ho					
		-1.4				ME (First, Middle, Ma					
B	Michael S 190. INFORMANT'S NAME (Type/Print)	ykiniotis	T 400 MAILING 10	00500 (0)	Irene		Jnknown				
임						Route Number, City or					
	Irene Stephanos 200. METHOD OF DISPOSITION	205.1	PLACE AND DATE OF 1		Court Whe		eryland				
	1 Buriet 2 Cremation 3X Remove 4 Donation 5X Other (Subst. Of	of from State ceme	tery, crematory or other a Erithre	place)		Ne	ea Eritl	hrea A	rea Athens,		
	21. SIGNATURE OF FUNERAL SERVICE MEE	7 1-1-0	a Elitenie	22. NAME AN	D ADDRESS OF FA	CILITY	Gre				
	1 /2	7 - 1				llins Fur		-			
-4	James C	4 Wel				Blvd.,V			D 20901		
	23. PART i. Enter the diasasas, or con shock, or heart fellure. Lis	it only one cause on sa	tha death. DD not ch iina.	entar tha mo	da of dying, suci	h aa cardiac or r	aspiratory arre	st,	Approximate Intsrval Between		
	IMMEDIATE CAUSE (Final disesae or condition	A .	/	//	6-	,		-	Onset and Daath		
ŀ	disease or condition resulting in death) * Acute cerebellar hemorrhage										
_	DUE TO (OR AS A CONSEQUENCE OF):										
5	Sequentially list conditions, DUE TO (DR AS A CONSEQUENCE OF):										
A	cause. Enter UNDERLYING							1			
Ĭ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE DF):								
CERTIFICATION	reaulting in death) LAST										
- 81	PART II. Other significant conditions of	contributing to death bu	t not resulting in	the underlying	Carrae alvan in	Part I 240 WH	S AN AUTOPSY	DAL WEE	E AUTOPSY FINDINGS		
SA	Diverticulosis	The state of the s	thet leading in	ne unuarrymy	Cauda givair iii	PER	RFORMED?	AVA	LABLE PRIOR TO		
MEDIC	Atherosclerosc	<u>'a</u>				1 YE	S 2 NO		DEATH?		
	ATTHETO SCIETOS	3						1 [YES 2 NO		
AZ	25. WAS CASE REFERRED TO MEDICAL			24 PI	ACE OF DEATH (Ch.	nah ashi sash					
PHYSICIAN:	EXAMINER?	OSPITAL:		THER:	ACE OF DEATH (Ch						
Ë	27. MANNER OF DEATH	28a. DATE OF INJURY	26b. TIME C			8 Other (Specify) 28d. DESCRIBE HO		URED			
	1 Natural 5 Pending	(Month, Day, Year)	INJUR	Y WO	RK? 'ES 2 ND						
) BY	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY -	- At home, farm, stre	et, factory, office		281, LOCATION (St	reet and Number of	or Rural Route	Number,		
	4 Homicide determined	building, etc. (Specif	(y)		_	City or Town, S	itate)		200		
COMPLET	29e. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowle	dge, death occurred a	If the time, date	and place, and due	to the cause(a) and	manner en elete	d			
ž I		On the basie of exemination							manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER		-		29c. LICENSE NUN			SIGNED (Mor			
2		THE	_	≫	D206			-15-G			
2	30. NAME AND ADDRESS OF PERSON WHO	OMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Pri	int)							
		BUDA, H. I	390	04 CI	eveland	1 St K	Kensin	gton	4020895		
	31, DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE	, _,							
	JAN 17 1995	Julia Davidso	chardall						1		
		77									



1	-	FOR STATE REGISTRAR
_		

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit be filled within 72 hours after death with the State Dept, of Health and Memal Hypiene prior to bunal, cremation, or removal.

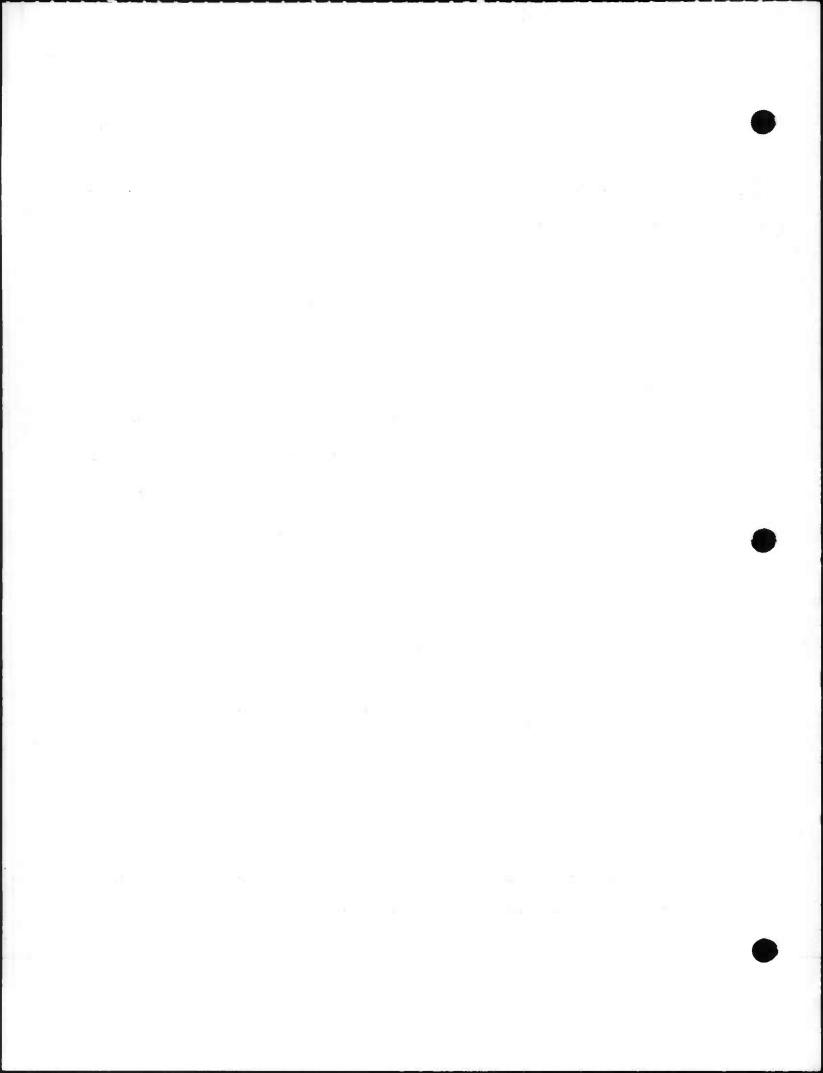
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

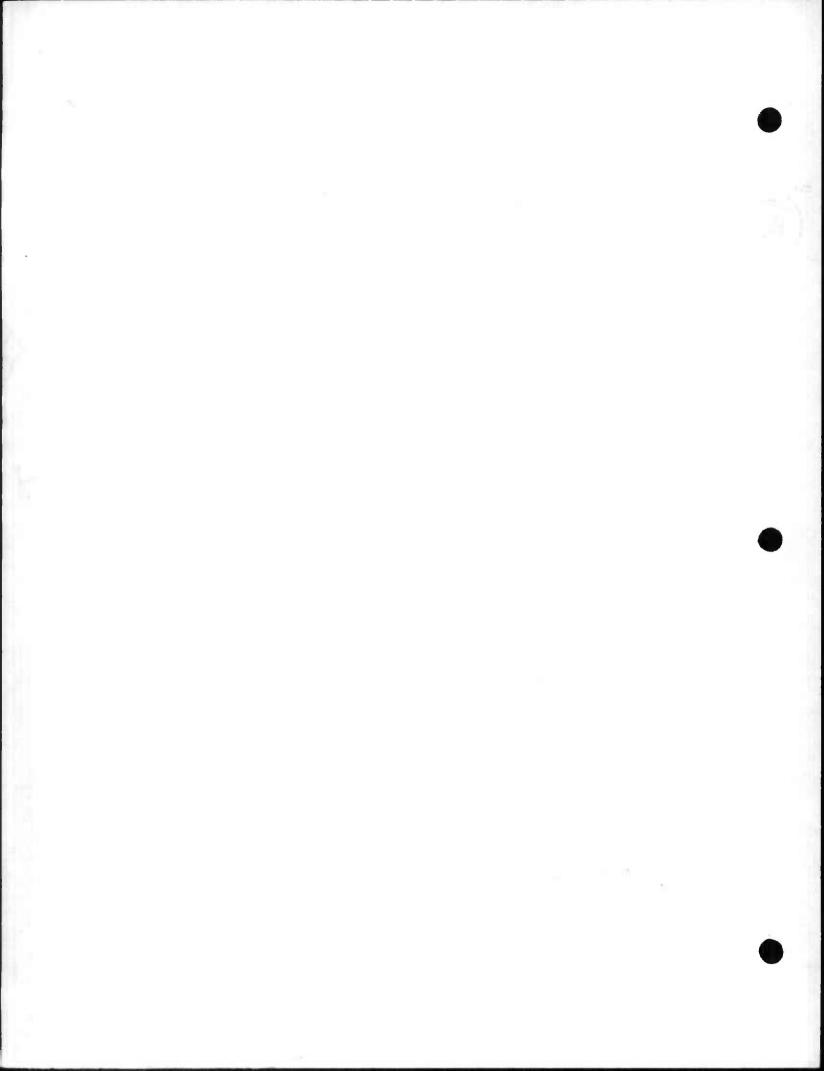
1 - STATE REGISTRAR	STATE OF MIANTL	CERTIF			EATH		REG. NO.	E .						
1. DECEOENT'S NAME (First, Middle, Last) SHIRLEY BEN	NER MAN	GUM				2. DATE OF MONTH	12,	1995	YEAR	3. TIME OF DEATH 10:50 PM M				
4. SOCIAL SECURITY NUMBER 214-30-2433	5. SEX 6. AGE (fin yrs. last birthday)	IF UNDER		UNDER 24 HRS.	7. DATE OF I	30,	1933	6. BIRTH Countr Wa:	Sh., DC				
90. FACILITY NAME (If not institution, give strue Montgomery General				TOWN OR L	OCATION OF DE	EATH			nty of p					
RESIDENCE OF DECEDENT 100. STATE MD MONT	gomery			n LOCATION nsvil						10d. INSIDE CITY UNITS?				
100. STREET AND NUMBER 3838 Bell Road				10f. ZIF	20866					vhat country? States				
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	1 Never Merried 2 Merried FORCES? 1 YES 2 NO If yee, a							DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—specify Cuben, Mexican, Puerto Rican, atc.) 14. RACE — American Indien, Black, White, atc. Specify: White						
15. DECEDENT'S EDUCI (Specify only highest grade of Elementary/Secondary (0-12)	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College, (1-4 or 5+)						Home	INESS/INC	DUSTRY					
17. FATHER'S NAME (First, Middle, Last) Leonard P. Benner 18. MOTHER'S NAME (First, Middle, Maiden Surname) Doris Cole														
199. INFORMANT'S NAME (TyperPrint) Robert T. Mangum 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3838 Bell Road, Burtonsville, MD 20866														
20e, METHOD OF DISPOSITION 1 (A Burlet 2 Cremation 3 Removel from State Denature Other (Specify) Other (Specif														
22. NAME AND ADDRESS OF FACILITY Hines—Rinaldi Funeral Home 11800 New Hampshhre Ave Silver Spring MD														
23. PART I. Enter the diseases, or conshock, or heart fallure. LI IMMEDIATE CAUSE (Finsi disease or condition resulting in death)	DUE TO (OR AS A	ach Ilna.				h ss cardlac	or reapli	atory sn	rest,	Approximate Interval Batween Onset and Death				
Sequantislly liat conditions, if any, leading to immadiata cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in dasth) LAST	DUE TO (OR AS A	CONSEQUENCE O	r):	~,e										
PART ii. Other significant conditions	contributing to death b	ut not reaulting	In the und	derlying ca	use givan in		PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF OEATH? 1 YES 2 NO				
DID TOBACCO USE CONTR		F DEATH YE	S N		UNCERTAIN	四四				1 129 2 100				
	HOSPITAL:		OTHER	:	☐ Raeldence	6 Other (Sc	eclfy)							
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM		28c. INJURY WORK?	_	28d. DESCRI		JURY OC	CURED					
3 Suicide 8 Could not be 4 Homicide determined	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, atreat, fectory, offi					281. LOCATIO City or To	N (Street ei wn, State)	nd Number	or Rural R	loute Number,				
	AN: To the best of my knowl On the beels of examination) end menner ee stated.				
296. SIGNATURE AND TITLE OF CENTURES	~			290	35 I	635		29d, DAT	EGIGNEO	(Month, Day, Year)				
Dr. Joseph Kaplan	completed cause of oe, 18111 Prin	Ce Phili	Print)	ive,			4D 20	832	1	1/5				
31. DATE FILED (Month, Day, Year) JAN 17 1991	32. REGISTRAR'S SIGNA	ATURE												



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
CERTIFICATE OF DEATH	REG NO

	1 - STATE REGISTRAR	STATE OF MA		/ DEPAR					MEN	ITAL HYGIEN	E						
	1. DECEDENT'S NAME (First, Middle, Last)								2. 0	ATE OF DEATH			3. TIME OF DEATH				
	Edward	R.		Mino	or				Ja	nuary 1	AY 3. 19	YEAR	9:05 A M				
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs.	lest birthday)	IF UNDER	R t YEAR	IF UNDE	R 24 HRS.	7. D	ATE OF BIRTH	-	8. BIRTI	IPLACE (State or Foreign				
	040-16-3906	YRS.	MONTHS	DAYS	HOURS	MIN.	Fe	b. 4,19	15	Conn	necticut						
	9a. FACILITY NAME (If not institution, give street	et and number)			9b. CITY	, TOWN (R LOCATI	ON OF D				JNTY OF D					
DIRECTOR	5802 Nicholson Lan	e, #1202			R	locky	ville	2				Mon	tgomery				
RE	10a. STATE 10b. COUNTY			t0c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY				
		ntgomery			R	ockv	⁄ill∈	<u> </u>			LIMITS? 1 YES 2 NO						
₹AL	100, STREET AND NUMBER					101	ZIP COD	E			10g. Cl	TIZEN OF V	VHAT COUNTRY?				
Ü	5802 Nicholson Lan						20	0852			Uni	ted S	States				
BY FUNERAL	11. MARITAL STATUS 1	ARMED NO		It yes, sp		ın, Mexica	nn, Pue	RIGIN? (Specify Yearto Ricen, etc.)	or No-	14. RACI Black Speci	E — American Indian, k, White, etc. hy: White						
00	15. DECEDENT'S EDUCAT			DECEDENT'S	USUAL O	CCUPATIO	ON			16b. KIND OF BU	SINESS/IN	DUSTRY	MILLE				
	(Specify only highest grade con Elementary/Secondary (0-12)	mpleted) College (1-4 or 5+)		(Give kind of life. Do NOT u	work done	during mo	st of worki	ng		Federal							
집	-	5+		Atto	orney	7			_				Commission				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (F	irst. Middle. Meiden		2					
	James V.	Minor					500 :	Eli.	zab	eth Coy	le						
BE	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	S (Street a	nd Numbe			Number, City or Tow	_	in Code)					
2	Helen E. Minor									02, Roc		,/	ID 20852				
	209, METHOD OF DISPOSITION		_	CEANDDATE	-				_			City or To					
	1 N Buriel 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	al from State	Park	Lawn N	ther place)	rial	Parl	10/	٠ برو				Maryland				
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE							CILITY				ey Funeral				
1	Mila Q	W.T		MOO 2 40	Ho	ome/I	Bethe	esda	-Ch	evy Cha	se.	Inc.	7557				
	23. PART I. Enter the diseeses, or con	nplications that co	used tha	MOO348	not enter	tha mo	da of dy	Ing, auc	h aa	setnesa	ratory a	aryıa meat,	and 20814				
	shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF):										Interval Between Onset and Death Acute & Chronic						
2	COPD											Years					
2	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):																
3	ff any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury c																
<u> </u>	that initiated events	DUE TO (OF	AS A CONS	SEQUENCE O	F):												
CERTIFICATION	resulting in death) LAST																
C	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS																
CA	Malnutrition, Can					i di Ciriyi i ng	, 00000	givon in	r est	PERFOR	MED?	240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
PHYSICIAN: MEDIC						-							OF DEATH? 1 ☐ YES 2 💥 NO				
-	DID TOBACCO USE CONTRIB	BUTE TO CAUS	E OF DE	ATH YE	SKXI	NO [UNC	ERTAII	NΓ	1							
¥	25. WAS CASE REFERRED TO MEDICAL			ACE OF DEAT						*	_						
S		OSPITAL:	/Outpatient	3 DOA	OTHER 4 Num		s (X n	aidence	6 🗆 (Other (Specify)							
Ť	27. MANNER OF DEATH	28a. DATE OF INJ	URY	28b. TIM	E OF	28c. INJ	JRY AT			DESCRIBE HOW II	NJURY OC	CURED					
BY P	1 Netural 5 Pending	(Month, Day, 1	ear)	INJ	URY M		RK? ES 2] NO									
	3 Suicide 8 Could not be	28e. PLACE OF IN	JURY — At (Specify)	home, farm,	street, fact	ory, office	,		281.	LOCATION (Street a City or Town, State)	nd Numbe	r or Runal R	loute Number,				
OMPLETED																	
4	(Check only 1 2 CENTIFYING PHYSICIA																
S S	2 MEDICAL EXAMINER	On the basis of axam	nation and/o	or investigation	n, in my o	pinion, de	eth occur	red at the	time,	data and place, an	d due to t	he cause(a	and manner as stated,				
ш	280. SIGNATURE AND TITLE OF CERTIFIER	4 / A L.	1				29c. LICI	ENSE NU	ABER		29d, DA1	E SIGNED	(Month, Day, Year)				
0	1000	cup m	11				D	1049	3		J	anua	ry 13, 1995				
-	AND ADDRESS OF PERSON WHO																
	John S. Saia, M.D.,				ad,	Rock	vill	e, M	ary	land 2	0851						
	JAN 17 1995	32. BEGISTRAR'S	SIGNATURE CLICK-A	ardall						• • •							
	41111 - 1000	1//															

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	etained by	should t	otified a	
Î	тау be г	r, page 5	st be n	
	Page 6	al directo	ner mu	
	ter death.	the funer	я ехаш	
	hours af	ed in by	medica	
	vithin 24	remation	ent, the	
	xecuted	and com	natic ev	
	cate be e	hysician e prior to	ar traum	
	ith certific	tending p	or othe	
	it the dea	by the at	/ injury,	
	quires that	Health a	ows an	
	e law rec	has beer Dept. of	1 23 sh	
	CIAN: Th	ertificate the State	or item	
	IG PHYSI	er this cath with	narked,	
	ITENDIN	TOR: Aft	28 is n	
	TAL DR A	AL DIRE(72 hours	if item	
	E HOSPIT	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or remoral.	RTANT	
	TO TH	TO THE PER FIRE	IMPO	

	1 - STATE OF MAR		RTMENT OF H		MENTAL HYGIEN							
	1. DECEDENT'S NAME (First, Middle, Lest) DOMINICK 4. SOCIAL SECURITY NUMBER 5. SEX 6. A	GE (In yrs. last birthday)	ZECLA	IF UNDER 24 HRS.	2. DATE OF DEATH MONTH JANUARY 7. DATE OF BIRTH	14 A	3. TIME OF DEATH P					
1	151-07-3155 1⅓™2□ ₽	87 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) SEPT.7,		NEW JERSEY					
TOR	9a. FACILITY NAME (If not institution, give street and number) SOUTHERN MARYLAND HOS RESIDENCE OF DECEDENT	PITAL		NTON	DEATH	9c. COUNTY PRIN	OF DEATH ICE GEORGES					
DIRECTOR	MD. ANNE ARUNDE		TY, TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 X YES 2 NO					
BAL	100. STREET AND NUMBER 29 BATCHELERS CHOICE	Τ.Δ	10f	2071	1	10g. CITIZEN	OF WHAT COUNTRY?					
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 2 Married 3 Midowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR O	ER IN U.S. ARMED	If yes, spi	ENDENT OF HISPA	NIC ORIGIN? (Specify Year, Puarto Rican, atc.)	18 or No— 14.	W.S.A. RACE — American Indian, Black, Whita, atc. Specify: WHITE					
ETED.	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	16a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPATION Work done during most se retired.)	ON st of working	16b. KIND OF BU	ISINESS/INDUST	TRY					
COMPL	12 17. FATHER'S NAME (First, Middle, Last)	MANUF	ACTURIN				E ENGINES					
ш	SABATO MAZELLA				AME (First, Middle, Maide) ALMA	CALDE	RT					
0 8	19a. INFORMANT'S NAME (Type/Print)			nd Number or Rural	Floute Number, City or Tox	vn, State, Zip Coo	de)					
	SAMUEL F. MAZELLA 20a. METHOD OF DISPOSITION	20b. PLACE AND DATE	OF DISPOSITION (Na			LOTHI	AN, MD. 20711 or Town, State					
	1 Buriel 2 Termation 3 Raminval from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIGENSEE	CHAMBER			1/17	RIVERD						
	21. SIGNATURE OF FUNERAL SERVICE LIGENSEE	2 моооэ		D ADDRESS OF FA		D. T. I.	20737					
	23. PART I. Enter the disease, or complications that cou	leed the deeth. Do					RDALE, MD.					
	ahock, or heart fellure. Liat only one cause of IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	n each lina.					Interval Between Onset and Death					
	DUE TO (OR A	AS A CONSEQUENCE O	F):									
TION	if sny, leading to immediate	AS A CONSEQUENCE O	F):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury thet Initieted eventa reaulting in deeth) LAST	AS A CONSEQUENCE O	F):									
CE	PART II. Other algorificent conditione contributing to deet	h hut met consisten	la also condicated as									
MEDICAL	Chroni I scheme	Henry	Derens	ceuse given in	Pert I. 24a. WAS APPERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE					
					_		OF DEATN? 1 YES 2 NO					
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)											
YSIC	EXAMINER? 1 VES 2 NO HOSPITAL: 1 Inpetiant 2 ER/C				6 Other (Specify)							
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	ir) INJ	M 1 Y	RK? ES 2 NO	28d. DESCRIBE HOW							
ETED	4 Homicide determined building, atc. (8	JRY — At home, larm, : Specify)	straat, lactory, offica		261. LOCATION (Street City or Town, State		iural Route Number,					
COMPLET	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my krone) Description on the basis of axamini						use(a) and manner as stated.					
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER			20c. LICENSE NUI	609	29d. DATE SIG	GNED (Month, Day, Year)					
	30. NAME AND ADDRESS OF PERSON WID COMPLETED CAUSE OF ROYLEIBOFF MID 89 26 W	ODDYARDRO		N. MAR	ULAND 20	135						
	JAN 17 1995	IGNATURE		7								
	1000	A REAL CORP.					DHMH-16 Ray 1/89					

All the first that the second of the second

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriah. De filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

2, 3 should

	for 1 - STATE REGISTRAR	STATE OF M			MENT OF I			NTAL HYGI			
- l	1. OECEOENT'S NAME (First, Middle, Last)						2.	DATE OF DEATH	DAY		3. TIME OF DEATH
1	GENE	G.	MASTE	N				JAN.	B-7-11	995	3:01 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. last		IF UNDER 1 YEAR	IF UNDER	24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)	8. BIRTHP	LACE (State or Foreign
	221-12-2225	1 □ M 2 □ F	69	YRS.			M	ARCH 11			RYLAND
œ	9a. FACILITY NAME (If not institution, give str				9b. CITY, TOWN				9c. COUNT		
DIRECTOR	BETHESDA N RESIDENCE OF DECEDENT	URSING	HOME		CH	EVY	CHAS	E	MO	NTGC	DMERY
H	10s. STATE 10b. COUNTY			10c. CITY	TOWN OR LOCA	TION				1	IOd. INSIDE CITY LIMITS?
		IGOMERY			SILVER	SPRI	NG			1	YES 2 NO
FUNERAL	100. STREET AND NUMBER 804 ORANGE DR				10	. ZIP CODI					IAT COUNTRY?
NE	804 ORANGE DR	12. WAS OECEDENT	EVER IN U.S. ADI	450	T 40 300 050		20901			J.S. I	
	1 Never Married 2 Married		YES 2 N		If yes, sp	ecify Cube	n, Mexican, P	ORIGIN? (Specify tuerto Ricen, etc.)		Black,	– American Indian, White, atc.
B⊀	3 Wildowed 4 Divorced	IF TES, GIVE W	AN ON ORIES		I I YES	2 X NO	Specify:			Specify:	WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of		16a. DEC	CEOENT'S L	SUAL OCCUPATION done during me	ON st of working	a	16b. KIND OF	BUSINESS/INDU	STRY	
	Elamentary/Secondary (0-12)	College (1-4 or 5+	life	Do NOT use	retired.)				177 FO C TO		
ME	17. FATNER'S NAME (First, Middle, Last)	3		NURS	Ci Ci				NURSI	VG	
		REENFELD				18. MOTE		(First, Middle, Maid ANNA	den Sumame) LIPS	זאר די ישוו	
BE	19a. INFORMANT'S NAME (Type/Print)		196	MAILING	ADDRESS (Street a	nd Number					
2	EDGAR JAMES	MASTEN		AME	AS IT		10	o realisation, only or	own, otato, Ep c	3000)	
	20a. METNOO OF DISPOSITION 1	and from State	20b. PLACE A	ND DATE O	F DISPOSITION (N	me of		OATE 20c.	LOCATION — CI	Ify or Town	n, State
	4 🗆 Donation 45 🗆 Other (Specify)		CHAME	BERS (er place) CREMATO	RY	1/	17	RIVERI	DALE.	MD.
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	1		22. NAME A	O ADDRES	SS OF FACILI	TY			20910
	W.W. Char	nous	MC MC	0091	W. W.	CHAM	BERS	CO. INC	.,SILVE	ER SI	PRING, MD.
	23. PART i. Entar tha diaaases, or co shock, or haart fallure. L	implications that	causad the dea	ath. Do no	ot enter the mo	da of dyi	ng, such a	s cardiac or re	spiratory arre	st,	Approximata interval Batween
IMMEDIATE CAUSE (Final disease or condition resulting in death) a NON SMALL CEU LUNG CANCER OUE TO (OR AS A CONSCOURNCE OF):										Onset and Death	
	resulting in death)	NON SM	IALL CEL	LLU	NG CA	NCE	R				12mos.
_		002 10 (OH AS A CONSEC	DENCE OF							i 1
10	Sequentially list conditiona, if sny, leading to immediate	OUE TO (OR AS A CONSEO	UENCE OF)	1						
2	cause. Entar UNDERLYING CAUSE (Disease or injury										
	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEO	UENCE OF)	:						
CERTIFICATION	d.										
AL.	PART ii. Other significant conditions		daath but not re	suiting in	the undariyin	cauaa g	ivan in Par	t i. 24a. WAS	AN AUTOPSY FORMED?		VERE AUTOPSY FINDINGS
50	DECUBITUS UL	CER						1 TYES	2 0 NO	0	COMPLETION OF CAUSE OF DEATH?
ME						-0		_		1	YES 2 NO
AN	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL	BUTE TO CAL			(Check only one)	UNC	ERTAIN [
SICI	EXAMINER?	HOSPITAL:			OTHER:		aldana 8 [Other (Caralla)			
PHYSICIAN: MEDIC	27. MANNER OF DEATH	28s. OATE OF	NJURY	28b. TIME	OF 28c. INJ	URY AT		d. OESCRIBE HO	W INJURY OCCU	IRED	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Da	y, 100f)	INJU	M 1 🗆	RK? (ES 2 [NO NO				
	3 Suicide 6 Could not be	28s, PLACE OF building, s	INJURY — At horoto, (Specify)	ne, term, st	reet, factory, offic		28	f. LOCATION (Stre City or Town, Str		r Rural Rou	ite Number,
집	29a. CERTIFIER (Check only one)										
COMPLETED	2 MEDICAL EXAMINER	On the basis of ax	amination and/or in	rvestigation	, in my opinion, d	aeth occur	ed at the time	, date and place,	and due to the	cause(s) s	and menner ee stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	allyn	Ann All	dan	IN MAD	29¢ LICE	NSE NUMBER	1/2	29d. DATE	SIGNED (A	Aonth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	POF DEATH /ITEM	27) (3000	Plati	V	2716	0		-16	0-75
	AWINS, MADARA	MY MI	5530	MCC		AIR	Cit-	1248.0	He duc.	MACC	MD 208/C
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR	'S SIGNATURE	טנוש	MOIN	NUC	Sulf	INTO, C	HUYU	DO JA	כוע איין וון
	JAN 17 1995	Jalia Dave	clear Rarda	Ц							
		1									

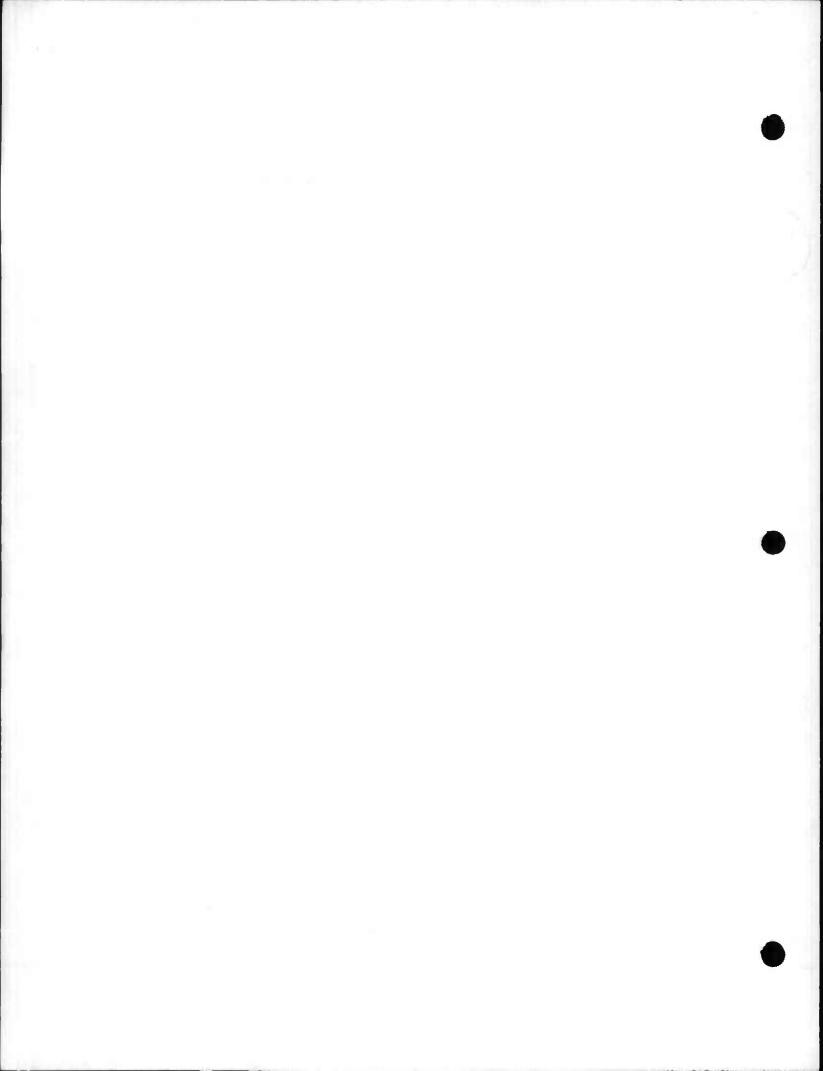
ig. The second of the second o

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG. NO.

1.2 DATE OF DEATH

1 DECEDENTIS NAME (C)	8.46-4-40 A			OLMI	IIOA	IL OI	DLA			a. NO.		_	
1. DECEDENT'S NAME (First Alberta M		s Morton							2. DATE OF DE.	1 4	3	3. 5	1:20 A _M
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In)	yrs. last birthday) IF UN	DER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH 6.			DIRTHPLA	CE (State or Foreign
309-26-293	6	1 🗌 M 2 💢 🤾 F		mg mg	174	HOURS	MIN.	02/01	709	9	Alab	ama	
9a. FACILITY NAME (If not in	nstitution, give s	tniet and number)			9b. C	ITY TOWN	OR LOCATI	ON OF DE					
Sacred Hea							tsvil						orge's
RESIDENCE OF DEC		c, Inc.				nyat	CBATT	10,	rid.			e 66	orge s
10g. STATE MD	10b. COUNTY	1		ITY, TOW	N OR LOCA	ATION		-			10-	d. INSIDE CITY	
, rid	Prin	ce Georg	e's	1	Hyat	tsvi.	lle				K	LIMITS? YES 2 NO	
10s. STREET AND NUMBER						10	of, ZIP COD	E		Ti		T COUNTRY?	
5805 Quee:	ns Cha	pel Rd.				2078	2-38	98		U.S.A			
11. MARITAL STATUS		12. WAS DECEDEN	IT EVED IN U	C ADMED		12 WMC OF			IIC ORIGIN? (Spec				
1 Never Married 2	Married	FORCES? 1	YES	2 XNO		If yes, a	pecify Cubi	ın, Mexica	n, Puerto Rican, e	HC.)		Black, W	American Indian, hite, etc.
3 🛚 Widowed 4 🗌 Dive	besto	MAR OR DATE	S 2 📉 NO	Specify	r:			Specify:	A				
15. DEC	EDENT'S EDU	CATION	10	8a. DECEDENT	'S USUAL	OCCUPAT	ION		18h KIND	OF BUSIN	ESS/INDUST		an-America:
(Specify online Elementary/Secondary (I	ly highest grade				work do	ne during m	nost of working	ng	IND. TOTAL	01 000011	LOGINOGI		
12	0-12)	College (1-4 or 5	*'	House	ewif	e			Ноп	10			
17. FATHER'S NAME (First, N	fiddle Lesti						10 140-	MEDIO NI	ME (First, Middle, i				
Homer Matt							0.5			waideri Sui	rrame)		
194. INFORMANT'S NAME (405 4440	10.1555	500 C:	_		anton				
Betty Whit									Poute Number, City				
)								Нуа	ttsvill				
20a. METHOD OF DISPOSIT 1 XBurial 2 Crematic	on 3 🗆 Rem	oral from State		LACE AND DAT			lame of				TION — City		
4 Donation 5 Dother			_ Ca	pital	Memo	rial		1/	21/95	Pflu	gervi	lle,	Texas
21. SIGNATURE OF FUNERA	L SERVICE LIC	1 1			1.0		AND ADDRE	SS OF FA	CILITY				
na hy	1/600	1/1/10	RR	,		7400	re r	uner	al Serv	ice,	Inc.		D 6
7400 Georgia Ave. N.W., Wasgington, D.C. 23/PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate													
cause. Enter UNDERLY CAUSE (Disesse or inju- that initiated evente resulting in death) LAS	ing iry	d		ONSEQUENCE									
PART ii. Other significa	condition	S contributing to	Y		- /		11 /		P	VAS AN AU	D?	AM	RE AUTOPSY FINDINGS NLABLE PRIOR TO MPLETION OF CAUSE
170/20	.Jail	×	1			·) ·	,		22 10	YES 2X	NO	OF	DEATH?
1 14/90	111	101		-				_				1 [YES 2 NO
25 HM2 0407 0777777													
25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			ОТН		PLACE OF D	EATH (Chi	ack only one)				
1 TYES 2 NO		1 Inpatient 2			100	Nursing Ho		esidence	6 Other (Speci	lfy)			
	Pending Investigation	28e. DATE OF (Month, E	HINJURY Pay, Year)		IME OF NJURY M	W	URY AT ORK? YES 2	NO	28d. DESCRIBE	HOW INJU	URY OCCURE	D	
3 Suicide 6	Could not be	28e. PLACE C building,	OF INJURY — etc. (Specify)	At home, farm	, street, 1	factory, offi	ce		281. LOCATION ((Street and , State)	Number or A	ural Floute	Number,
4 Homicide	determined												
		CIAN: To the best of R: On the basis of s										use(s) an	d menner as stated.
296. SIGNATURE AND TITLE	OF CENTIFIE	7	Pit	A Co	ver	cran		ENSE NUM	MBER	2	ed. DATE SIG	NED (M	Ath, Day, Year)
30. NAME AND ADDRESS O	F PERSON WH	O COMPLETED CAU	SE OF DEAT					500	enlare	VC	271	15/	430
Stuart	Turk	ewitz	, Xn	.D.		Gre	end	elt	en lara	20	770)	. 77
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ION OF VITA	THE DUNCTON THE
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VISION OF VIT	ATTENDISIO DUVESCIAMI. Th
VISION OF VIT	OD ATTENDISC DUNCSCIAM: Th
F VII	OD ATTENDIAL DUVESCIANI. TH

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 55 hours after death. Page 6 may be retained by the hospital or attending physician TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF N		DEPAR ERTIF					MENTAL HYGI				
- 8	1. DECEDENT'S HAME (First, Middle, Last)								2. DATE OF DEAT MONTH	H	YEAR	3. TIME OF DEATH	
- 0		ssie V.							Jan. l'	7, 199		7:23 A M	
	4. SOCIAL SECURITY HUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Yea	r)	Countr		
	578-03-2278	1 □ M 2 😾 F	98	YRS.					DEC. 11,			IRGINIA	
œ	90. FACILITY HAME (If not institution, give st Larkin Chase	N.H.			9b. CITY,			ON OF DEA	ATH	- 1	INTY OF D	EATH	
DIRECTOR	RESIDENCE OF DECEDENT	№ П.				Bow	це				P.G.		
REC	10e. STATE 10b. COUHTY	10c. CIT	r, TOWN C	R LOCAT	ION				10d. INSIDE CITY LIMITS?				
		NCE GEOR	GES		HY	ATTS	VILI	E				1 X YES 2 NO	
3AL	10e. STREET AHD HUMBER				10000	10f.	ZIP CODE	E		10g. CI1	IZEH OF V	VHAT COUHTRY?	
FUNERAL	5305 CHESAP							781			U.S	.A.	
	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 N	MED IO	1	f yee, spe	cify Cube		C ORIGIN? (Specify , Puerto Rican, etc.		14. RACE Black Speci	E — Americen Indian, c, White, atc.	
ВУ	3 Widowed 4 Divorced						- M	ороону.			Speci	WHITE	
Ħ	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	(Gi	CEDENT'S	vork done d	CUPATIO	H st of workin	g	16b, KIND OF	BUSIHESS/IN	DUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 d	·)	Do NOT us	e retired.) TRES	q			סיזכו	TAURAN	ш		
M	17. FATHER'S HAME (First, Middle, Last)			44557	TIME	5	10 MOTE	IED'S HAN	TE (First, Middle, Me		I.T.		
	EDWARD H.	PHILL	TPS				III. MOTI				KLEY		
BE	19e. INFORMANT'S NAME (Type/Print)			. MAILING	AOORESS	(Street ar	nd Number		oute Number, City or				
임	WILLIETT BYRU	M		SA			TTEM				,		
	20e. METHOD OF DISPOSITION 1	ryal from State	20b.PLACE A cametary, cra CHAN	MODATE O	F DISPOS	ITIOH /Na	ne of		1 .	LOCATION —			
	21. SIGNATURE OF FUHERAL SERVICE LIC	ENSEE	- CHAN	TREKS	-			SS OF FAC	1/18	RIVER	DALE	MD.	
	12/21/Ch	mhus	Q N	1000 9	า พ	W	CHA	MEER	S CO B	תפיפודד	प ा	MD. 20737	
	23. PART I. Enter the diseases, or c	omplications tha	t causad tha da	sth. Do n	ot antar	tha mod	da of dyl	ng, such	ss cardiac or n	espiratory ar	reat,	Approximate	
	ahock, or haart fallure. i IMMEDIATE CAUSE (Final	.ist only ona cau	sa on aach ilna	•								Intarval Between Onset and Daath	
		Sep	sis de	ue to	T	ne	umo	1466				1 west	
disease or condition resulting in death) Sepsis due to preumonia Due to (or as a consequence of):													
NO	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events The state of present the state of the state												
CERTIFICATION	oue to (6n as a consequence of): out to (6n as a consequence of): cause, Entar UNDERLYING												
F	CAUSE (Disesse or injury that initiated events	OUE TO	OR AS A CONSEC	DUENCE OF):	مبرر	- (0		concordy.				
H	resulting in death) LAST	l											
	PART II. Other significant conditions	contributing to	death but not ra	asulting i	n the un	darivino	Cause o	iven in P	Port I 24a MAG	AN AUTOPSY	245	WERE AUTOPSY FINDINGS	
CAL				acarting .		aarrymg	oudue 9	evalv III v	PER	FORMED?	240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDIC									1 YE	S 2 9 NO		OF DEATH?	
	DID TOBACCO USE CONTI	IBUTE TO CA	USE OF DEA	TH YE	s \square s	NO FI	UNC	ERTAIN				T TES 2 DAO	
Ž I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			E OF DEAT			0.10						
)S	1 VES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	t: Ing Home	5 🗆 Re	eldence 8	Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH 1 ☑ Natural 5 ☐ Pending	28e. DATE OF (Month, Di		28b, TIM		28c. IHJL WOF	JRY AT RK? ES 2		28d. DESCRIBE HO	W INJURY OC	CURED		
B	2 Accident Investigation 3 Suicide Could not be	28e. PLACE O	F INJURY — At hor	me, ferm, s	treet, facto			-	281, LOCATION (Str	net and Numbe	e or Pound D	harda Mirenbur	
COMPLETED	4 Homicide determined	building,	etc. (Specify)						City or Town, S		or norm	oute Namos,	
PLE	29e. CERTIFIER (Check only	CIAN: To the best of	my knowledge, dea	ath occurre	d at the ti	me, date	end place,	end due t	o the ceuse(e) end	menner es ate	ted.		
S S	one) 2 MEOICAL EXAMINE	t: On the besis of ea	amination end/or i	nveatigation	n, in my o	pinion, de	eth occur	ed at the ti	lme, date end plece	, end due to t	he ceuse(s)) end menner ee stated.	
H	296. SIGNATURE AND TITLE OF CERTIFIEF	41						NSE NUME				(Month, Day, Year)	
2	Rointern Faction 30. NAME AND ADDRESS OF PERSON WHO	M.D.	E OF OFATH ATT	1 270 /3	Dulan)		D 4	344	9		//7	195	
	DR. ROINTAN FAR			, , , , ,	,	IVI	LLE 1	RD.#I	3216, BO	WIE. M	D. 20	0716	
	31. DATE FILED (Month, Day, Year)	1. 1	N'S SIGNATURE					- 7/1	, , ,	, ,	<u> </u>	- 1 30	
	JAN 1 9 1995	Jahr a	martor Nov	dall									

DHMH-18 Ray 1/89

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> > Approximata Intarval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO CDMPLETION OF CAUSE OF DEATH?

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIM

BALTIMORE, MARYLAND 21215-0020

	FOR STATE REGISTRAR		STATE OF	MARYLAI	ND / DEPA	RTMEN	T OF	HEALTH	AND	MENTAL	HYGIEN REG. NO			
1	1. DECEDENT'S NAME	(First, Middle, Last)								2. DATE C	F DEATN			3. TIME OF DEATN
	Frank	G. Morga	arı							Jar		9	1995	1609
:	4. SOCIAL SECURITY	NUMBER	5. SEX	6. AGE (In	yrs. last birthday		R 1 YEAR		R 24 HRS.	7. DATE O	F BIRTN		S. BIRTH	PLACE (State or Foreign
	229-24-0	950	1 📉 M 2 🗆 F	66	YRS.	MONTHS	DAYS	HOURS	MIN.		Dey, Year)	8	Vira	minia
	9a. FACILITY NAME (II		struet and number)			9b. CIT	Y, TOWN	OR LOCAT	ION OF D		1,2		INTY OF D	
DIRECTOR	Union Ho	spital				E11	cton					Ceci	1	
딥	RESIDENCE OF	10b. COUNT	Υ		10c. C	TY, TOWN	OB LOCA	TION				1000		10d. INSIDE CITY
E	MD	Cec	:i.1			olora		. TOIT						LIMITS?
- 10	10e. STREET AND NUR	ABER .				71010		f. ZIP COD	DE			10g, CI1	IZEN OF V	1 YES 2 NO
FUNERAL	24 Arch	crest La	rie					219	17			US		
5	11. MARITAL STATUS		12. WAS OECEDER	NT EVER IN U	S. ARMED	13	. WAS DE	CENOENT	OF NISPA	NIC ORIGIN?	(Specify Ye		14. RACE	E — American Indian,
BY F	1 Never Merried 3 Wildowed 4		FORCES?					Decify Cubi		n, Puerto Ri	can, etc.)		Speci	k, Whita, atc.
			<u> </u>					Λ.					whit	*
ETED	(Speci	DECEDENT'S EDU ify only highest grade	completed)	1	Give kind o	work done	during m		ing	16b. I	CIND OF BU	SINESS/IN	DUSTRY	
COMPLE	Elementary/Second	lary (0-12)	College (1-4 or 5		Min. Do NOT					_				
5	17. FATNER'S NAME (F)	irst, Middle, Last)		1	Mushro	om gr	ower	Y	INEDIO NA	ME (First, Mi	rming			
	Newton 1									hinau		Sumame)		
H	19a. INFORMANT'S NA				19b. MAILIN	G ADORES	S (Street			Route Numbe		n State Zi	n Code)	
2	Barbara	a Morgan								ora M			p oode,	
	20a. METNOD OF DISP	POSITION		20b.PI	ACE AND DATE	OF DISPO	SITION /N	ame of		OATE	_	CATION -	City or To	wn, State
- 1	1 Donation 5		lovel from State	Cemete	ory, crematory or Notting	other place ham	Jan	23 1	995		Co1	ora,	MD	
	21. SIGNATURE OF TU	HERAL SÉRVICE LI	CENSEE	,	,			ND ADDRE		CILITY	1 003	oluj	110	
	6 T6	rest.	1 Ten	ul						eral				
	23. PART I. Enter t	he diseases, or	complications the	et caused ti	he death. Do	not ente	the mo	Oue	en S	t Ris	ing S	iretory er	D 219	911 Approximata
- 1	anock,	or heart failure.	List only one car	use on eac	h line.			, ac o. a,	mig, suc	es caran	ic or reap	natory ar	reat,	Intarval Betwe
	IMMEDIATE CAUSE		ibula	0	Talka		-	70.	0.	+ 101.		LaCT	1-0-1	Onset and Dea
	resulting in death)		DUE TO	OR AS A C	Toute	COLUII OF):	7 (_ ~	_hc	No VIU	ocau	دردا ا	47twich	
z II				00							,			İ
일	Sequentially list co If any, leading to Ir	mmediate	DUE TO	(OR AS A C	ONSEQUENCE	OF):								
CERTIFICATION	CAUSE (Disease or		c. Lm	-	ncer								_	
E	that initiated events resulting in death)		DUE TO	(OR AS A C	ONSEQUENCE	OF):								
5	,		d											
¥	PART ii. Other sign	ificant condition	ne contributing to	death but	not reaulting	In the u	nderlyin	g cause	given in	Part I.	4a. WAS AN		24b.	WERE AUTOPSY FINDING
EDIC											PERFOI			AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEI														OF DEATH?
	DID TOBACCO	O USE CONT	RIBUTE TO CA	USE OF	DEATH Y	ES IT	NO [JUNG	CERTAIL	N D				
S	25. WAS CASE REFERR EXAMINER?	EO TO MEDICAL	HOSPITAL:	28.	PLACE OF OE									
PHYSICIAN:	1 TES 2 NO	0	1 Inpetient 2	☐ ER/Outpetk	ent 3 🗆 DOA	OTHE		10 5 🗆 R	esidence	8 🗆 Other (Specify)			
E	27. MANNER OF DEATH		28e. DATE OF (Month, E		28b. TI	WE OF		IURY AT ORK?		28d. OEŞC	RIBE HOW I	NJURY OC	CUREO	
ā	2 Accident	5 Pending Investigation				М		YES 2	_ NO					
3	3 Suicide	Could not be determined	28e. PLACE C building,	of INJURY — atc. (Specify)	At home, farm,	street, fee	tory, offic	:0		281. LOCAT City or	ION (Street Town, State)	and Numbe	r or Rural R	loute Number,
COMPLET	(Check only		ICIAN: To the best of											
3	120			xamination e	nd/or Investigat	on, in my	opinion, c	leath occu	red at the	time, deta a	nd place, an	d dua to II	he Cause(s) and manner as stated.
	29b. SIGNATURE (IND)	TITLE OF CENTIFIE							ENSE NU			29d, DAT	E SIGNED	(Month, Day, Year)
5		12-	1_	MO				D	143	13			1/23	195

32. REGISTRAR'S SIGNATURE

Dr Joseph Weidner 101 Colonial Way Rising Sun, MD 21911

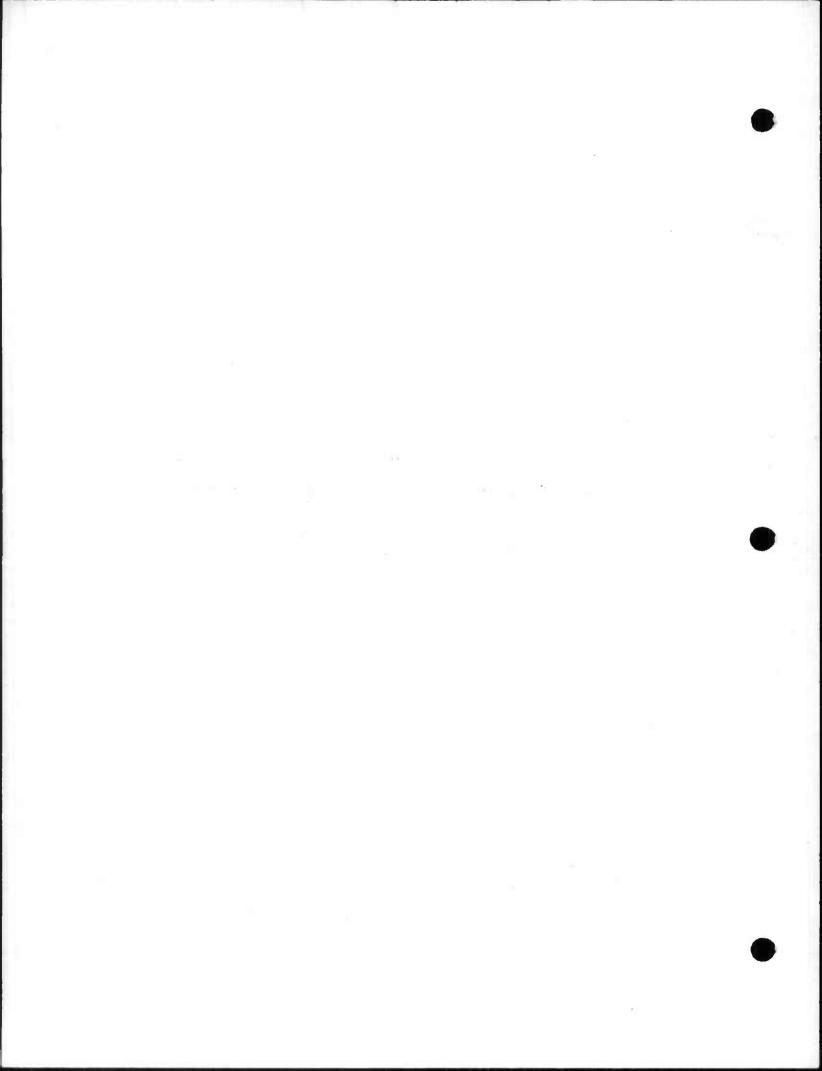
DRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

DHMH-16 Rev 1/89

31. DATE FILED (Month, Day, Year)

JAN 23 1995

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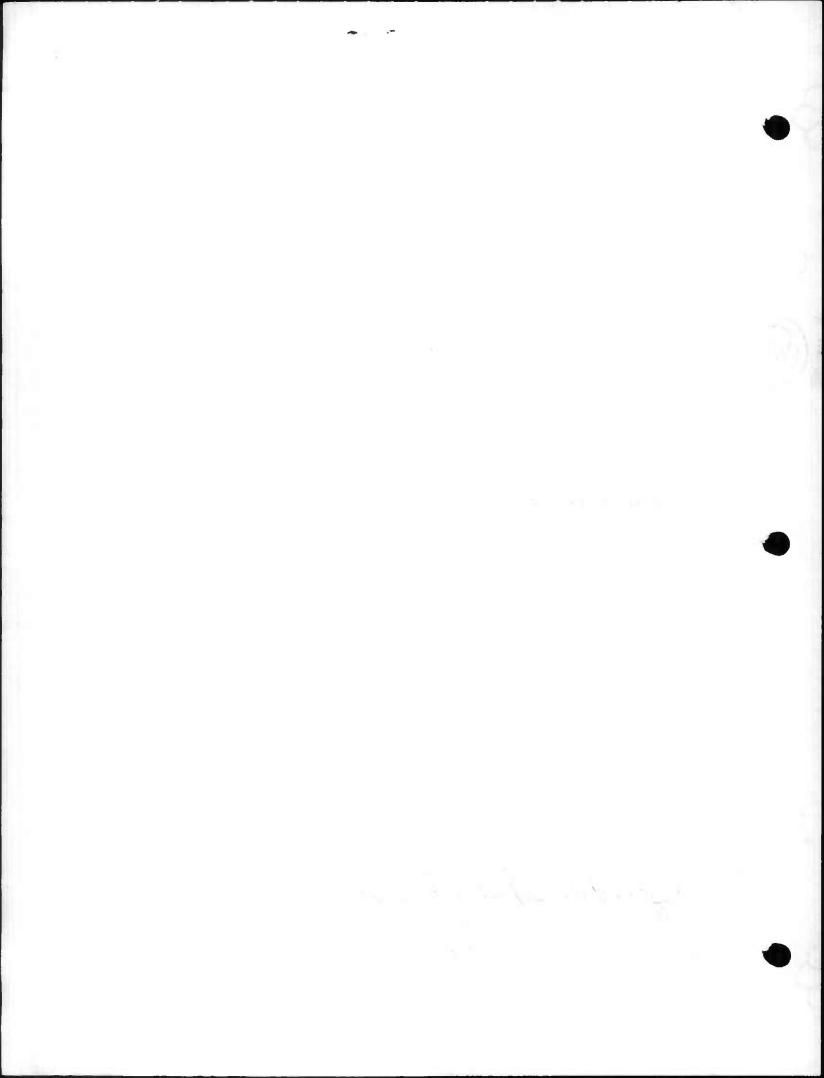


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L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 securs after death. Page 6 may be remained by min.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sthough the death. Nouns after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	These Add to send on these Add at the send believe to the send of
8	SIN DE	1
7	J. Z	2

he burial-transit permit. Pages 1, 2, 3 should

physician.

HELEN McCAFFREY	REG. NO.						
	2. DATE OF DEATH 3. TIME OF DEATH						
	Jan. 14, 1995 YEAR 11:40	А.м					
4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH 8. BIRTHPLACE (State or Form						
090-10-1769	(Month, Day, Year) Feb. 19,1910 New York, N.	V					
9e. FACILITY NAME (If not institution, give strest end number) 9b. CITY, TOWN OR LOCATION OF DEA		<u> </u>					
William Hill Health Care Center Cambridge RESIDENCE OF DECEDENT 106. STATE 106. COUNTY Maryland Talbot St. Michaels	Dorchester						
10c. CITY, TOWN OR LOCATION	10d. INSIDE CITY LIMITS?						
	1 🗆 YES 2 💥 N	0					
100. STREET AND NUMBER 101. Quail Hollow 21663 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 11. Maritad 2 Married 1 YES 2 NO 11 Yes, specify Cuben, Marken	10g. CITIZEN OF WHAT COUNTRY?						
101 Quail Hollow 21663	U.S.A.						
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMENT OF HISPANN 17. Married 18. WAS DECEMENT OF HISPANN 19. Married 19. Married 19. Marri	C ORIGIN? (Specify Yee or No. 14. RACE — American Indian, Puerto Rican, etc.)	,					
3 XWidowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 XNO Specify:	Specify: White						
(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.)	166. KIND OF BUSINESS/INDUSTRY						
Elementary/Secondary (0-12) College (1-4 or 5+) 12 Fashion Industry	Retail Sales						
	I E (First, Middle, Maiden Surname)						
	rine Quinn						
10a INFORMANT'S NAME /Sina/Dright							
Richard Chandler Cole 9624 Deer Run Dr. Pont							
20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of	OATE 20c. LOCATION — City or Town, State						
1 Burlel 2 (Acremetion 3 Removel from State 4 Donation 5 Other (Specify)							
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACE	ILITY						
Lauren & Lemard Harrison E. L.	eonard Funeral Home						
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such	St. St. Michaels, Md. 216						
anock, or naart failure. List only one cause on each line.	as cerdiac or respiratory arrest, Approximate interval Bate						
IMMEDIATE CAUSE (Finel disease or condition	Onset and D	leath					
disease or condition	1340						
	4 Javin Flore						
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Description of the conditions of the	9,000	,					
S cause. Enter UNDERLYING CAUSE (DISEASE OF INJURY) CAUSE (DISEASE OF INJURY)	> 540						
that initiated events OUE TO (OR AS A CONSEQUENCE OF)							
d							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in P.	art I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FIND	POWE					
MEDICA	PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CALL						
9	OF DEATH?						
2	1 YES 2 _ NO						
25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Chec.	t ort ore)						
EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Norsing Home. 5 Residence 8							
1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)							
T 27. MANNER OF DEATH 28e. DATE OF INJURY 28b TIME OF 28c IN ILIOY AT	28d. DESCRIBE HOW INJURY OCCURED						
1 Netural 5 Panding (Month, Day, Year) INJURY WORK?	28f. LOCATION (Street and Number or Rural Route Number,						
2 Accident Investigation 20 Accident 20 NO	201. Editari on Island and Northber of Horal House Number,						
2 Accident Investigation 29- PLACE OF INVESTIGATION 1 YES 2 NO	City or Town, State)						
2 Accident Investigation 20 Accident 20 NO							
2 Accident Investigation 20 Accident 20 NO	o the cause(e) end manner as atated.						
2 _ Accident 2 _ Investigation 2 _ NO	o the cause(e) end manner as stated. me, data and placa, and due to the cause(e) end manner se state	id.					
2 Accident 28e. PLACE OF INJURY — At home, ierm, street, factory, office 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER On the basis of axamination end/or investigation, in my opinion, death occurred at the life 29e. LICENSE NUMB	the cause(e) end manner as stated. The data and placa, and due to the cause(e) end manner se state SER 29d. DATE SIGNEO (Month, Day, Year)	id.					
2 Accident 2 NO 1 YES 2 NO 2 Accident 3 Suicide 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — At home, lerm, street, factory, office 2 Doubled 29e. CERTIFIER (Check only one) CERTIFIER Check only one) MEDICAL EXAMINER On the basis of examination end/or investigation, in my opinion, death occurred at the lite 29e. LICENSE NUMB D31108	o the cause(e) end manner as stated. me, data and placa, and due to the cause(e) end manner se state	id.					
2 Accident Suicide S Could not be determined See. PLACE OF INJURY — At home, term, street, factory, office 29e. CERTIFIER (Check only one) Check only one) CERTIFIER On the basis of axamination end/or investigation, in my opinion, death occurred at the life 29e. LICENSE NUMB D31108	the cause(e) end manner as stated. The data and placa, and due to the cause(e) end manner se state SER 29d. DATE SIGNEO (Month, Day, Year)	id.					



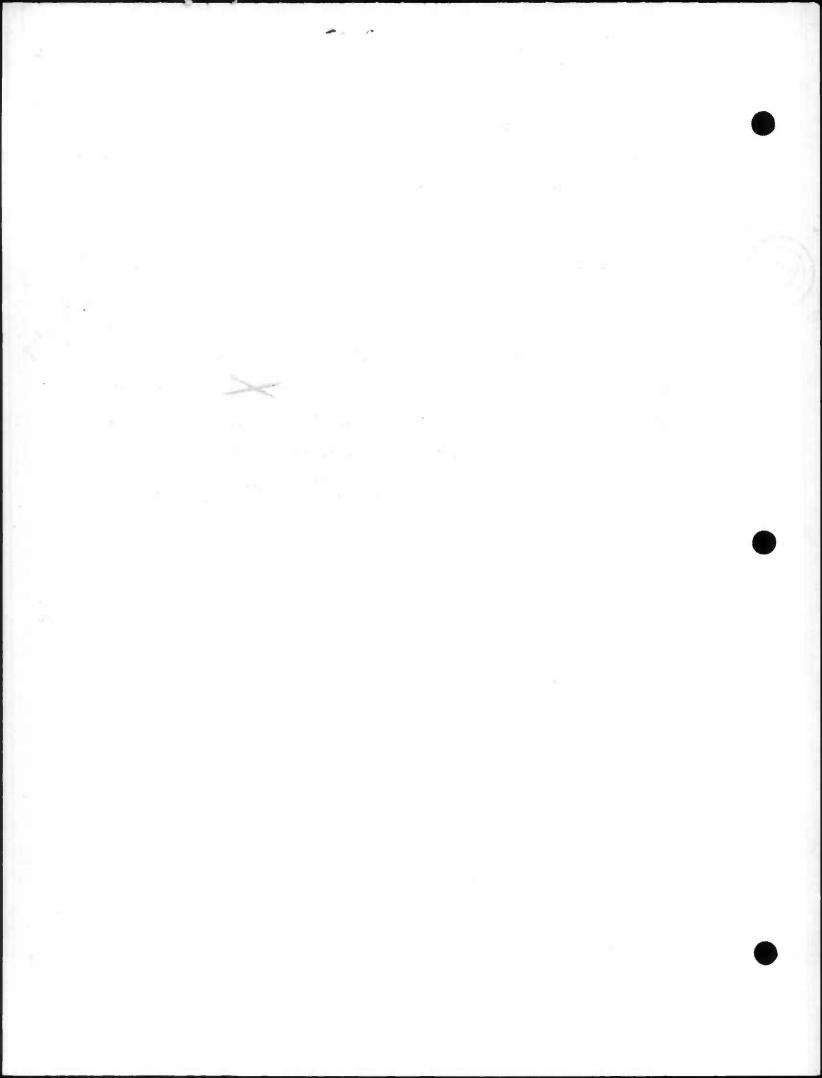
Amended #18, 1/20/95 BJV, Talbot Co

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.					
ij	t. DECEDENT'S NAME (First, Middle, Last) HARLOW CLYDE		-MCCORD	2. DATE OF DEATH	95° 12:35 P M				
		E (In yrs. last birthday) IF	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH					
DIRECTOR	577-10-6739 1X M 2 □ F 9	O YRS.	NTHE DAYS HOURS MIN.	JUNE 23,19	8. BIRTHPLACE (State or Foreign Country) NEBRASKA				
	90. FACILITY NAME (If not institution, give streat and number) 90. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF OEATH FASTON TALBOT								
2	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY	10c. CITY, TO	OWN OR LOCATION		10d, INSIDE CITY				
	MARYLAND TALEOT 10e. STREET AND NUMBER	E	ASTON	γ	1 X YES 2 NO				
BY FUNERAL	21 LYNNBROOK TERRACE		101. ZIP CODE 21601	10g.	CITIZEN OF WHAT COUNTRY?				
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YE	S 2X NO	13. WAS DECENDENT OF HISPAI It yes, specify Cuban, Maxica t YES 2 NO Specifi	in, Puerlo Rican, atc.)	14. RACE — American Indian, Black, White, atc. Specify: WHITE				
	15. DECEOENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USU	JAL OCCUPATION done during most of working	16b. KINO OF BUSINESS	S/INDUSTRY				
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +) 12 4	EXECUTI	tired.)	ALCOA ALUMINUM					
O	17. FATHER'S NAME (First, Middle, Last)			ME (First, Middle, Meiden Surner					
BEC	CLYDE MCCORD		M	AIME MARY F	PAULINA HARLOW				
10	19a, INFORMANT'S NAME (Type/Print)		DRESS (Street end Number or Rural						
-	D.H. MCCORD				JUMBUS, OH 4322				
		Ob. PLACE AND DATE OF DESALTSBURY			N — City or Town, Stata SBURY, MD				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FA		P.A.				
_	JOHN E. MERCER	CFSP CFSP	200 S. HARI	RISON ST.	EASTON. MD				
		each lina,		th as cardiec or respirator	y arreat, Approximate interval Between Onset and Death				
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.								
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death	but not resulting in the	ha underlying causa givan in	Part I. 24a. WAS AN AUTO PERFORMED 1 YES 2 N	AVAILABLE PRIOR TO				
AN	24 WAS CASE DIVERSOR TO MEDICAL								
S	28, PLACE OF DEATH (Check only one) EXAMINENT HOSPITAL: QTHER:								
¥	1 Inpatient 2 ER/Outpatient 3 DOA 4 Auraing Home 5 Realdence 6 Other (Specify)								
ВУР	Netural 5 Pending (Month, Day, Year) NJURY WORK? 1 YES 2 NO								
TED	Suicide S Could not be determined S Could not be determined S Could not be determined S Could not be determined S Could not be building, atc. (Specify) State) S Suicide S Could not be building, atc. (Specify) S Suicide S Could not be building, atc. (Specify) S State) S State Number or Rural Route Number, City or Town, State)								
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my known one) 1 MEDICAL EXAMINER On the best of examination of the best of examination of the best of								
H	290. SIGNATURE AND TITLE OF FERTIFIER 290. DATE SIGNED (Month, Day, Year) 8/19/95								
욘	Color J. Offers		OC DICHUSI	Iclans, &	eston Mozicol				
	31. DATE FILED (Month, Day, Year) JAN 2 0 1995 July Stand	inature ion-Randall							
		· · · · · · · · · · · · · · · · · · ·			4/10/2007				

BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the humber filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760



1	1. DECEDENT
1	4. SOCIAL SE
I	369-
H	9a FACILITY

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTING			MENTA	L HYGIEN	E				
1. DECEDENT'S NAME (First, Middle, Last)		02/1/1/10	AIL OI	DEATH	2. DATE	OF OEATH		3	. TIME OF DEATH		
	Richard I	Dean Moo	re		MONT	TH DA		/EAR			
4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS,		uary 18		BIRTHPI	10:50 PM ACE (State or Foreign		
369-26-6859	1)(M 2 F		NTHS DAYS	HOURS MIN.	(Mon	v. 1,19		Country)	higan		
9a. FACILITY NAME (If not institution, give str		96		OR LOCATION OF D	7.20.000			Y OF QEA	тн		
5751 Windwoo	d Way		Net	w Market			Frederick				
RESIDENCE OF DECEDENT								10d, INSIDE CITY			
Mamriand Fra	derick	100.011,1					LIMITS?				
Maryland Fre	GELICK			w Market				☐ YES 2 🔏 NO			
	2 Y 7		T. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?						
5751 Windwoo	12. WAS DECEDENT EVER			21//4			United States				
1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, sp	CENDENT OF HISPA	en, Puerto	N? (Specify Yes Rican, atc.)	. RACE — American Indian, Black, White, atc.				
3 Widowed 4 Divorced	1946-48	ATES	1 TYES	2 NO Specif	Specify:				hite		
15. DECEDENT'S EDUC		18a. DECEDENT'S US	UAL OCCUPATION	ON	461	. KIND OF BUS	INERC/INDUE		III ve		
(Specify only highest grade of Elementery/Secondary (0-12)	ompleted)	(Give kind of work life. Do NOT use re	done during mo		100	. KIND OF BUS	INESS/INUUS	INT			
Elementery/secondary (0-12)	College (1-4 or 5+)	Cart	ographe	er		U.S. C	hovern	ment			
17. FATHER'S NAME (First, Middle, Last)		0410	oPr abir	16. MOTHER'S NA	ME /Elmt			110110			
George W.	Moore			1		Bierley	,				
19a. INFORMANT'S NAME (Type/Print)	MOOLE	T son MANING AD	PPEGG (Over 1	and Number or Rural							
									22)		
Mary Ann Moore				ood Way,	-	w Marke					
12 Burial 2 Cremation 3 Ramon		b. PLACE AND DATE OF D netery, cremetory or other			DAT		CATION — CIT		.0400-		
	Gate of Heaven 1/23/95 Silver Spring, Md.										
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Olin L. Molesworth, P.A.											
Ollin 1	Molesun	th						4 2	0872		
23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate											
ahock, or heart fellure. Li iMMEDIATE CAUSE (Finei	iat only one ceuse on e	ech line.							interval Between Onset and Death		
disease or condition	11							2			
resulting in death) a. A drag consequence op:											
		TOTAL OF J.									
Sequentially flat conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):									
cause. Enter UNDERLYING											
CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):									
resulting in death) LAST											
PART II. Other significent conditions	contributing to deeth b	out not reaulting in t	he underlyin	g ceuse given in	Part i.	24a. WAS AN A			ERE AUTOPSY FINDINGS		
prostor	· c 600	LC190m	2			t TYES 2		CC	OMPLETION OF CAUSE		
							>		F DEATH?		
DID TOBACCO USE CONTRI	BUTE TO CAUSE C	F DEATH YES	□ NO □	UNCERTAI	L V V				20 2		
25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (2 0.102.117.11	100			_			
	HOSPITAL:	patient 3 DOA A	THER:	e 5 Residence	4 (1 Au)	(DM-)					
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME O				SCRIBE HOW IN	LIURY OCCUR	RED			
1 Natural 5 Pending	(Month, Day, Year)	INJURY		PRK?	200,02	VOINDE HOW III		LU			
3 Suicide & Could get be	28e. PLACE OF INJURY	— At home, term, stree			284 1 00	ATION (Street or	ad Mumbas as	Donal David	- M A		
4 Homicide 6 Could not be	building, atc. (Spe-	cify)	or, tablety, office	-	City	or Town, State)	nd realinger of	nurer nout	e Number,		
29e. CERTIFIER				_							
(Check only	AN: To the best of my know										
MEDICAL EXAMINER:	On the baels of examination	n and/or investigation, i	n my opinion, d	leath occured at the	time, date	end place, and	due to the c	suse(a) ar	nd menner as stated.		
296. SIGNATURE AND TITLE OF BERTIFIER			29c. LICENSE NUI	NUMBER 29d. DATE			SIGNED (Month, Day, Yeer)				
73	Culle	20 4		DIY	6 47	6	▶ J	an.	20, 1995		
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE		nt)								
P. Gregory Ran	isch, M.D.	501 W	7th St	., Frede	rick	, Md. 2	21701				
JAN 2 5 1995	32. REGISTRATES SIGN	LOC Randally									

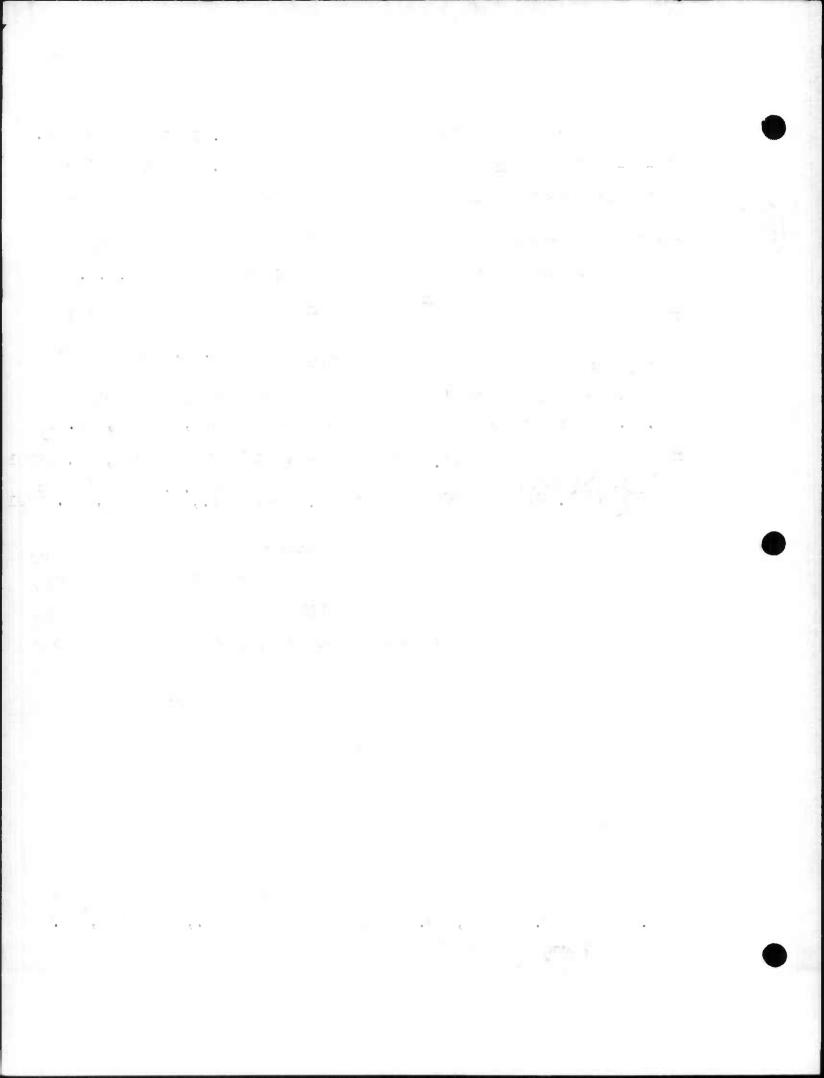
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pen be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atter	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ě
	468	NE NE	10.00
	뽀	무용	6
	LO	0 T	GEN
	_	- 0	-

	1 - FOR STATE REGISTRAR		STATE OF I		/ DEPAI					MENT	AL HYGIEN REG. NO			
	1. DECEDENT'S NAME (Flist) Kat	hleen	Isa	Isabelle			Miller			Jan. 21 DAY 1995			5EAR	3:00 P. M
	4. SOCIAL SECURITY NUMBER 215-26-78		5. SEX	1 □ M 2 🔯 F 93 YR		IF UNDER	DAYS			Jane of Birth		8. BIRTH	PLACE (State or Foreign ryland	
TOR	90. FACILITY NAME (# not in Citizens	esing Home			96. CITY, TOWN OR LOCATION OF DEATH Frederick							erick		
DIRECTOR	100. STATE 100. COUNTY Maryland Frederi						y, town on Location Adams town							10d. INSIDE CITY LIMITS? 1 X YES 2 NO
VERAL	2778 Wash	ningt	on Stre	n Street			101. ZIP CODE 21710				109. CITIZEN OF WHAT COUNTRY? U.S.A.			
BY FUNER	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo	FORCES? 1	DENT EVER IN U.S. ARMED 1			13. WAS DECENDENT OF HISPANIC ORIGINAL IN THE PROPERTY CUDEN, Mexican, Puert 1 YES 2 NO Specify:			m, Puerto	erto Rican, etc.) Black, 1			- American Indian, White, etc.	
COMPLETED	15. DEC (Specify only Elementary/Secondary (0 11 year:		completed)	ATION completed) College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Postal Clerk 16b. KIND OF BUSINESS/INDU U. S. Pos							Office			
BE CON	17. FATHER'S NAME (First, M. Woodwa)	rd A	lexande					I	Hatt	ie	Middle, Meiden Flore	nce		rff
ဥ	190. INFORMANT'S NAME (Type/Print) Mrs. E. Joyce Hinder 190. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 94.2 Whispering Ridge Lane, Belair, Md 21015													
	20b. PLACE AND DATE OF DISPOSITION Part 20c Location - City or Town, State 20b. PLACE AND DATE 20b. PLACE AND DATE 20b. PLACE AND DATE 20c Location - City or Town, State 20b. PLACE AND DATE 20c Location - City or Town, State 20b. PLACE AND DATE 20c Location - City or Town, State 20c L													
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory srrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) B. Due to itom as a consequence op:													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST DUE TO (OR AS A CONSEQUENCE OF: DUE TO (OR AS A CONSEQUENCE OF:													
MEDICAL CER	PART II Other significant conditions contribution to death but not would be in the							24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
IAN: ME	1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)													
PHYSICIAN:	EXAMINER?		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER 4 ® Num	₹:				er (Specify)			
ВУ РН		Pending nvestigation	28e. DATE OF (Month, D	28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO										
	3 Suicide 8	Could not be Jetermined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rura City or Yown, Stete)						or Rural R	oute Number,				
COMPLETED			CIAN: To the best of R: On the basic of e											and manner ea stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE BY LECTURE OF CERTIFIE BY LOUIS OF													
-	Dr. Berr		O. Thom	/	TEM 27) (Type		900	Ros	emo	nt	Ave.,	Fred	erio	21702 ck, Md.
	31. DATE FILED (Month, Day, 1	FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE												



BALTIMORE, MARYLAND 21215-0020

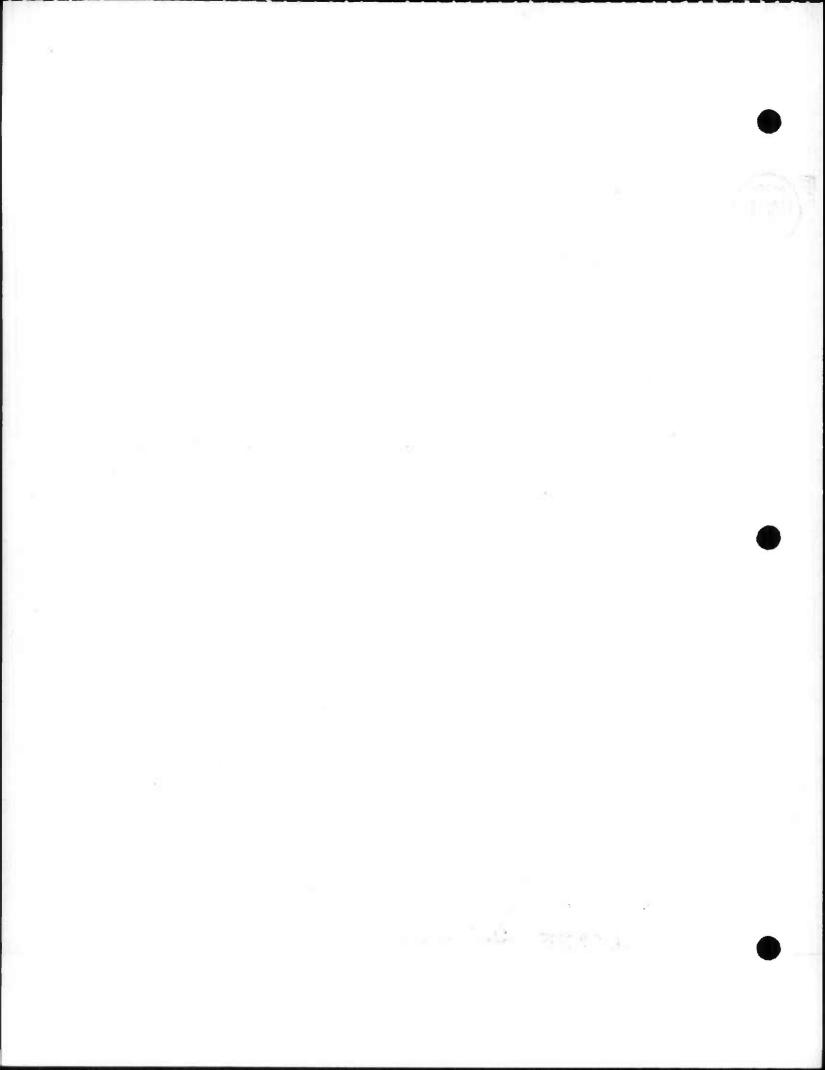
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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH T MONTH OO DAY OOF YEAR 2. TIME OF DEATH								
	Mary Margaret MILLER January 22, May 1995 YEAR 4:00 PM W								
	4. SOCIAL SECURITY NUMBER 214-10-2399 5. SEX 1 M 2 X F 90 YRS. 6. AGE (In yrs. lest birthday) If under 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH APPLIA (Month-Day, April 21, 1904 Maryland								
	99. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
DIRECTOR	Frederick Memorial Hospital Frederick Frederick								
H	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?								
	Maryland Frederick Frederick 1½ yes 2 □ NO								
FUNERAL	100. STREET AND NUMBER 549 East Church Street 101. ZIP CODE 21701 U.S.A.								
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 M NO IF YES 2 M NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Maxican, Puerto Ricen, stc.) 14. RACE — American Indian, Black, White, stc. 15. WAS DECEMENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Maxican, Puerto Ricen, stc.) 16. WAS DECEMENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Yes or No—If yes, specify Cuben, Maxican, Puerto Ricen, stc.)								
	15. DECEDENT'S EDUCATION 160. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY								
<u> </u>	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +)								
COMPLETED	10 Food Service Public School System								
Š I	17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname)								
BE (Ignatius Myurtlin DUTROW Mary Frances THOMAS								
5	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number. City or Town, State, Zip Code) 549 East Church St., Frederick, Md. 21701								
	20b. PLACE AND DATE of DISPOSITION 2 Cremation 3 Restricted from State of Donation 5 Other (Specify) 20b. PLACE AND DATE of Disposition (Name of Completely, Cremation 3 Restricted from State of Completely, Crematical State of Completely, Crematical State of Completely, Crematical State of Completely, Crematical State of Completely, Crematical State of Completely, Crematical State of Completely, Crematical State of Completely, Crematical State of Completely, Crematical State of Completely, Crematical State of Completely, Crematical State of Completely, Crematical State of Completely, Crematical State of Completely, Crematical State of Completely Crematical State of Complete								
	22. NAME AND ADDRESS OF FACILITY Keeney and Basford P.A. Funeral Home								
\dashv	106 East Church St., Frederick, Md. 21701								
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between								
	IMMEDIATE CAUSE (Final disease pricondition A								
	reaulting in death) B. Due to (or as a consequence of):								
	Due to (on as a consequence of):								
0	Sequentially liat conditiona, DUE TO (OR AS A CONSEDUENCE OF):								
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING Athrodowase Carlivorner thorn 730493								
E I	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):								
ᇤ	resulting In death) LAST								
DICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? AMILIABLE PRIOR TO								
8 1	Performen? Perjotant Vagenty Algrey. Performen? Performen? AMALBLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO 1 YES 2 NO								
¥.									
ż	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO NO UNCERTAIN								
PHYSICIAN:	28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER								
Z Z	1 YES 2 NO HOSPITAL: OTHER: 4 Nursing Home 5 Raeldence 6 Other (Specify)								
표	17. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED								
B	1 Natural 5 Pending 2 Accident Investigation M 1 YES 2 ND								
	3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, 1erm, street, 1actory, offica building, etc. (Specify) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
	4 Homicide determined								
2 1	1 DC CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and plece, and due to the ceuse(s) and manner es attend.								
COMPLETED	(ne) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner as stated.								
	96. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)								
TO BE	Chin S. Junda. D-18A1 1-23-75								
	O. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pain!) ANGROL (3, North of 2/2) There Tokun 18. Freshie on 2/22								
	1. DATE FILED (Month, Day, Year) 32. REGISTRARIS SIGNATURE ALL DESCRIPTION OF THE PROPERTY O								
	JAN & J 1330								



FOR STATE

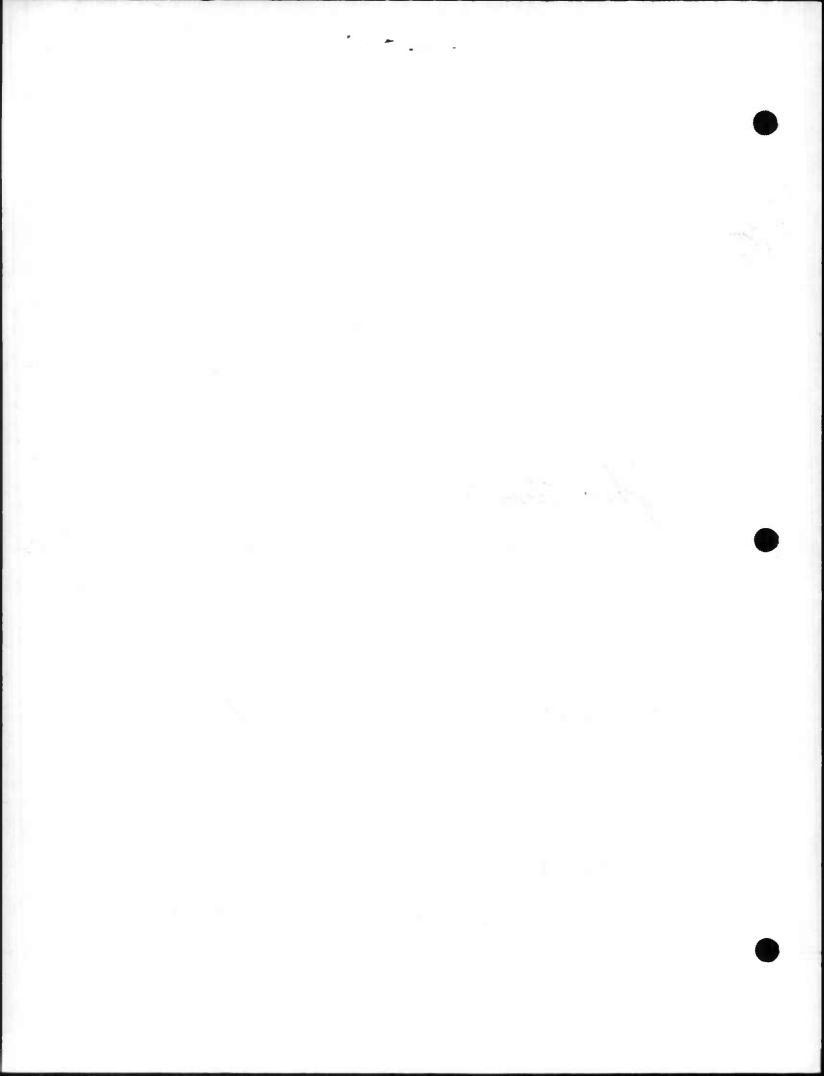
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CALE	OF DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH										
	MARJORIE RUTH M	ORRIS				MONTH	rv 21	1 0 0 5	8.40 p		
	4. SOCIAL SECURITY NUMBER 5. SEX		yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	Janua 7. DATE OF	BIRTH	8. BIRTI	NPLACE (State or Foreign		
DIRECTOR	235-42-5810 It M	TO M 2 U.F. YES. MONTHS DAYS HOURS MIN. (Month, Day, Year						Count	Virginia		
	3550 Crain Highway Ro			96. CITY, TOWN OR LOCATION OF DEATH					CHARLES		
	RESIDENCE OF DECEDENT										
	Texas Bexar		Anton					10d. INSIDE CITY LIMITS? 1 YES 2 NO			
¥	10e. STREET AND NUMBER				101. ZIP COOE)1	10g. CITIZEN OF	WHAT COUNTRY?		
NEBA	1838 Basse Road				78280			LISA			
2	500	DECEDENT EVER IN CES? 1 YES	U.S. ARMED		DECENDENT OF NISP			No- 14. RAC	E — American Indian, k, White, etc.		
BY	1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2 X NO Spec		m, etc.)	Specify: White					
	15. DECEDENT'S EDUCATION (Specify only highest grade completed	16s. DECEDENT'S (Give kind of w	rork done durin	PATION g most of working	16b. KI	16b. KIND OF BUSINESS/INDUSTRY					
COMPLETED	Elementary/Secondary (0-12) College	Chauft			Aut	Automobile Transport					
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S						
BE C	17. FATHER'S NAME (First, Middle, Last) Clement H. Brown Lillie M. Cooper										
2	19a, INFORMANT'S NAME (Type/Print)				eet and Number or Rure			. ,			
F	Marian E. Edelman		609 41	lst St	reet Char	lston,	West	Virgini	a		
	20e. METNOD OF DISPOSITION 1										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	J.H. Eberwein Mortuary 4433 White Pls. La. White Pls., MD 20695										
N	Intervel Between Onserand Desth Intervel Between Onserand Desth										
EDICAL CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST										
AL.	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDING PERFORMED? AMILIBLE PRIOR TO										
<u>ă</u>	1 □ YES X NO COMPLETION OF DEATH?										
Σ	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO										
AN	25. WAS CASE REFERRED TO MEDICAL	CIBUIE 10	CAUSE OF			- (3)					
5	EXAMINER? HOSP		Vov 0.2	OTHER:	8. PLACE OF DEATN (100			
PHYSICIAN:		DATE OF IN ILIDY			Home 5 Residence				tel		
	Natural 5 Pending	(Month, Day, Year)	28b. TIMI	URY	INJURY AT WORK?	28d. DEŞCR	28d. DESCRIBE NOW INJURY OCCURED				
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide determined	PLACE OF INJURY building, etc. (Speci	— Al home, lerm, s			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
	200 CENTURED										
COMPLETE	(Check only 1 CERTIFYING PNYSICIAN: To I								a) and manner as stated.		
	the audience was the former to 11										
8	Mun T MUNIO	eputy Med Cha	ical Ex	aminer		_	2		(Month, Day, Year)		
24	St. NAME AND ADDRESS OF PERSON WHO COMPLI	TED CAUSE OF OEA	TN (ITEM 27) (Type,	Print)					y 22,1995		
	Charlene Letchford M	D Charles	Medical County	Exami	ner /00 Wal	dorf.	ine Co Marvla	ourt Sui	te 100 02		
ı	JAN 2 3 1995										

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within flours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

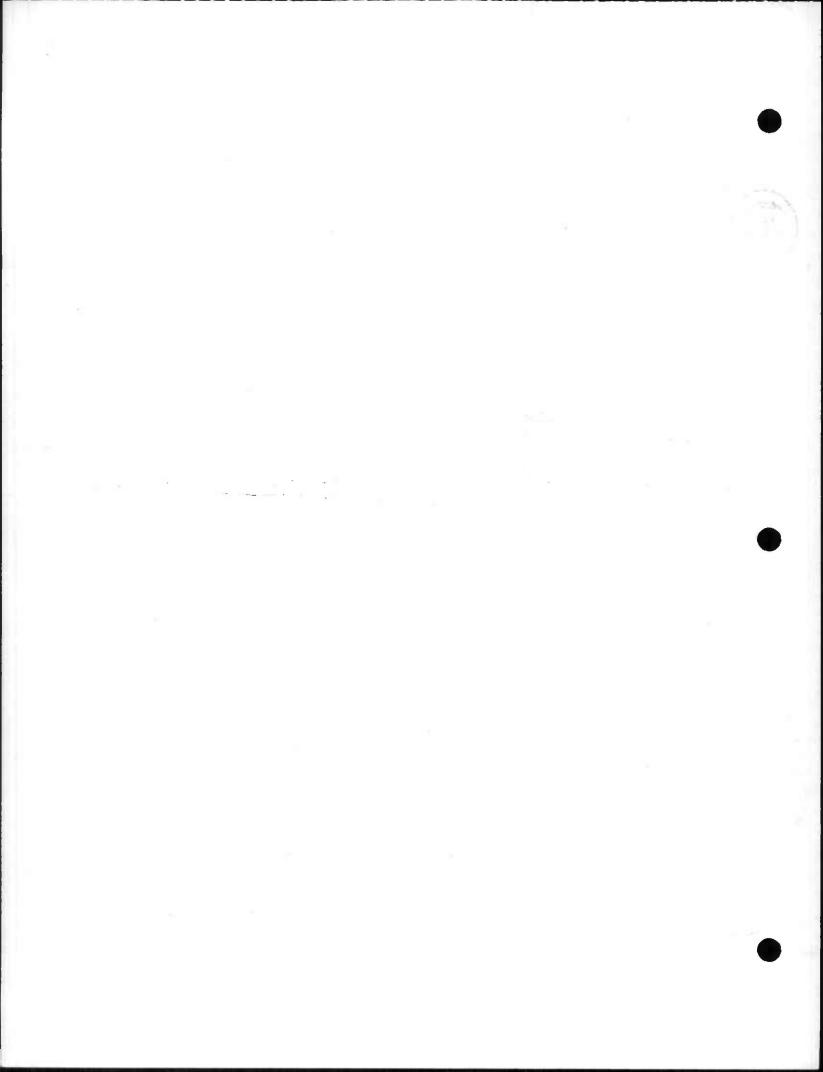
BALTIMORE, MARYLAND 21215-0020



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and and and and and and and and and and	BALTIMORE, MARYLAND 21215-0020	nouns after death. Page 6 may be intained by the hospital or attending physician.	d in by the funeral director, page 5 should be detached for use as the bunal-banet or ramoual.	medical examiner must be notified at once.	
	DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns with obasis. Page 6 may be interined by the hospital or attending physicians	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burtained be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or minoral.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE REG. NO.

	REGISTRAR		CER	TIFICA	ATE OF	DEATH	F	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH			3. TIME OF DEAT	Н
	EVELYN	NENNA					Januar	777 4.		YEAR 5	6:15	Ам
	4. SOCIAL SECURITY NUMBER	5. SEX 8. A	GE (In yrs. last bir	thday) IF L	NDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF	DINTH	1		IPLACE (State or Fo.	
	542-14-8725	1 🗆 M 2 🗓 F	73	YRS. MON		HOURS MIN.	Feb.	23, 1	1921	Countr	nada	
E I	90. FACILITY NAME (If not institution, give start 11100 Schuylkill	DI POTTATION.		1	city, town o	EATH		nery				
18	RESIDENCE OF DECEDENT	Road			tockv1.				FIOII	Lgoi	HELY	_
m l	10a. STATE 10b. COUNTY		10	Oc. CITY, TO	WN OR LOCAT	ION					10d. INSIDE CITY	
рівестоя	Maryland Mont	gomery		Rock	ville					- 1	LIMITS?	NO
	10e. STREET AND NUMBER				101	. ZIP CODE			10g. CITIZ	ZEN OF V	WHAT COUNTRY?	
FUNERAL	11100 Schuylkill					20852				ted	States	
B	11. MARITAL STATUS 1 Never Married 2 XXMarried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YES, GIVE WAR O	ES 2 XNO		If yea, ap-	ENDENT OF HISPA ecity Cuban, Mexico 2XXNO Specif	en, Puerto Rica	ipecify Yea n, atc.)	14. RACE Black Speci	E — American India k, Whita, atc. My: White	in,	
8	15. OECEDENT'S EDUI	CATION	16a. DECED	ENT'S USU	AL OCCUPATION	ON	16b. KII	ND OF BUS	INESS/INO	USTRY		
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	NOT use reti	lone during mo red.)	st of working	-					
교	12		Stor	e Cas	shier		Re	tail	Busi	ness	S	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First, Midd	le, Maiden S	Sumame)			
0	FRANK ROQUE					ROSE L						
BE	19a. INFORMANT'S NAME (Type/Print)		19b. M	AILING ADD	RESS (Street =	nd Number or Rural			State 7te	Corte		
10	BARBARA J. KOSIN	ESKT	178	300 00	tober	Court,	Rockvi	lle.	Mary	land	d 20855	
	20e. METHOD OF DISPOSITION	JORE										
	1 X Burial 2 Cremation 3 Remo	oval from State	cometery, cremate Gate of	ory or other p	laca)	metery	1 / 7		ATION - C		wn, state ng, Mary	land
	21. SIGNATURE OF FUNERAL SERVICE LIC		Gate 01	lilea		ID ADDRESS OF FA		DII	VCI L	PLI	116, 1102)	
-	1/1/10	1 H		ŀ	Hines-	Rinaldi	Funera	1 Ho	me.]	Inc.		
	Andraw -	an he	0		11800	New Hamr	shire	Ave.	. Sil	lver	Spring,	MD
	23. PART I. Enter the diseases, or c ehock, or heart failure.	omplications that cau	sed the deeth	. Do not e	nter the mo	de of dying, suc	h ae cardiec	or respir	ratory erre	est,	Approxima	
	IMMEDIATE CAUSE (Finel				4						Onset and	
	disease or condition resulting in death)	. JAS	TRIC	_	ANC	6 K					13 V	RS
		OUE TO (OR A	AS A CONSEQUE	NCE OF):								-
Z	Commentative than a second	ð										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	AS A CONSEQUE	NCE OF):								
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	to the same of the										
E	that initiated events	DUE TO (OR A	AS A CONSEQUE	NCE OF):								
6	resulting in death) LAST	J										
Ö	PART ii. Other aignificant condition	s contributing to deal	h hut not resu	iting in th	a undarlular	course olympia	Dort I Dr	n. WAS AN	ALL TO BOW	0.00	Lumbe distance on	
DICAL		- volume to deat	but not radu	nung in ur	e unuerrynn	cause givan in	Part I. 24	PERFORI		24D.	WERE AUTOPSY FIR AVAILABLE PRIOR 1	ro
			- 11				_ 11	YES 2	ZMO		COMPLETION OF CO OF GEATH?	AUSE
ME						/					1 - YES 2 - N	10
BY PHYSICIAN:	DID TOBACCO USE CONTI	LIBUTE TO CAUSE				UNCERTAI	N 🗆					
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE O		heck only one)							
YSI	1 TYES 2 NO	1 Inpetient 2 ER/C		DOA 4		5 D Healdence	6 Other (Sp	pecify)				
F	27. MANNER OF DEATH	28a. OATE OF INJUI (Month, Day, Yes		b. TIME OF	28c. INJ WO	URY AT RK?	28d. OEŞCRI	BE HOW IN	JURY OCC	UREO		
≿	1 Natural 5 Pending Investigation				M 1 🗆 Y	ES 2 NO						
	3 Suicide 8 Could not be	28e. PLACE OF INJI building, atc. (URY At home, Specify)	farm, atreat,	fectory, office	,	28f. LOCATIO	N (Street ar	nd Number	or Rural F	Route Number,	
12	4 Homicide determined		,				Oily or it	wii, Olale)				_
٦	29a. CERTIFIER (Check only	CIAN: To the best of my k	nowledge, death	occurred at	the time date	and place, and due	to the course/s) and man	onr en etete	d		
COMPLETED	(Check only one) 2 MEOICAL EXAMINE										and manner as st	hele
	296. SIGNATURE AND TITLE OF CERTIFIED		1									
BE	THE OF GENTIFIES	a/m				29c. LICENSE NUI			29d. DATE	SIGNED	(Month, Day, Year)	
2	38. NAME AND ADDRESS OF PERSON WHO	1/10	for all a constant			0324	40.1	•		114	147	
	Joseph HAGGER					ANS LA	me R	OCKVI	LLE	MD	2085	σ
	31. DATE FILEO (Month, Day, Year) JAN 11 1995	32 REGISTRAR'S S			· .						- 30	_
	GEE! ++ 114P	your amount	wx nardal	4								



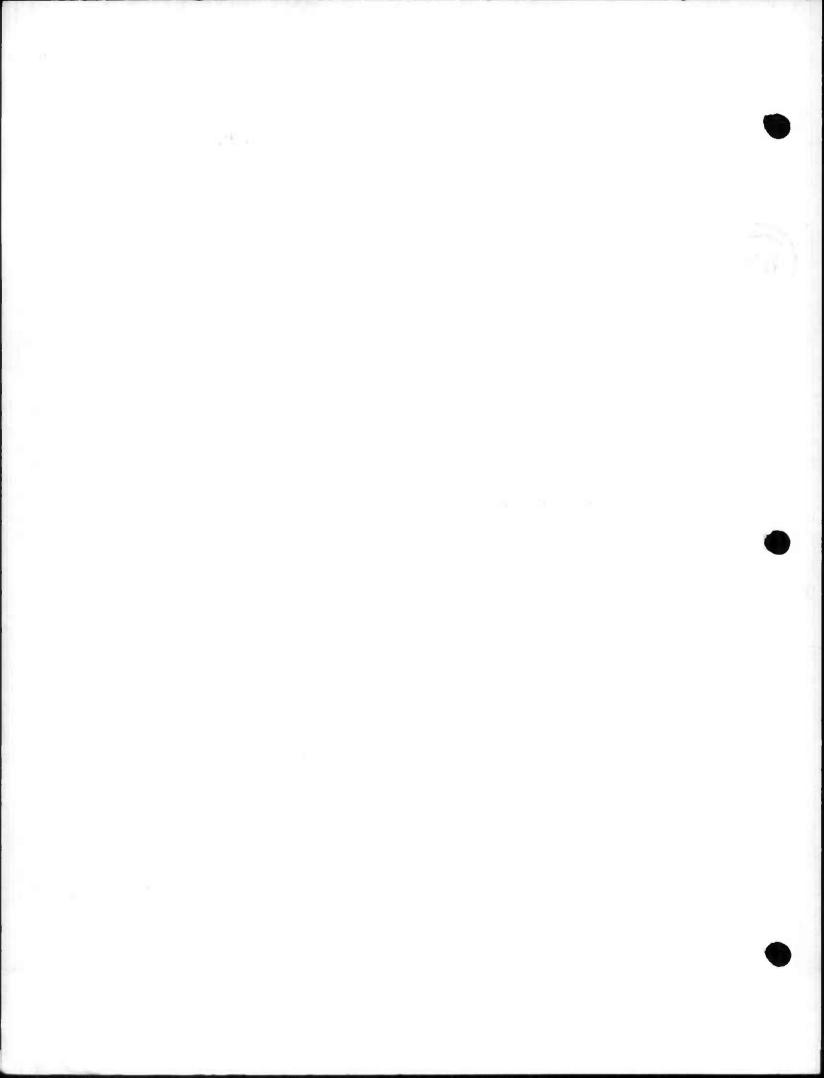
DHMH-18 Rev 1/89

FOR STATE REGISTRAR

1 -

		Harriet L Nels	00	2. DATE OF DEATH	DAY YEAR 3. TIME OF DEATH
_		4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (579-42-0776 1 □ M 2€3; 7	(In yrs. lest birthdey) F UNDER 1 YEAR 73 YRS. MONTHS DAYS	F UNDER 24 HRS. 7. DATE OF BIRTN (Month, Day, Year) DEC 2, 1	a. BIRTHPLACE (State or Foreign Country) 921 WISCONSIN
3 should	R	98. FACILITY NAME (If not institution, give street and number) NATIONAL LUTHERAN HOM:		OR LOCATION OF DEATH	% COUNTY OF DEATH MONTGOMERY CO.
1, 2,	ECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LOC		1001/ I GOITE R I CO.
1	L DIRE	MD. MONTGOMERY CO	ROCKVI	LLE	LIMITS? 1 X YES 2 □ NO
11)	FUNERAL	9521- VEIRS DRIVE #2		07. ZIP CODE 20850	U.S.A.
s the burner	BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO If yes, s	ECENDENT OF NISPANIC ORIGIN? (Specify Young to the pecify Cuban, Mexican, Puerto Rican, etc.) Specify:	pa or No 14. RACE — American Indian, Black, Whita, etc. Specify: WHITE
or use as	ETEO	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	16a. DECEDENT'S USUAL OCCUPAT (Give kind of work done during n life. Do NOT use retired.)	TION 16b. KIND OF BU	JSINESS/INDUSTRY
be detached for use as at once.	COMPLETED	17. FATNER'S NAME (First, Middle, Last)	TEACHER		UCATION
	BE CC	edwin LARSEN		18. MOTNER'S NAME (First, Middle, Meide MATILDA P	
e 5 should	5	190. INFORMANT'S NAME (Type/Print) JULIANNE NELSON	4200-CATHE	and Number or Rural Route Number, City or To	wn. State, Zip Code) VASHINGTON, DC2001
funeral director, page xaminer must be		20a. METNOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal from State 1 Donation 5 Other (Specify)	b. PLACE AND DATE OF DISPOSITION (P metery, crematory or other place) AST SIDE CEME		OCATION — City or Town, State DENMARK, WISCONSI
tuneral din	17.00	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME /	AND ADDRESS OF FACILITY SONG CO., INC.	DEMMARK, WISCONSI
d in by the fu or removal. medical ex		23. PART I. Enter the diseases, or complications that coused	13	300- N STREET, NV	V, WASH., DC
cremation, or		IMMEDIATE CAUSE (Final disease or condition resulting in death)	eech line.	noma, Meta	Interval Between Onset and Death
iding physician and c Hygiene prior to buria r other traumatic	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	A CONSEQUENCE OF): A CONSEQUENCE OF):		
en signed by the of Health and Me thows any Inju	MEDICAL	PART II. Other algnificent conditions contributing to deeth b	out not resulting in the underlying		RMED? AVAILABLE PRIOR TO
s certificate has be the State Dept. id, or Item 23 a	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	28. F	PLACE OF DEATN (Check only one)	
s certific th the S	PHYS	1 VES 2 NO 1 Inpetient 2 ER/Outp 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year)	patient 3 DOA 4 Nursing Ho	me 5 Residence 8 Other (Specify) JURY AT 28d, DE\$CRIBE NOW	INJURY OCCURED
DIRECTOR: After this chours after death with Item 28 Is marked,	BY	Yending Yen	/ — At home, farm, street, factory, offi	ORK? YES 2 NO 281 LOCATION /Street	and Number or Rural Route Number,
DIRECTOR: hours after Item 28 I	ETED	4 Homicide determined building, etc. (Spec	offy)	City or Town, State)
TO THE FUNERAL DI be filed within 72 ho IMPORTANT: If Ite	COMPL	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the besis of exemination			
TO THE De filed V	TO BE	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	- MD	29c. LICENSE NUMBER 138	29d. DATE SIGNED (Month, Day, Year) ▶ JAN 13 1995
		Daniel Jaker MD 31. DATE FILED (Mohth, Day, Yoar) 32 REGISTRAR'S SIGN.	12850 Mid	dlebrook Dr.	Germantour Mo
		JAN 17 1995 Juli Davides	•		,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



BALTIMORE, MARYLAND 21215-0020	er death. Page 6 may be retained by the hospital or attending physici	the funeral director, page 5 should be detached for use as the buriat-	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x hours after death. Page 6 may be retained by the hospital or attending physics	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	DB	DIRE	hours

burial-tran attending physician.

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296. SIGNATURE AND TITLE OF CERTUPIER

30. NAME AND ADDRESS OF

31. DATE FILED /M

) THE HOSPITAL DR ATTENDIA) THE FUNERAL DIRECTOR: Af i filed within 72 hours after de

TO THE HOSPITAL
TO THE FUNERAL (
be filed within 72 h
IMPORTANT; If II

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH eC1 6:30A.M AN 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year, May 2, 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 578-28-8597 75 DAYS 1 XM 2 - F 1919 Maryland 9a. FACILITY NAME (If not institution, give atreet and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Fairland Nursing Center Silver Spring Montgomery RESIDENCE OF DECEDENT 10e STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Rockville Mont.gomery TYPES 2 NO FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 715 Lenmore Ave, Apt #51 Apt #31-A 20850 U.S.A. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specity Yas or No—It yes, specity Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2-1 Never Married 2 Married BY 1 TES 25 NO Specify: 3 Widowed 4 Divorced Black ETED. 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 9th Grade Laborer None 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Henry Neal Nellie Taylor 196. INFORMANT'S NAME (Type/Print) (Daughter) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 20877 Girard St, Gretchen Gaithersburg, Md 20g METHOD OF DISPOSITION
1 2 Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Stata Paul Cemetery 4 Donation 5 Other (Specify) 1/19 Poolesville, Md NATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Snowden Funeral Home P.A. 20850 LU 246 N. Washington St, Rockville, 23. PART I. Enter the disc Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feliure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Finel **Onset and Death** disease or condition resulting in death) IMERS CERTIFICATION Sequentisity list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events reaulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 TYES 2 DING 1 YES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 1 TYES 2 NO ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide determined 29a. CERTIFIER t DEERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as attend. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated.

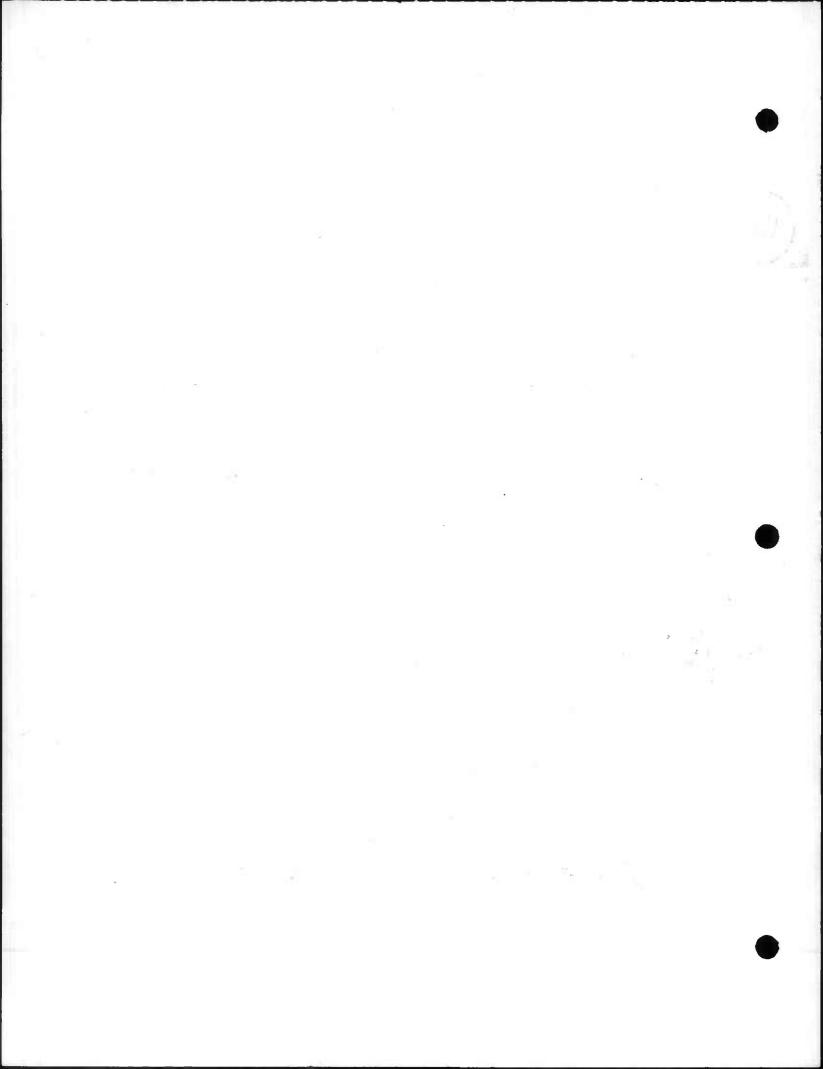
29c LICENSE NUMBER

HO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

32. REGISTRAR'S SIGNATURE Randall

DHMH-16 Rev 1/89

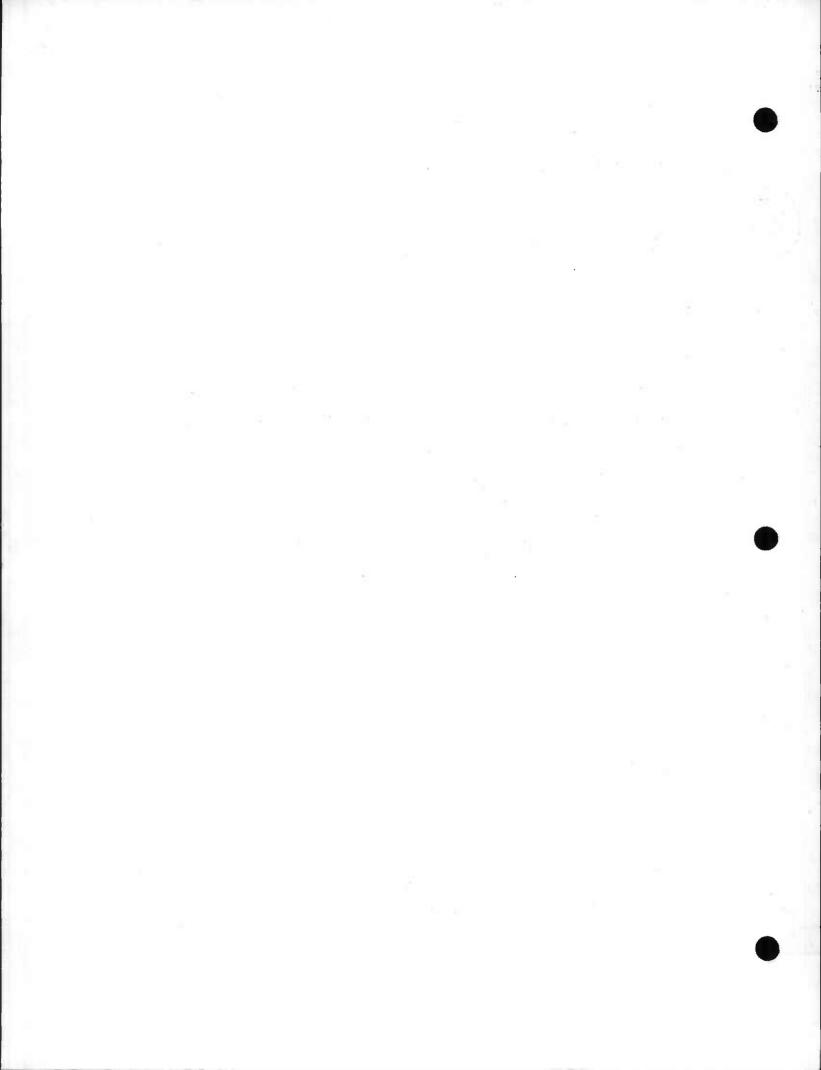
29d, DATE SIGNED (Mogh, Day, Your)



DIVISION OF VITAL RECORDS, P.O. BOX 68760.	BALTIMORE, MARYLAND 21215-0020
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within chours after death. Page 6 may be retained by the hospital or attending physician.	s after death. Page 6 may be retained by the hospital or attending physician.
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IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	lical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIEN	E				
) S	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF OEATH			
- 8	Walter August Ols	son				January 13		" 7:15 PM			
1	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	8. BI	RTNPLACE (State or Foreign			
ij	146-10-3319	1 M 2 F 8		ONTHS DAYS	HOURS MIN.	August 1,1					
-	9a. FACILITY NAME (If not Institution, give str	est and number)	1	Bb. CITY, TOWN (R LOCATION OF D		9c. COUNTY O				
DIRECTOR	Holy Cross Hospita	11		Silver	Spring	Montgomery					
EC	10a. STATE 10b. COUNTY	-	10c. CITY,	TOWN OR LOCAT	ION		175 - 175 -	10d. INSIDE CITY			
DIA	Maryland Mont	gomerv		C112702	Spring			LIMITS?			
	10e. STREET AND NUMBER	- GOMET Y			ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?			
FUNERAL	1001 Lanark Way				20901		11 0	S.A.			
S	11. MARITAL STATUS	12. WAS OECEDENT EVER IN FORCES? 1 YES	U.S. ARMED		ENDENT OF HISPA	NIC ORIGIN? (Specify Yea	or No- 14. R	ACE — American Indian.			
ВУ	1 Never Merried 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D	ATES		2 X NO Specif	in, Puerlo Ricen, etc.)		pecify:			
	15. OECEDENT'S EDUC							ite			
COMPLETED	(Specify only highest grade	ccmpleted)	(Give kind of worlder Do NOT use	rk done during mo	N st of working	18b. KIND OF BUS	SINESS/INDUSTR	Y			
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)		,		D 1 1	0				
MO	17. FATNER'S NAME (First, Middle, Last)	4	Chemical	Engine		Federal		ment			
	Henry 01s	an			Maggie						
BE	19a. INFORMANT'S NAME (Type/Print)	7011	19b. MAILING A	DDRESS (Street a		Joh Route Number, City or Town)			
5	Emily Marie Olsor	1	1001 T.	anark W	av Silv	er Spring,	Marvlan	d 20901			
	20a. METNOD OF DISPOSITION	20b	PLACE AND DATE OF	DISPOSITION (Na			CATION — City o				
	1 Burial 2 Cremation 3 Remo	P:	etery, crematory or other arklawn C	erplace) emetery	1/	17/95 Rock	ville.M	[arvland			
	21. SIGNATURE OF FUNERAL SERVICE LICE	HISPE /	.1.	22, NAME AF	D ADDRESS OF FA						
	* Wala (17.00	100					r.,MD 20901			
	23. PART I. Enter tha diseasea, or c	emplications that caused	the death, Do no					Approximate			
	shock, Dr heart failura. L	ist only one cause on a	ach line.					interval Between Onset and Death			
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. PELFORATE) STOMACH + Small 1MPESTANE 5), DUE TO (OR AS A CONSEQUENCE OF):										
	resoluting in dealth)	DUE TO (OR AS A	CONSEQUENCE OF):					1070			
Z	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury										
Ĕ	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):								
5		DUE TO OR AS A	CONSEQUENCE OF:	ANOMA			<u> </u>				
CERTIFICATION	that initiated events reaulting in death) LAST		oonsessense or j.								
CE											
AL	PART ii. Other aignificant conditions	contributing to death b	ut not reaulting in	the underlying	cause given in	Part i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
5						1 YES 2	E-NO	CDMPLETION DF CAUSE OF DEATN?			
ME								1 TYES 2 NO			
ž											
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL	ACE OF DEATH (Ch	eck only one)					
IYS	1 VES 2 NO 27. MANNER OF DEATH	1 Pinpatient 2 ER/Outp	etlant 3 DOA 4	☐ Nursing Hom		8 Other (Specify)					
	1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	RY WO	RK7	28d. DEŞCRIBE NOW II	NJURY OCCURED				
BY	2 Accident Investigation	28e. PLACE OF INJURY	- At home form str		ES 2 NO	201 1 22471211 (2)	-111 1 0				
	3 Suicide 8 Could not be determined	building, etc. (Spec	cify)	wat, factory, offic		28f. LOCATION (Street a City or Town, State)	ina Number or Hui	rai Houte Number,			
COMPLETED	29a, CERTIFIER						1000				
M P		CIAN: To the best of my know to On the basis of examination									
	296. SHATURE AND TITLE OF CERTIFIER	$ \alpha$.									
H	Piller 1	(the	10		NO 2-49	MILER PO	294. DATE SIGN	MEDI (MASHETH, ETHIN, 1964)			
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE QF DE	ATH (ITEM 27) (Type. P.	rint)	JV- 11	e e	- /-	7/-74			
	2101 MEDICAL				SPRING	- mil -	20902				
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGN	ATURE /		V	1	- /-				
	JAN 17 1995	Julia d'aucolse	ur Rardall								

DHMH-16 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24. Sets after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First, Middle, Last)		_	CERTIF	IOAI	LO	DEA	ii n	2. DAT	TE OF OE	3. NO.			3. TIME OF OEATH
	LEONAR	D JOSEPI	H OHI	LSON					MOI		DAY	0	YEAR	3 ' C A
	4. SOCIAL SECURITY NUMBER	5. SEX		yrs. last birthday)		ER 1 YEAR	_	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)			1	8. BIRTH	IPLACE (State or Foreign
	336-03-0797	1 🔀 M 2 🗌 F	83	YRS. MONTHS DAYS					Jan. 5, 1912 I			II11	inois	
	90. FACILITY NAME (If not institution, give Glasgow Nurs				96. CITY, TOWN OR LOCATION OF DEATH Cambridge Dorches									
	RESIDENCE OF DECEDENT	ing nome				Calli	pridg	- -			1	DOLC	nest	er
מסומשונים	Maryland 10b. count	-		10c. Cl	TY, TOWH									10d, INSIDE CITY
מורישר ה	10e. STREET AND NUMBER	Dorcheste	5.L				mbrid							1 TES 2X NO
	5515 Bonnie B	rook Pd				1	101. ZIP COE	1613			10			VHAT COUNTRY?
	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U	S ARMEN	12	WAS DE	ECENDENT			1419 00	14 . 34	U.S		
	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1	X YES	2 NO		II yes, s	specify Cub	an, Mexico	an, Puert	o Rican, e	itc.)	No	Speci	- American Indian, White, etc. fy: White
	15. DECEDENT'S EOU (Specify only highest grade	CATION completed)	ti	8e. DECEDENT'S	work done	e during n	TION most of work	ing	100		OF BUSINE			
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	We. Do NOT U	ervi						city cm co			7
	17. FATNER'S NAME (First, Middle, Last)			Dup	CI VI	301	18. MOT	NER'S NA					11 y)	
Leonard F. Ohlson 18. MOTNER'S NAME (First, Middle, Meiden Surname) Anna Eiberger														
	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							Code)						
	Mrs. Faye Owens			109 M	ill .	St.,	, Cam	brid:	ge M	ID 21	1613			
	20e. METNOD OF DISPOSITION 1 \(\mathbb{N}\) Buriel 2 \(\mathred \) Cremation 3 \(\mathred \) Rem 4 \(\mathred \) Donation 5 \(\mathred \) Other (Specify)		206. PI Comete Mar	y Land	of Dispo other place Vete	rans	Name of S Ceme	eter	y 1/	120 H	oc. LOCAT Hurlo	ock	Mary	vn, State Land
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE R. Show		2.	7 T	homa	ANO ADDRE	nera.	l Ho	me				
	23. PART I. Enter the disesses, or shock, or heert failure. IMMEDIATE CAUSE (Finel	complications the List only one cau	t caused these on each	he deeth. Do	not ente	r the m	ode of dy	ing, auc	h aa ca	rdiec or	respirate	ory arre	est,	Approximate Interval Between Onset and Death
	disesse or condition resulting in desth)	· Meta	state	c Cat	-OK	len	2 W	MG	100	on	DV	me	un.	3 month
		DUE TO	(OR AS A CO	ONSEQUENCE O	IF):		0						8	
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bDUE TO	(DR AS A CO	ONSEQUENCE O	(F):									
	CAUSE (Disease or Injury that initiated events	c. DUE TO	(OR AS A CO	ONSEQUENCE O	F):									
	reaulting in deeth) LAST	d												
	PART II. Other significant condition	a contributing to	death but	not resulting	in the u	nderivi	ng cause	given in	Part I	240 W	AS AN AUT	meev	245	WERE AUTOREV ENGINOS
										PE	ERFORME ES 2	07/	240.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
														1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					PLACE OF D	EATH (Ch	eck only o	one)				
ı	1 YES 2 NO	1 - Inpetient 2 -				rsing No	me 5 🗆 R	esidenca	8 - Oth	er (Specif)	y)			
Į	27. MANNER OF DEATH 1. Netural 5 Pending	28e. DATE OF (Month, Da		28b. TIM	IE OF JURY	W	ORK?		28d. DI	SCRIBE N	ULNI WON	RY OCC	URED	
					W	· 🗆	YES 2	NO						
	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE O	F INJURY atc. (Specify)	At home, farm,	street for	tory and	Ice		202.10	CATION	Name of the last of the	Advance to	. 0	oute Number,

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TO BE

JAN 1 8 1995

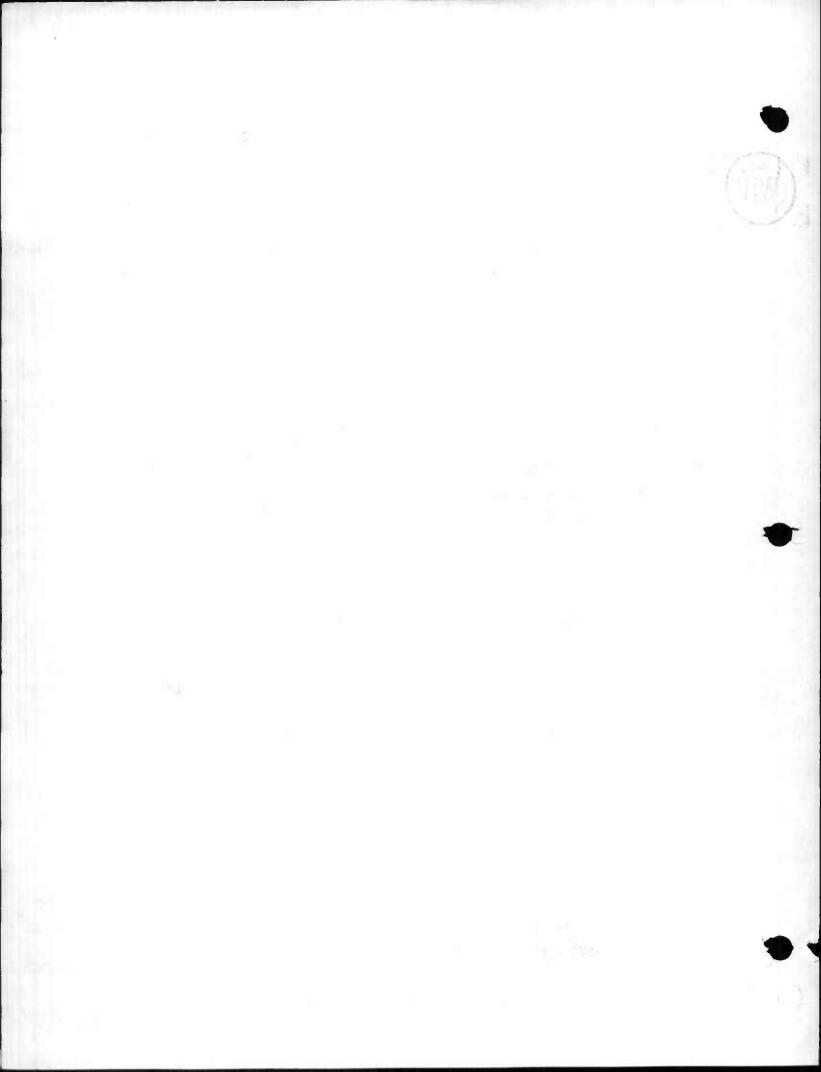
29c. LICENSE NUMBER 22)

29d. DATE SIGNED (Month, Day, Year)

(ITEM 27) (Type, Print)

CAMBRUDGE

132. REGISTRAR'S SIGNATURE



BALTIMORE, MARYLAND 21215-0020	rount after death. Page 6 may be retained by the hospital or attending physician.	filed in by the funeral director, page 5 should be detached for use as the burial-transit on, at remotel.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours are death. Page 6: may be retained by the lawcenial or attending physicians.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

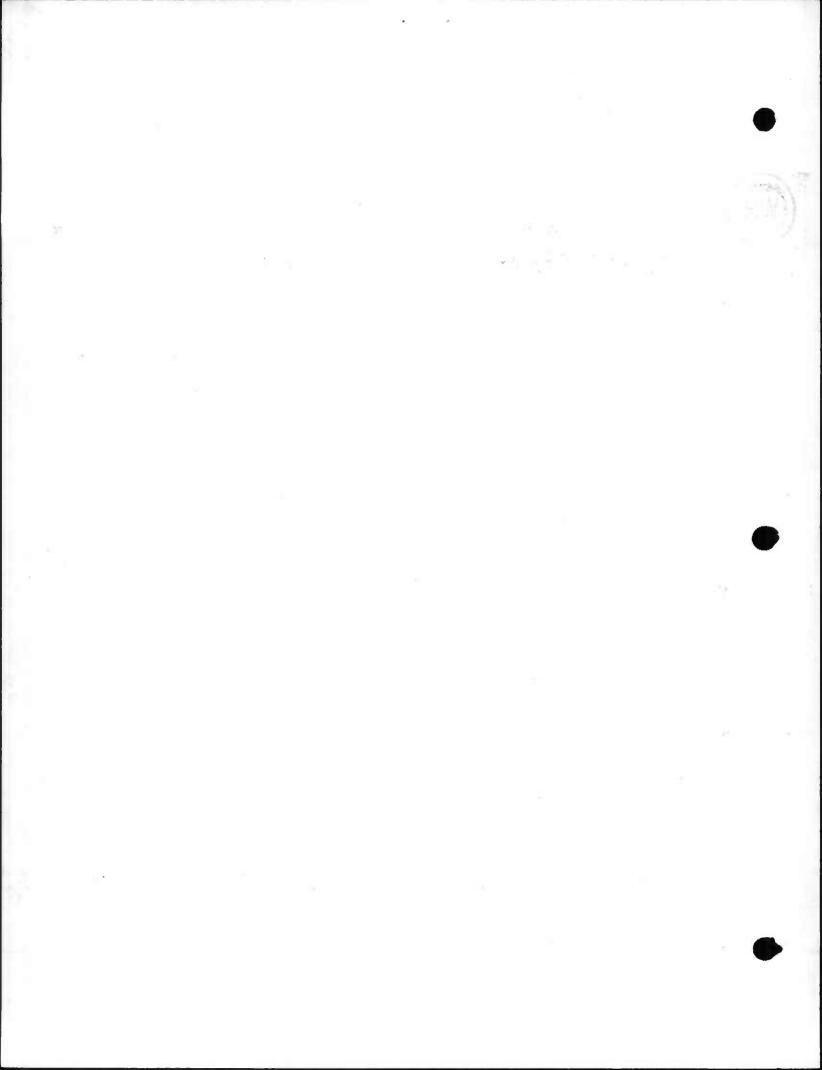
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTI	FICAT	E OF	DEATH		REG. NO.					
1. DECEDENT'S NAME (First	, Middle, Last)							2. DAT	E OF DEATH		WE LE	3. TIME	OF DEATH	
Frances								03	i''-22/9	5	YEAR	1	130P	м
4. SOCIAL SECURITY NUMBER		5. SEX XZ.	6. AGE (fr	yrs. last birthday) IF UND	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DAT	E OF BIRTH nth, Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign	
577-40-607		1 🗆 M 2 🔀 F	8	YRS.	MONTHS	DATE	HOURS MIN.	0:	3-22-1	3	Wa	ĩsh,	D.C.	
Vantage	House						bia, Mo				ward			
RESIDENCE OF DEC	10b. COUNTY			10.0								_		
Maryland		ward		10c. C		mbia						LIA	SIDE CITY WITS? ES 2 1 NO	
100. STREET AND NUMBER 5400 Vantag		t: Road				101	ZIP CODE 21044	1		_	ted.			
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES	2 NO	13	If yes, sp	ENDENT OF HISPA ecify Cuban, Maxics 2 X NO Specifi	in, Puerlo	ilN? (Specify Yea o Ricen, etc.)	or No-	14. RACE Black Specifi	k, White,	rican Indian, atc.	
15. DEC	EDENT'S EDUC	UNTION		16a. DECEDENT	'S USUAL	OCCUPATIO	ON	16	6b. KIND OF BUS	INESS/INC	USTRY	***	1100	\dashv
Elementary/Secondary (0	y highest grade 0-12)	College (1-4 or 5 +	.)	(Give kind o	f work done use retired.	during ma	st of working				, ostri			
12 17. FATHER'S NAME (First, M	liddle Leet			Homem	aker				Own H					
Arthur	James						16. MOTHER'S NA Annie	ME (First,	, Middle, Malden : Harrin					
19a. INFORMANT'S NAME (1	ype/Print)			19b. MAILIF	G ADDRES	SS (Street a	nd Number or Rurel	Floute Nu	mber, City or Town	, State, Zip	Code)			
Donald T. P			I soo				sons Dri	_			_	_		
1 Buriel 2 Crematic	n 3 🗆 Remo	nal from State	20b.1 ceme No	tery, crematory or	other place Memo	brial	Park 3	Jan	26 Fal	ls C	hurc	wn, Siete	JA	
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	1				O ADDRESS OF FA							٦
Has	ry "	A.W.	ita	La)			Old Colu						cy21043	
23. PART I. Enter the d	seases or c	omplications that list only one cad	caused	the deeth. Do									pproximate	┪
iMMEDIATE CAUSE (Fir disesse or condition resulting in death)		0		ONSEQUENCE								0	terval Between nset and Deat 2 Lev A	th
							^					1		\exists
Sequentielly list conditi		DUE TO	OR AS A	CONSEQUENCE	Lung	, 1	Disolve					(2 head	n
If sny, lesding to imme- cause. Enter UNDERLY	NG				/								/	
CAUSE (Disease or Inju thet initiated eventa	la J	DUE TO	OR AS A	CONSEQUENCE	OF):							+-		┪
reaulting in death) LAS	T (
PART II. Other significe	nt condition	contributing to	doeth bu	t not requising	In the co			D. A.I.	Ii.			1		
	len Ca		000011 00	t not resulting	, mi trie u	noerlying	ceuse given in	Part I.	24a. WAS AN / PERFORM	MED?	24b.	AVAILABI	UTOPSY FINDINGS LE PRIOR TO TION OF CAUSE	'
									1	PS 110		OF DEAT	TH7 S 2 □ NO	1
DID TOBACCO U		IBUTE TO CA	USE OF	DEATH Y	ES 🗆	NO 🗆	UNCERTAIL	v 🗆						
25. WAS CASE REFERRED TO EXAMINER?	D MEOICAL	HOSPITAL:	21	B. PLACE OF DE										╛
1 TES 2 NO		1 🗆 Inpatient 2 🗆	ER/Outpat	llent 3 🗆 DOA	OTHE 4 ≥ Nu		e 5 ☐ Residence	8 🗆 Oth	er (Specify)					
27. MANNER OF DEATH	Pending	28a. DATE OF (Month, De		28b. TI	ME OF	28c. INJU WOI	RK?	28d. OE	SCRIBE HOW IN	JURY OCC	URED			٦
2 Accident	Investigation	00- 01-00-01			М		ES 2 NO							┙
	Could not be determined	building,	etc. (Specify	At home, ferm	, street, fed	ctory, office			CATION (Street ar y or Town, State)	nd Number	or Rural R	oute Num	iber,	
29a. CERTIFIER 1 CERT	IFYING PHYSIC	JAN: To the best of	my knowle	dge death occur	red at the	time dat-	and place, and dis-	to the co			i.			4
		t: On the beals of ax										and me	Oper as stated	1
296. SIGNATURE AND TITLE	-	10		9			29c. LICENSE NUM		1					4
	4	Clas	6.	40			122 L	T	7	AND THE	SIGNEO C	IMONTH C	90-	
30. NAME AND ADDRESS OF	PERSON YNO	DOMPLETED CAUS	E OF DEAT	H (ITEM 27) (Tvs	e, Print)		Nor.	0	/	110	1	/	יא	\dashv
Gan/ 0	Prorto	1100		italo	1	+00 +	6	1	611 11	3/	210	44		
31. DATE FILEO (Morith, Day,	6 1995	32. REGISTRA			-						-/-	, ,		٦

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



	1 - STATE REGISTRAR	STATE OF MARTLE		ICATE	OF DEAT	AND MI CH	REG. N				
	1. DECEDENT'S NAME (First, Middle, Last) HORACE		FEIF	FER	2		DATE OF OEATH	18 1	995	3. TIME OF DEATH 5:00 Am	
	4. SOCIAL SECURITY NUMBER 216-01-5285	5. SEX 6. AGE (A	n yrs. last birthday) YRS.	IF UNDER 1	YEAR IF UNDER	24 HRS. 7	Month, Day, Year)		Countr	IPLACE (State or Foreign	
	9a. FACILITY NAME (If not institution, give stre	_ 00	11101	9b. CITY, T	OWN OR LOCATION				UNTY OF D	yland	
OR	St. Agnes Hospital	il			timore		Baltimore				
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR	LOCATION					10d, INSIDE CITY	
HO	Maryland Howar	ırd		Ellic	ott Cit	y				LIMITS?	
3AL	10e. STREET AND NUMBER				10f. ZIP CODE			1,000		WHAT COUNTRY?	
FUNERAL	9125 Winding Way	12. WAS OECEDENT EVER IN	U.O. A.D. A.D.	T	21043					States	
8	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES IF YES, GIVE WAR OR DA	2 - NO	NO If yes, specify Cuban, Maxican, Puerto Rican, etc.)						White	
COMPLETED	15. DECEDENT'S EDUC/ (Specify only highest grade c Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S (Give kind of s life. Do NOT us	work done du	TUPATION ring most of worldn	g	16b. KIND OF B	USINESS/IN	OUSTRY		
MP	9		Electri	.cian				Soven	ment		
	17. FATNER'S NAME (First, Middle, Lest) Frederick S. Pfei:	ffer					(First, Middle, Meide Espy	n Surname)			
TO BE	19a, INFORMANT'S NAME (Type/Print)	1202	19b. MAILINO	ADDRESS (_		ite Number, City or R	own, State, Zi	ip Code)		
۲	Helen M. Pfeiffer		9125	Windi	ng Way	Ellic	cott City	, Mai	cylan	d 21043	
	20s. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	ral from State 20b.	PLACE AND DATE OF THE PLACE AND DATE OF THE	ther place)	ON (Name of	Ja		OCATION —		wn, State Jaryland	
10.00	21. SIGNATURE OF FUNERAL SERVICE LICE		0	22. NA	ME AND ADDRES	SS OF FACIL				-	
	Harry ?	4. Wits	La	41	12 Old	Colum	bia Pike	Ell:	icott	City21043	
	23. PART I. Enter the disease. or co- shock, or heart fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	SE7	2515		ne mode of dyl	ng, such a	as cardled or res	piratory ar	rest,	Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL	PART II. Other significent conditions RHABDD	MYELIS		n the unde	erlying cause g	liven in Pa		N AUTOPSY ORMED? 2 NO	246.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
N.	DID TOBACCO USE CONTRI	BUTE TO CAUSE OF	DEATH YE	S 🗆 N	D UNC	ERTAIN				TO TES TEL NO	
ICIA		HOSFITAL:	8. PLACE OF DEAT	N (Check onl	y one)						
HYS	1 YES 2 NO 1 27. MANNER OF CEATN	1 ☑ Inpatient 2 ☐ ER/Outpa 28a. DATE OF INJURY	28b. TIM	E OF 28	g Home 5 Re		Other (Specify) 3d. DESCRIBE NOW	INJURY OC	CUREO		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	URY	WORK?	1000			331.23		
COMPLETED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specif	At home, farm, s	treet, factory	, office	20	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
PLE	29a. CERTIFIER 1 CERTIFYING PHYSICI.	AN: To the best of my knowle	dga, death occurre	d at the time	, date and place,	and dua to	the cause(a) and m	enner se sta	rted.		
CON		On the basis of axamination	and/or investigatio	n, in my opir	nion, death occur	ed at the tim	e, data and place, s	and dua to ti	he cause(s)	and manner as stated.	
BE	266. SIGNATURE AND TITLE OF CERTIFIER	laukou le,	MO		29c. LICE	NSE NUMBE	04	29d, DAT	E SIGNEO	(Month, Day, Year) 2 - 1995	
2	30. NAME AND ADDRESS OF PERSON WHO MAY	COMPLETED CAUSE OF DEAT		Print)	Hos	P	BUT	M	D		
	JAN 2 0 1995	32. REGISTRAR'S SIGNA									

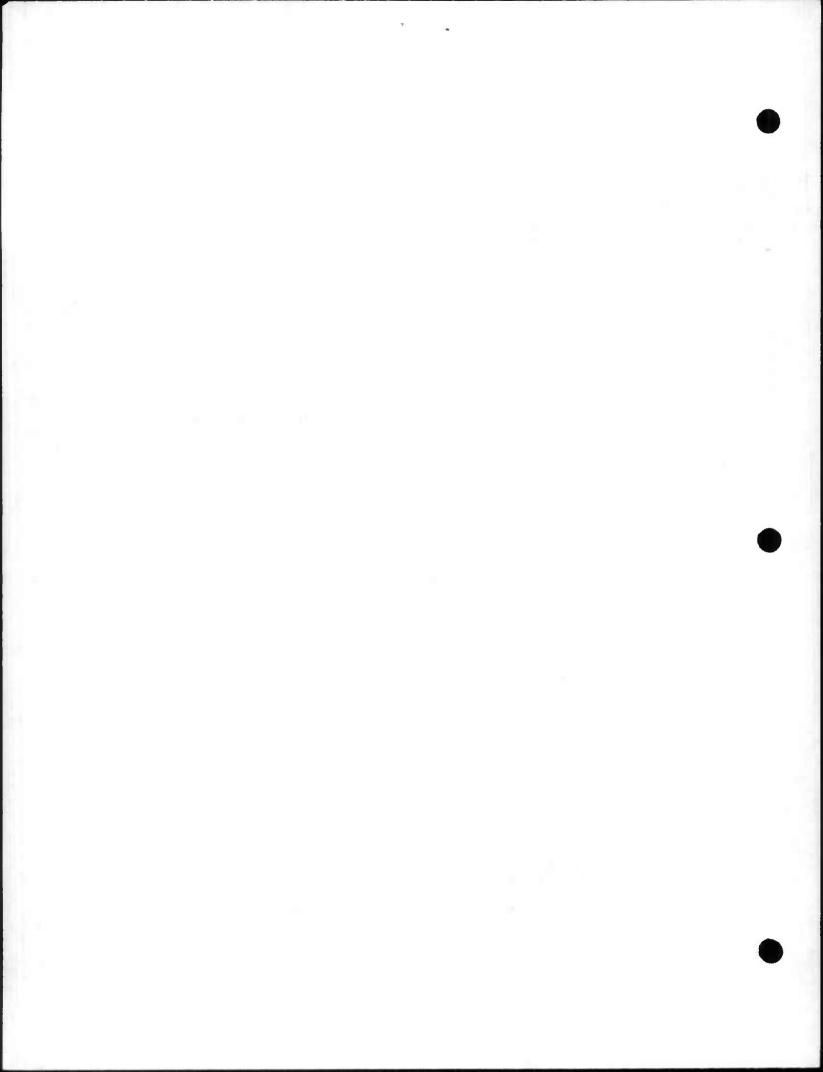
Richeste TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunk-transit is he filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunk, cremption, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-18 Rev 1/89

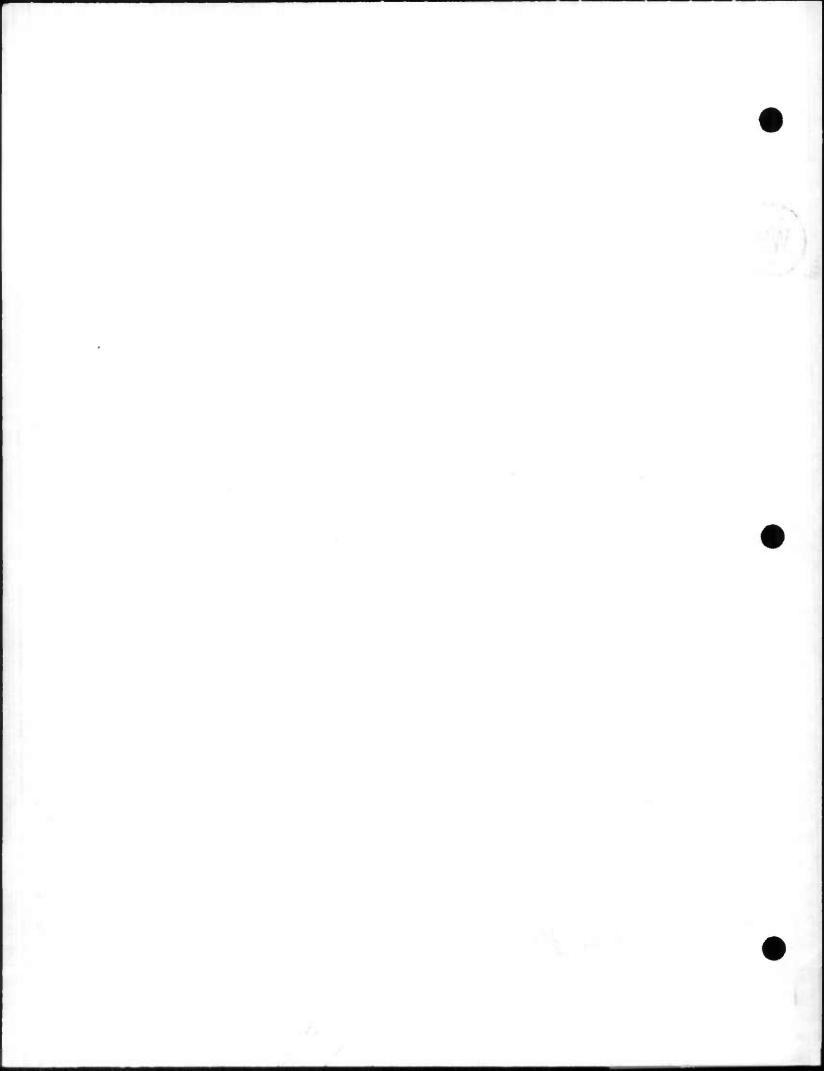


DHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in
S	TEN	DH.
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	-1	

	1. DECEDENT'S NAME (First, Middle, List) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH											3. TIME OF DEATH		
	AM	2/10	N.	C-	1	2	rec	200	1	MONTH	- W-> .	L G	YEAR	7 = 25 Au
	4. SOCIAL SECURITY NUME	BER	5. SEX	rs. last birthday)	t birthday) IF UNDER 1 YEAR			R 24 HRS.	7 DATE (DE BURTH		8. BIRTH	IPLACE (State or Foreign	
	579-42-3595		1 M 2 X F		88 YRS.	MONTHS		HOURS	MIN.	(Month,	Day, Year) 9 190	6	Count	yland
	9a. FACILITY NAME (If not in		treet and number)			96. CIT	Y, TOWN	OR LOCAT	ION OF D		2 130		INTY OF D	
OR	Springbrook				Spr					ntgon				
حا	RESIDENCE OF DEC	EDENT							6			1101	regon	icly
R	10e. STATE	106. COUNTY				TY, TOWN								10d. INSIDE CITY LIMITS?
	Maryland	Mont	gomery		_ Si	lver								1 YES 2 X NO
₹ I	10e. STREET AND NUMBER			10	1. ZIP COD				10g. CIT	IZEN OF V	WHAT COUNTRY?			
NE	15413 Tind1	ay St.			_			209					Lted	States
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1 YES 2					13.	WAS DE	CENDENT	OF HISPAN	NIC ORIGIN:	(Specify Ye	or No-	14. RACE	— American Indian, c, White, etc.
¥	3XXWidowed 4 ☐ Divo	S			2 🔀 NO			, , ,		Speci	fv:			
	15. DEC	EDENT'S EDUC	CATION	1 40	Be. DECEDENT'S	1	200110471	011		100				White
COMPLETED	(Specify only	y highest grade	completed)		(Give kind of	work done	during me	ost of worki	ng	160.	KIND OF BU	SINESS/IN	DUSTRY	
퓝	Elementary/Secondary (0	F-12)	College (1-4 or 5 -		sewi					Own :	IIO			
N	17. FATHER'S NAME (First, M	iddle Lest)			nou	SEWI.	Le	40.00	HED'S MA	ME Comment	iddle, Maiden	-		
Ö	Edward Wiss					nma I		iddie, Malden	Sumame)					
BE	19a. INFORMANT'S NAME (7	T 105 MAII IN	C ADDRES	C (Chart				er, City or Tow						
2	Jeanne Gall													1 20005
	20a. METHOD OF DISPOSIT	1		20h BI	ACE AND DATE				, 5.			ng, r		and 20905
19	1) Burial 2 Cremetion 4 Donation 6 Other	Π 3 □ Rame	wal from State	cemeter	ny cremetony or	other place	1			DATE				
-	21. SIGNATURE OF FUNERAL		Gloce.	J Ga	te of	ieave	NAME A	eme te	SS OF FA	1/20 Silver Sprin				g, Maryland
	. V6.1:	0//	11			22. NAME AND ADDRESS OF FACILITY Hines-Rinaldi 11800 New Hampshire Avenue						ıı ru	neral Home	
	/Willy K	Kun	ALCEL				Silv	er Si	ring	. Ma	rvlan	1 20	904	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.													
	IMMEDIATE CAUSE (Final											Onset and Death		
	disesse or condition - De hy dration of Mal Naturition.													
	disease or condition - resulting in death) De hydrotou of Mal Naturitour Due to (or as a donseouence of): Ce and to var calar accide at Ce and to var calar accide at													
Z	Commentally Not on a day		_ C	1000	S C	ula.	5-	ac	حنگ	Tens	•			
E	Sequantially list conditi if sny, laeding to Immed	INSEQUENCE (F):											
CERTIFICATION	cause. Enter UNDERLYI CAUSE (Disease or Inju			FOLIENCE OF:										
H	CAUSE (Disease or Injury that Initiated events resulting in death) LAST													
H	d													
2	PART II. Other significa	nt condition	s contributing to	death but	not reaulting	t resulting in the underlying cause given in				Part I.	24s. WAS AN	AUTOPSY 24b. V		WERE AUTOPSY FINDINGS
EDICAL			L T				-				RMED? AVAILABLE PR		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
										1 _ YES 2 NO				OF DEATH?
Σ	DID TOBACCO U	SE CONTE	PIRLITE TO CA	LISE OF I	DEATH V		NO E	LIMIZ	EDTAIN					1 TYES 2 NO
AN	25. WAS CASE REFERRED TO	-	GBOTE TO CA		PLACE OF DEA] UNC	EKIAII	4 L				
PHYSICIAN:	EXAMINER?		HOSPITAL:			OTHE	p:			De 1000				
Ĭ	27. MANNER-OF DEATH		28a. DATE OF		26b. TII			URY AT	aldence	6 Other	(Specify)	M HI IDV OO	CHINED	
		Pending	(Month, D		IN	JURY	WC	PRK?	¬ NO	20G. DESC	MIDE HOW I	NJUHT OC	CORED	
BY	a Castata	nvestigation	26a, PLACE O	F INJURY —	At home, farm,	street for			J NO	204 1 004	FION (Provide			
COMPLETED		Could not be determined	building,	atc. (Specify)	ra trotting lacing	MINUT, 180	iory, ome			City or	TION (Street a Town, State)	ing Number	or Hunii H	oute Number,
<u> </u>	29a. CERTIFIER				-									
린	(Check only		CIAN: To the best of											
Š.	2 MEDI	CAL EXAMINER	R: On the basis of a	camination an	id/or investigati	on, in my	opinion, d	leath occur	red at the	time, data a	nd pleca, an	d dua to th	ne cause(a)	and manner sa stated.
ш	296. SIGNATURE AND TITLE	OF CERTIFIER				-			NSE NUN			29d. DAT	E SIGNED	(Month, Day, Year)
0 8	200	_ \	culor	~	>			7	08	554	5	1)an	19.95
임	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	SE OF DEATH	(ITEM 27) (Type	, Print)								het
John Tonber 8218 Wiles and Ave 7207											Letter			
2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) On how Toucher 82(8 Wisconsin Ave Re											1 200			
	JAN 20 199	Year)	22 REGISTRA	Resola	PIE:			0 1		200	7		-	12.13



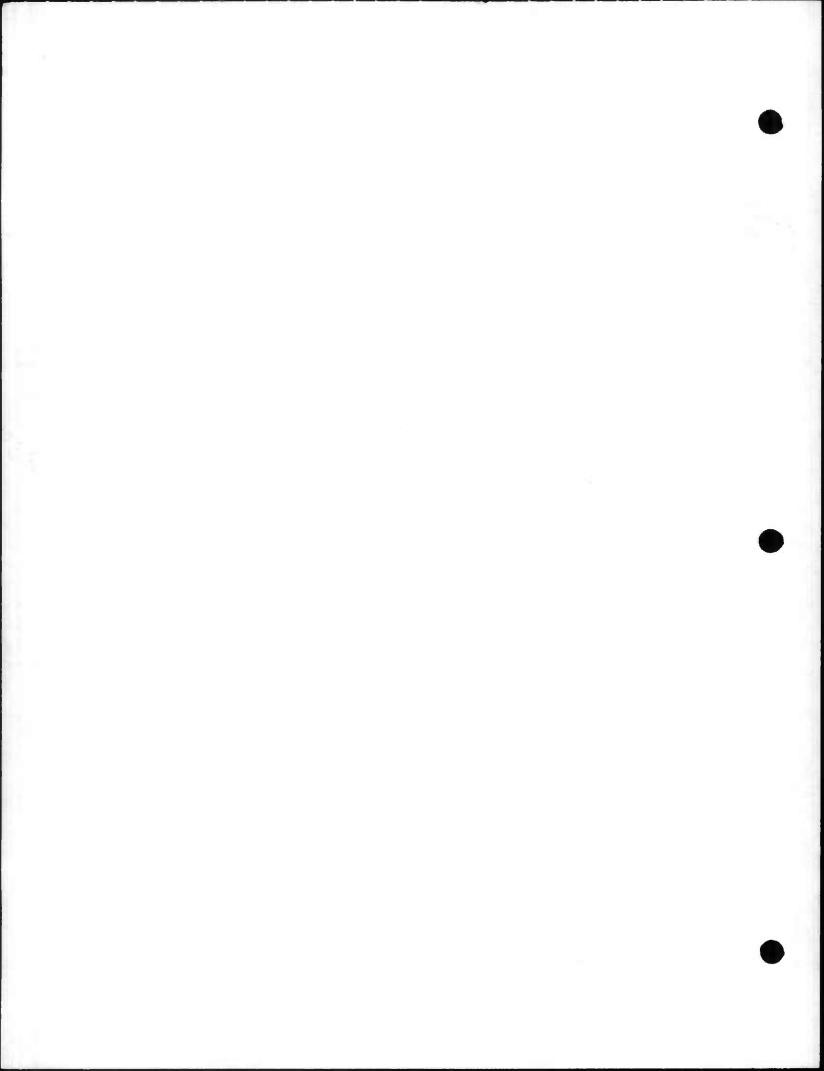
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 55 hours after death. Page 6 may be retained by the hospital or attenting physician and completely filled in by the funeral director, page 5 should be detached for use as the hours be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	MENT OF	HEALTH AND		GIENE					
14	1. DECEDENT'S NAME (First, Middle, Last)				D 2.7.111	2. DATE OF DEA			3. TIME OF DEAT	M		
- 3	Glady	rs V i ola	Praisner			January	15 10	995	4:15	Рм		
ı	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.			V	IPLACE (State or For			
- 0	214-32-9707	707 1 M 2 T F 82 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) 1912 Country)										
- 1	9a FACILITY NAME (If not institution one et	September 26, Penn										
œ												
DIRECTOR	Medlantic Manor at	: Layhill		Silve ₁	Spring			Mont	gomery			
EC	10a. STATE 10b. COUNTY		10c, CITY, T	OWN OR LOCA	TION				10d. INSIDE CITY			
E .	Maryland Mont	: 0 om o w	0.11	C					LIMITS?			
3	10e. STREET AND NUMBER	gomery	511	ver Sp	oring of ZIP CODE		T			NO .		
FUNERAL	2620 01 1 1 7			"	10.110/10.700				VNAT COUNTRY?			
뿐	2620 Shanandale D1:ive 20904 U.S.A. 11. MARITAL STATUS 1 □ Never Married 1 □ Never Married 2 □ Married 3 ☒ Widowed 4 □ Divorced U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 □ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. RACE → Black, Who Specify: 15. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Rican, atc.) 16. PROCES? 1 □ YES 2 ☒ NO Specify: 17. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Rican, atc.)											
2												
B												
	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S US	I COOLIDATI	011			Whit	te			
COMPLETED	(Specify only highest grade of	completed)	(Give kind of work	done during m		166. KIND (OF BUSINESS/IN	DUSTRY				
2	Elementary/Secondary (0-12)	College (1-4 or 5+)		,								
Ž	12 17. FATNER'S NAME (First, Middle, Last)		Cafeteria	Worke			ty Scho	ols				
8		Unknown	Rhoads		18. MOTNER'S N	AME (First, Middle, A						
H	Ulkilowii											
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street	and Number or Rural	Route Number, City	or Town, State, Zi	p Code)	2090	4		
	Donald E. Praisner	•	2602 Sh	ananda	le Drive	Silver	Sprin	g, Mai	ryland			
	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Remo	20b	PLACE AND DATE OF D	ISPOSITION (N			c. LOCATION —					
	4 Donation 5 Other (Specify)		netery, cremetory or other ate of Hea	ven Ce	meterv 1	/18/958	ilver S	pring	Marvla	nd		
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE 1	22. NAME AND ADDRESS OF FACILITY Francis J. Collins Funeral Home,									
	> (/MO/ADII	10/1/11/1										
	Mercu	J. Cole		500 Ur	iversity	Blvd.,	V. Sil.	Spr.,	MD 2090	1		
	23. PART i. Enter the diseases, or cashock, or heart failure. I.	empireations that coused ist only one cause on a	tha death. Do not	entar the mo	oda of dying, suc	ch as cardiac or	reapiratory sr	reat,	Approxima			
	IMMEDIATE CAUSE (Final											
	disease or condition resulting in deeth)	Pneumonia							10 day	S		
	resorting in death)	DUE TO (OR AS A	CONSEQUENCE OF):						1			
z	Alzheimer's Disease											
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate		CONSEQUENCE OF):						7 yea	1.0		
8	cause. Enter UNDERLYING											
Ē	CAUSE (Disesse or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):			-						
E	resulting in death) LAST											
8		,										
A	PART ii. Other aignificant conditions	contributing to deeth b	ut not resulting in t	ne underlyin	g ceuse given in	Part I. 24a. W	AS AN AUTOPSY		WERE AUTOPSY FIN			
일							ES 2 X NO		AVAILABLE PRIOR T			
삘						''''	TO TAT NO		OF DEATN?			
2	DID TOBACCO USE CONTR	IRLITE TO CALISE O	E DEATH VEC		1 LINICEDTAL				1 YES 2 N	0		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (JUNCEKIAI							
2	EXAMINER?	HOSPITAL:	0	HER:								
IYS		1 Inpetient 2 ER/Outp	etlent 3 L DOA 4 4	Nursing Hon	ne 5 🗆 Rasidence							
F	27. MANNER OF DEATH 1 X Natural 5 Pending	(Month, Day, Year)	28b. TIME OF	WC	IURY AT	28d. DESCRIBE	IOW INJURY OC	CURED				
B⊀	2 Accident Investigation			M 1 🗆	YES 2 NO							
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, atc. (Spec	- At homa, farm, stree	t, factory, offic	•	281. LOCATION (S City or Town,	Street and Number	r or Rural R	oute Number,			
COMPLETED	4 Homicide detarmined											
1	29a. CERTIFIER (Check only 1 X CERTIFYINO PHYSIC)	IAN: To the best of my know	ledge, death occurred at	the time, date	and place, and dise	to the causals) an	d manner so of	ted				
M		: On the beals of examination							end manner as at	ted		
	250. BIONATURE AND TITLE OF CERTIFIER											
BE	AND HILE OF CERTIFIED	6			D 328				(Month, Day, Year)	ا ء م		
2	- M-Wyww	en any			יי אַ אַ	1/	J.	anuar	y 16, 19	כלל		
٦ <u> </u>	M. Wariand Whom Die	COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type, Prin	t)	T T*							
	M. Wajeed Khan, Ph	.υ., M.D. 12	2016 Georg	ia Ave	. Wheato	n, MD 20	902					
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN										
	JAN 18 1995	Julia Davids	or Rardall									
	1001	U							DHMH-16	D 4 100		

DIVISION OF VITAL RECORDS, P.O. BOX 68760



3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

Maryland

9c. COUNTY OF DEATH

Dorchester

20

BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Fours after death. Page 6 may be retained by the hospital or attending physician.	. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-tran	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	SIAN: The law requires that the death certificate be executed within	 TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the further filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF	TO THE HOSPITAL OR ATTENDING PHYSICI,	TO THE FUNERAL DIRECTOR: After this cert be filed within 72 hours after death with the	IMPORTANT: If item 28 is marked, o

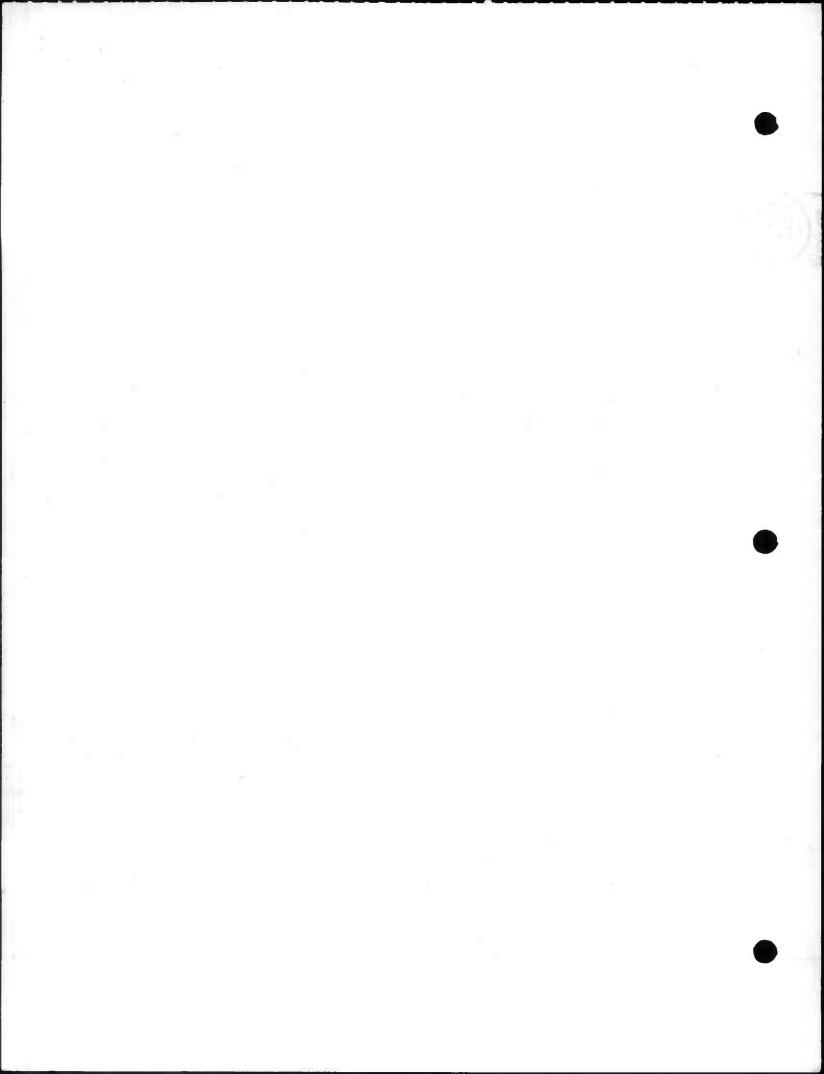
use as the burial-transit

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Med James 0 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 5, 1947 MONTHS DAYS HOURS 220-76-5582 ₹XX M 2 □ F YRS Aug 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH Dorchester General Hospital Cambridge RESIDENCE OF DECEDENT 10a, STATE 10c. CITY, TOWN OR LOCATION 10b. COUNTY Maryland Dorchester Bishops Head 10e. STREET AND NUMBER 10f. ZIP CODE 1915 Bishops Head Road 21672 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 XNO Specify: 1 X Never Married 2 Married IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION most of working Elementary/Secondary (0-12) Coffege (1-4 or 5+) 0 None 17. FATHER'S NAME (First, Middle, Last) Medford James Pritchett Frances 19a, INFORMANT'S NAME (Type/Print) Medford J. Pritchett 20a. METHOD OF DISPOSITION
1 N Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Mery, crematory or other place)
Veterans Cemetery 1/19 ☐ Donation 6 ☐ Other (Specify) FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Thomas Funeral Home 21. SIGNATUREACY J. Longshock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel Cardiopulmonary Arrest disease or condition CARDIO polmonno reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): Retarchtin Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If sny, lasding to immediate cause. Enter UNDERLYING Astic **CAUSE** (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted evente resulting in deeth) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.

DIRECTOR 10d. INSIDE CITY LIMITS? 1 YES A NO FUNERAL 10g. CITIZEN OF WHAT COUNTRY? US 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. Specify: White BY COMPLETED 16b. KIND OF BUSINESS/INDUSTRY 16. MOTHER'S NAME (First, Middle, Maiden Surname) Madaline Ruark B 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1915 Bishops Head Road Bishops Head, Md. 21672 20c. LOCATION -- City or Town, State Hurlock, Md. 700 Locust St. Cambridge, Maryland 21613 23. PART I. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximata Interval Between **Onset and Death** 1/2 hour CERTIFICATION MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY 1 TYES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 🗵 UNCERTAIN 🗆 PHYSICIAN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: t ☐ YES 2 NO ☐ Inpatient 2 NER/Outpatient 3 ☐ DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 75c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED t Matural 2 Accident M 1 YES 2 NO BY 28e. PLACE OF BUJURY — At home, tarm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 2 | | Buildide COMPLETED 8 Could not be # Homicide 29s. CERTIFIER 1 CENTIFYING PHYSIGHT dge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. # T MEDICAL EXAMPLES ON the S els of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE sucker MO Um 16 1995 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Aucks Dorchester Cobert 32, REGISTRAR'S SIGNATURE alia Davelson-Wardall 8

DHMH-16 Rev 1/89



8. BIRTHPLACE (State or Fo

Virginia

U.S.A.

Specify:

White

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

1 K YES 2 NO

Approximate

24b. WERF AUTOPSY FINDINGS

OF DEATH? 1 YES 2 NO

AMILABLE PRIOR TO COMPLETION OF CAUSE

intervsi Between

Onset and Death

REG. NO.

SINISION OF VITAL RECORDS, P.O. BOX 86760, BALLIMORE, MARYLAND 2121	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a nouns after death. Page 6 may be retained by the hospital or arts	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
---	--	---	--

. 50 ETED

BY

COMPL

BE

2

nding physician

STATE REGISTRAR

27. MANNEB OF DEATH

Accident

5 Pending

8 Could not be

determined

Netural Accider

3 Suicide

4 Homicide

(Check only one)

29b. SIGNATURE AND TITLE OF CERTIFIER

MNG

31. DATE FILED (Month, Day, Year,

1 -

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Warren CRNINI KAY mond 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER TYEAR IF UNDER 24 HRS. 7. DATE OF BURTH DAYS 1 🗌 M 2 🙀 F HOURE MIN. 577-10-9292 YRS. March 9,1912 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Holy Cross Hospital Silver Spring Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Montgomery Silver Spring FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 9700 Bristol Avenue 20901 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 XNO Specify: IF YES, GIVE WAR OR DATES BY 3 XWidowed 4 Divorced as the 15. OECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) Statistician Federal Government 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) 7 <u>William A. Warren</u> Mary C. Conrad 盟 notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 John E. Raymond 11519 Monongahela Drive Rockville, Maryland 20852 e 20a. METHOD OF DISPOSITION

1X Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must cemetery, cremetory or other place)
Gate of Heaven Cemetery 1/19/95 Silver Spring, Maryland 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LIPERISEE 22. NAME AND ADDRESS OF FACILITY Francis J. Collins Funeral Home, Inc. 500 University Blvd., W. Sil.Spr., MD 20901 medical 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heert fallure. Liet pnly one cause on each line. 6 IMMEDIATE CAUSE (Final cremation, the state disesse or condition teriosclavo Desose event. resulting in death) DUE TO (OR AS A CONSEQUENCE OF) to burial, traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury other 1 that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST 0 PART II. Other eignificent conditions contributing to death but not requiting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY and shows any 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 0

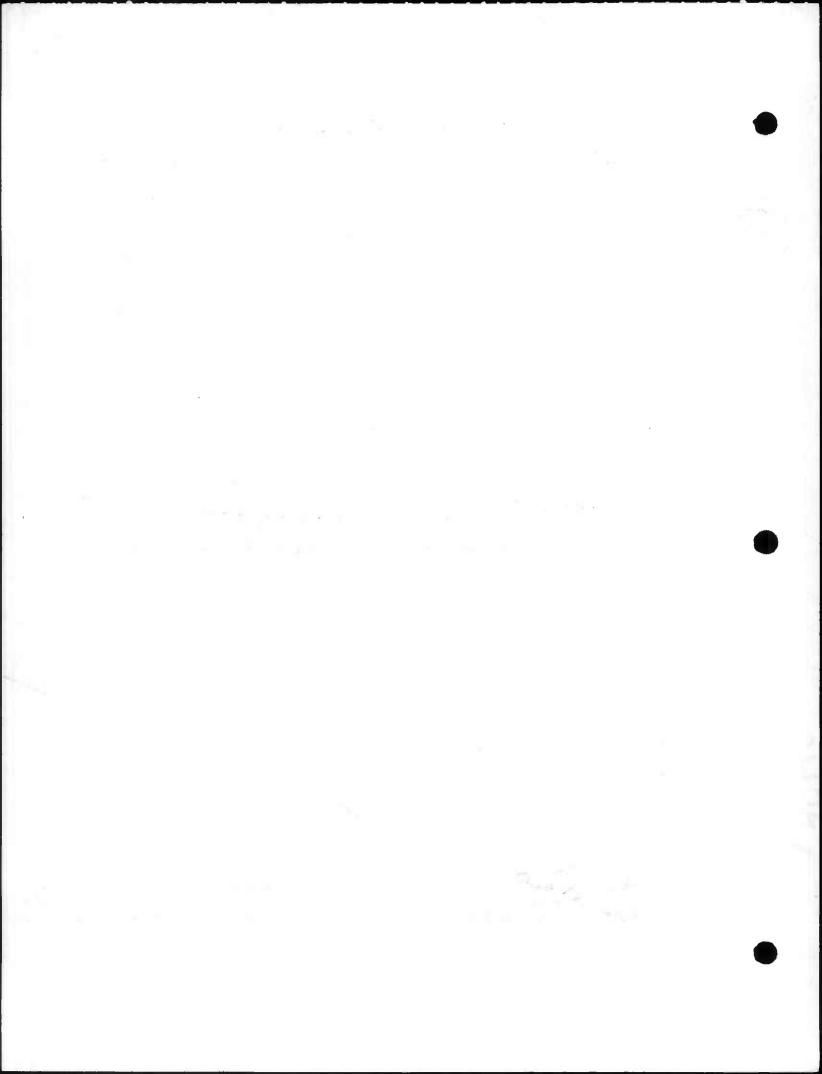
28a. DATE OF INJURY (Month, Day, Year)

pour

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

4 Nursing Home 5 Residence 8 Other (Specify) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28a. PLACE OF INJURY — At home, farm, street, lactory, office building, atc. (Specify) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, end due to the cause(s) and manner as stated. 20c LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) and 95 30. NAME AND ADDRESS OF PERSON WHI) COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 8218 Capl 6) is consin AUC 32. REGISTRAR'S SIGNATURE Davelson DHMH-16 Ray 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within chours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-training be filled within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF
1. DECEDENT'S NAME (First, Middle, Lest)	
JULIUS	
4. SOCIAL SECURITY NUMBER	5. SEX
100 07 0120	4 TV 11 4 1 1 1

1 - STATE REGISTRAR		STATE OF I	MARYLA				T OF H			MENTA	AL HYGIENI REG. NO.	E			
1. DECEDENT'S NAME (First, Middle, Lest)								DEA			E OF DEATH			3. TIME OF OEATH	
JULIUS				RU	BEN	1				JANU	JARY 15		5 YEAR	7:12 A M	
4. SOCIAL SECURITY NUM	BER	5. SEX		in yrs. last birthday) IF UNDER 1 YEAR			-	IF UNDER	24 HRS.	7 DATE	E OF BIRTH			LACE (State or Foreign	
108-07-9139		1 🔀 M 2 🗆 F	F 91 YRS.			MONTHS	DAYS	HOURS MIN. SEPT. 12			12,	1903	JERSEY		
9a. FACILITY NAME (If not in					9b. CIT	ry, town o	R LOCATI	ON OF DE	EATH		9c. COU	TY OF DEA	ATH		
POTOMAC		NURSING	HOME	1			ROC	KVIL	LE			MON	ITGOM	ERY	
							CITY, TOWN OR LOCATION 10d. INSI								
MARYLAND	MC	ONTGOMERY				RO	CKVI	LLE				LIMITS?			
10e. STREET AND NUMBER							10f.	ZIP COD	E			10g. CITI	ZEN OF WH	IAT COUNTRY?	
1235 POT	OMAC 7	ALLEY ROA	AD.					20	852			UNI	ED S	TATES	
11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1				13					IN? (Specify Yea	or No-	14. RACE -	- American Indian, White, etc.	
1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE V					1 YES				ricari, atc.)		Spanik:		
15. OFC	EDENT'S ED	I LICATION		16a DECE	DENT'S	LIGHAL	OCCUPATIO	iM.		10	b. KIND OF BUS	IN ESCUND		WHILE	
(Specify onli Elementary/Secondary (y highest grad	College (1-4 or 5		(Give		vork don	e during mos		ng	10	B. KIND OF BUS	INESSIND	USINY		
12	,	Conege (1-4 til 5	"	TYP	OGRA	APHE	ER				TYPOGR	APHY			
17. FATHER'S NAME (First, M	fiddle, Last)							16. MOT	HER'S NA	ME (First,	Middle, Maiden	Surname)			
LOUIS RU	BEN							P	AULI	NE E	BAUR			-	
19e. INFORMANT'S NAME (nber, City or Town				
RAYMOND '									E -	ROCK	WILLE,				
20a. METHOO OF DISPOSIT 1 Burlal 2 Cremalic 4 Donation 5 Dother	on 3 🗆 Rer	neval from Stata					CREMA		7	1/1			TA. V	n, State	
21. SIGNATURE OF FUNERA	L SERVICE L	ICENSEE				22	. NAME AN	D ADDRE	SS OF FA						
- Kla	XIM	Th												ELS, INC. D. 20852	
23. PART I. Enter the d	Iseeses, or	complications the	t ceused	the deet	th. Do n									Approximats	
shock, or h	eert feilure	List only one ceu	ise on ee	ch line.							•			interval Batween Onset and Death	
disesse or condition resulting in death)	\rightarrow	a. ST	ROKE											3 DAYS	
, and a second			(OR AS A	CONSEQU	ENCE OF	7:									
Sequentially list condit	ions.	***					C ATT	ACKS						5 YEARS	
if sny, lesding to imme cause. Enter UNDERLY	diete	DUE 10	(OR AS A	CONSEQU	ENCE OF	7):								X 1	
CAUSE (Disease or injuthet initiated events		DUE TO (OR AS A CONSEQUENCE OF):									 				
resulting in death) LAS	т	d													
DART II ON															
PART II. Other significa		ns contributing to I' INFECTI		it not ree	oulting i	n the u	underlying	ceuse	given in	Part i.	24a. WAS AN A PERFOR		A	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO	
UKINAKI	INAC	INFECTI	ON								1 TYES 2	ON NO		COMPLETION OF CAUSE OF DEATH?	
DID TODA 660 II													1	☐ YES 2 ☐ NO	
DID TOBACCO U		IRIBUTE TO CA		B. PLACE				UNC	ERTAI	<u> 1 П</u>					
EXAMINER?	O MEDICAL	HOSPITAL:				OTHE	ER:	_							
1 YES 2 NO		1 Inpatient 2			28b. TIMI		28c. INJU		sidence	_	er (Specify) SCRIBE HOW IN	HIBY OCC	UDED		
	Pending	(Month, D			INJ		WO!	RIC?	NO	200. DE	SCHIBE HOW IN	JOHT OCC	UNED		
2 Culebra	Investigation Could not be	28e. PLACE O	F INJURY -	- At home	, ferm, s	treet, fe			,	28f. LQ	CATION (Street e	nd Number	or Rural Rou	ite Number.	
	determined	building,	atc. (Specif	'y) -						Cin	y or Town, State)				
29e. CERTIFIER 1 CERT	TIFYING PHYS	CIAN: To the best of	my knowle	dge, death	occurre	d at the	time, data	and place.	and dua	to lhe ca	oute(a) and men	ner as state	ıd,		
2 MED	ICAL EXAMIN	En: On the beele of a	camination	and/or Inv	estigatio	n, In my	opinion, de	ath occur	ed at the	tima, dat	e and place, and	due to the	cause(s) a	and menner es stated.	
290 GIGNATUHE AND TITLE	OF CERTIFI	1						29c. LICE	NSE NUM	IBER	, 1	29d. DATE	SIGNED (A	fonth, Day, Year)	
JANUARY 16, 1995									16, 1995						
30. NAME AND ADDRESS DI						,	// n.c.=								
PAUL T. N				_	DRI	VE :	#207	- RO	CKVI	LLE	, MARYL	AND	20852		
31. DATE FILED (Month, Day,		32 REGISTRA	R'S SIGNAT	ROLL	11										

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ern	Cty	-	
HYGIENE	- 1		

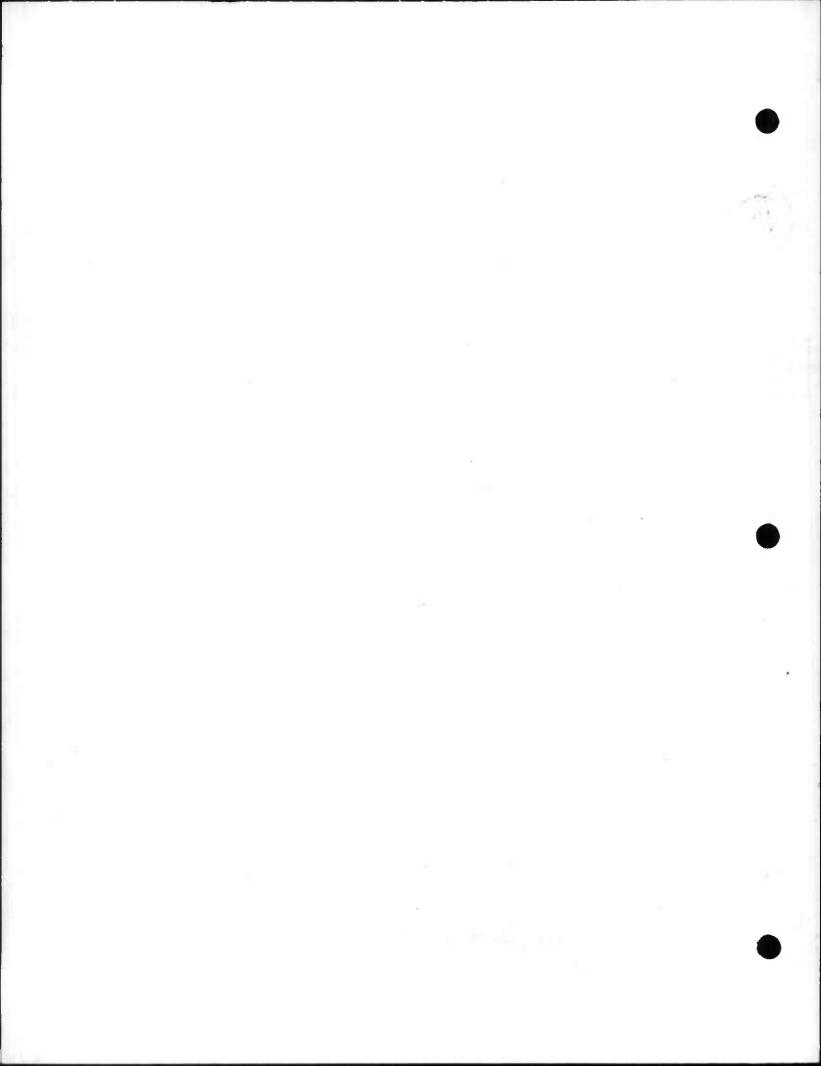
	1 - STATE REGISTRAR	SIAIL OF MIAI	CERTI	FICATE	OF DEATH	I MILITA	REG. NO.	5		1
	1. DECEDENT'S NAME (First, Middle, Last)	m	D レ	D	1)		TE OF DEATH	W.	YEAR 3	TIME OF DEATH
	MARY B. ROSSELLE	Mary	Beck	Koss	e11e			1995	TEAN	1:25 p M
	Committee of the control of the cont		GE (in yrs. last birthday				TE OF BIRTH onth, Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
	370-07-3310	□ M 2 🔀 F	82 YRS.	WONTHS D	NOOMS IN		2, 19:	12		ngton, DC
~	9a. FACILITY NAME (If not institution, give street			9b. CITY, TO	WN OR LOCATION				TY OF DEAT	тн
DIRECTOR	CARRIAGE HILL - 1	BETHESDA		BET	HESDA			MONT	GOME	RY
EC C	10e. STATE 10b. COUNTY		10c. C	ITY, TOWN OR L	OCATION				140	d. INSIDE CITY
띒	Maryland Montgo	meru		erwood						LIMITS?
N.	10e. STREET AND NUMBER	ille Ly		/elwood	10f. ZIP CODE			10a. CITIZ		T COUNTRY?
ER	7612 Miller Fall	road			208	55		275 11	ed St	
FUNERAL		2. WAS DECEDENT EV	ER IN U.S. ARMED	13. WAS	DECENDENT OF H		DIN? (Specify Yes			
ВУ Е	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 1		If ye	s, specify Cubsn, M	lexican, Puert Specify:	o Rican, atc.)		Black, V Specify:	American Indian, White, stc.
										White
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co.	TON mpleted)	16a. DECEDENT (Give kind o	I work done during	PATION og most of working	1	6b. KIND OF BUS	INESS/INDU	ISTRY	
느	Elementary/Secondary (0-12)	College (1-4 or 5+)		use retired.)		l.				
Š.	17. FATHER'S NAME (First, Middle, Last)	2	Secret	ary					olic	Schools
	Louis Francis Beck						t, Middle, Maiden			
BE	190. INFORMANT'S NAME (Type/Print)		10h MAIL II	C ADDRESS (S	Marga meet and Number or F		Agnes Ry			
5	T. Keith Rosselle								/	
- 1	20a. METHOD OF DISPOSITION	-	20b. PLACE AND DAT		Fall Ro			CATION C		State
	1 ☑ Burial 2 ☐ Cremation 3 ☐ Ramova 4 ☐ Donation 5 ☐ Other (Specify)		demetery, cremetory or Mt. Olive	other placel		1	Washington,			
	21. SIGNATURE OF PUNERAL SERVICE LICEN	fee)	iie. oiive		E AND ADDRESS O		DeVo	Fune	eral	Home
	1.3.	Y		10	East Dee:	r Park	Drive			
_	23. PART i. Enter the diseases, or con	nplications that car	sed the death. Do	Gai	thersbury	g, MD	20877			I describeration
	anock, or heart failure. Lie	t only one cause o	n each line.	not offer the	mode of dying,	SUCII ME CO	ndiac or reapi	atory arre	·WL,	Approximete interval Between
	IMMEDIATE CAUSE (Final disease or condition	(Dual	10/1/2	Ser lan	· Inc.	His	944.			Onset and Death
	resulting in death)	DUE TO (OR	AS A CONSEQUENCE	0 <i>(U) 641</i> 0f):	Inso	There	nez			
z		ANX	oriosch	Posir						i i
임	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEQUENCE	OF):						
2	CAUSE (Disease or injury									
<u> </u>	thet initieted events resulting in death) LAST	DUE TO (OR A	AS A CONSEQUENCE	OF):						
CERTIFICATION	d									
1	PART II. Other significant conditions of	ontributing to deal	h but not resulting	in the under	lying cause give	n in Pert i.	24s. WAS AN		24b. WE	ERE AUTOPSY FINDINGS
DICA							PERFOR			AILABLE PRIOR TO IMPLETION OF CAUSE
MED							1 723 2	1X NO		DEATH?
ÿ	DID TOBACCO USE CONTRIE	BUTE TO CAUSE	OF DEATH	ES NO	☐ UNCER	TAIN			1 "	1123 2 110
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DE		one)					
ž		OSPITAL:	Outpatient 3 - DOA	OTHER:	Home 5 🗆 Reside	ince 8 🗆 Oti	her (Specify)			
H	27. MANNER OF DEATH	28a. DATE OF INJU (Month, Day, Ye		ME OF 280	INJURY AT WORK?	28d. D	ESCRIBE HOW IN	JURY OCCU	JRED	
BY	1 Natural 5 Pending 2 Accident Investigation	10 6			YES 2 NO	0				
<u> </u>	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJ building, atc. (atreat, factory,	office	28f. LC	CATION (Street arty or Town, State)	nd Number o	r Rural Route	e Number,
			Nou							
COMPLET	(Check only 1 CERTIFYING PHYSICIA									
Š Ö	one) 2 MEDICAL EXAMINER:	On the basis of examin	ation and/or investigat	ion, in my opini	on, death occured a	it the time, de	its and place, and	due to the	ceuse(s) an	d manner as stated.
w	296. SIGNATURE AND TITLE OF CERTIFIER		Mala		29c. LICENSE	NUMBER		29d. DATE	SIGNED (Mo	onth, Day, Year)
0 8	-185. in	whn	1110		21	11029	/	> /	/16/	195
F	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF	DEATH (ITEM 27) (Typ	-	1	01	01		00/	
	JOHN B. UM.	nau In	8805	onn-	AV., 1	nou	ha Chan	0,1	Med-	20815
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	IGNATURE							
- 4	PPPI E I MAIL	YELVA, BUILD	MARCH TONY							ı

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within—Knows after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfor be filed within 72 hours after death with the State Dept, or Health and Mental Hygiene prior to burial, centation, or removal.

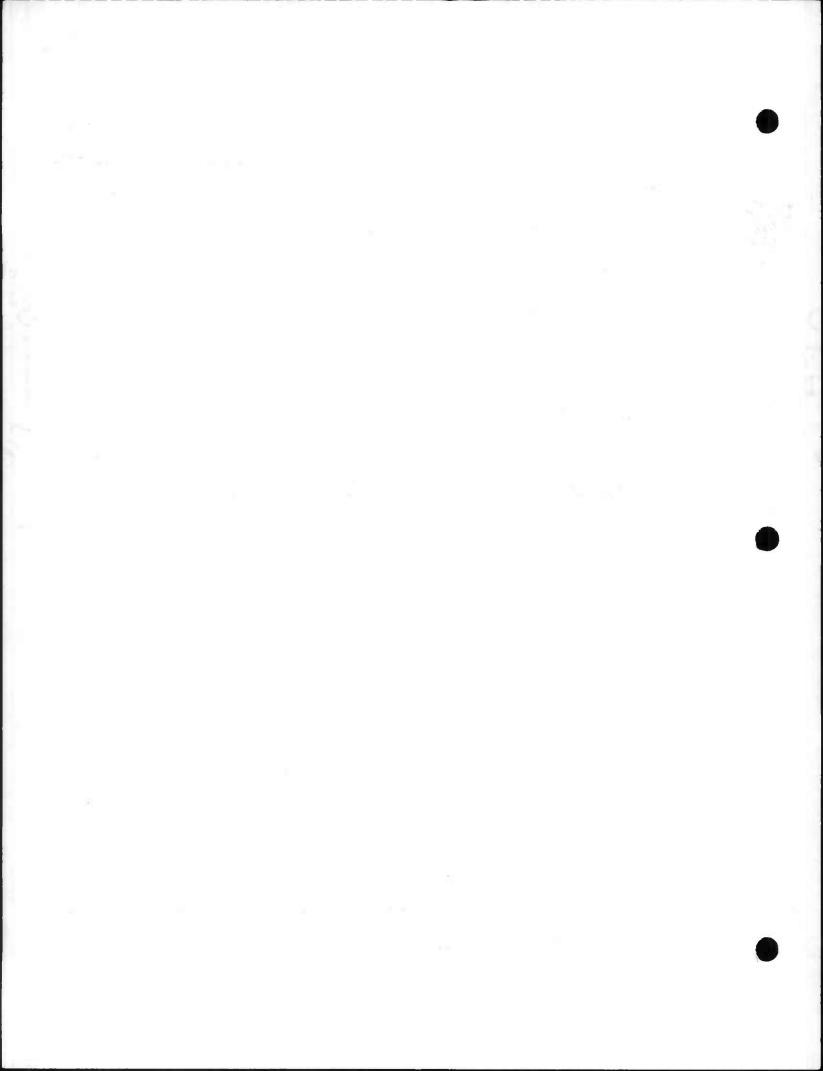
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical transminer must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68769

BALTIMORE, MARYLAND 21215-0020

DHMH-18 Rev 1/89



		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF H	HEALTH AND	MENTA	L HYGIEN				
		1. DECEDENT'S NAME (First, Middle, Last) WILLIAM RT(CARDO RIOS	•			MONT	OF DEATH		YEAR	TIME OF DEATH	
P		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE 1.7	(In yrs. lest birthdey) YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH (h, Day, Year)	8	. BIRTHPLI Country)	ACE (State or Foreign	
. 3 should	стов	9a. FACILITY NAME (If not institution, give some SUBURBAN HOSP.		OR LOCATION OF D	DEATH		Y OF DEAT					
MAL	DIRECT	10a. STATE 10b. COUNT MARYLAND MONTO	GOMERY		ry, town or located the control of t	TION					d. Inside City Limits?	
CAN THE	NERAL	100. STREET AND NUMBER 19009 WARRIORBROO		T GEI	10	7. ZIP CODE			10g. CITIZE	T COUNTRY?		
215-0020 attending physicianse as the burial-tra	BY FU	11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 TO NO	13. WAS DEC	CENDENT OF HISPA Hecity Cuban, Maxic 2 NO Spec	an, Puerto	N? (Specify Year Ricen, etc.)		RACE — Black, W	American Indian,	
21 for 1	PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) NONE.	CATION completed) College (1-4 or 5 +)	(Give kind of life. Do NOT u	S USUAL OCCUPATION Work done during moise retired.)	ON ost of working		NE	SINESS/INDUS	STRY		
YLA by the be def	BE COMP	17. FATHER'S NAME (First, Middle, Last) UNOBTAINABLE		NONE		16. MOTHER'S N	AME (First, NABLE	Middle, Maiden				
be retain ge 5 sho	10	196. INFORMANT'S NAME (Type/Print) MARGARITO VILLATORO 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip C 19009 WARRIORBROOK DR. GERMANTOWN, MD										
MOR e 6 m rector,		20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rem 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	coval from State	netery, crematory or o	ANAMORO				UNION		SALVADOR	
SALT death. e funerial. exami		· Xhelij Dr	(naleh		HINES- 11800	RINALDI NEW HAM	FUNE PSHIF	RE AVE.	. SILV	ER SI	PRING,MD.	
in 24 ely fills attion,		23. PART I. Enter the diseases, or abock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	ech line,	ple -				ratory arres	ŧ,	Approximate interval Between Onset and Death	
P.O. BOX 68 th certificate be execute ending physician and co Hygiene prior to buria or other traumatic	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	CONSEQUENCE O	,							
CORD ires that the signed by the lealth and M	MEDICAL C	PART II. Other algorificant condition	contributing to death b	a contributing to death but not resulting in the underlying cause given						CO OF	RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH?	
AL ME e law requ has been g Dept. of h		DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CAUSE C	PEATH Y		UNCERTA	IN 🗆			12	Ves 2 □ NO	
# # # # # F	PHYSICIAN:	EXAMINER? 11 X X ES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Out		OTHER: 4 Nursing Hom	na 5 🗆 Rasidence			N HIEW COCK	750		
ATTENDING PHYSICIAN: ATTENDING PHYSICIAN: ECTOR: After this certificals after death with the St. 28 is marked, or III	β	1 Natural 5 Pending Investigation 3 Suicide 8 Could ent be	(Month, Day, Year)	5 630	JURY WO	YES 2 NO	pe	ATION (Street a	on hi	F by	truck	
DIVISION OR ATTENDING DIRECTOR: After hours after deatt item 28 is ma	LETED	4 Homicide determined	building, atc. (Spe	Stre	cet		Cerm	antavi	n, Mc	0	nt Way	
4 42 =	COMPLET	one) 2 X MEDICAL EXAMINE	ICIAN: To the best of my know						d menner as stated.			
TO THE HOSPIT TO THE FUNERA be filed within 7	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WH	is Chuteus O.C.M.									
		31. DATE FILED (Month, Day, Year)		lll Pen	n Stree	et, Bal	timo	ore, M	aryl	and	21201	
		JAN 1 9 100										



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9	5 should be detached for use as the burial-trains	
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	attending physician and completely filled in by the funeral director, page 5 s	T
	att	Tta

BALTIMORE, MARYLAND 21215-0020

hours after death. Page 6 may be retained by the hospital or attending physic IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crema-

D.

31. DATE FILED (Month, Dey, Year)

JAN 1 9 1995

BYRL

m20 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

Russell

Jahn Dhudson Rarball

Prenul

m. o.

JOHNSON

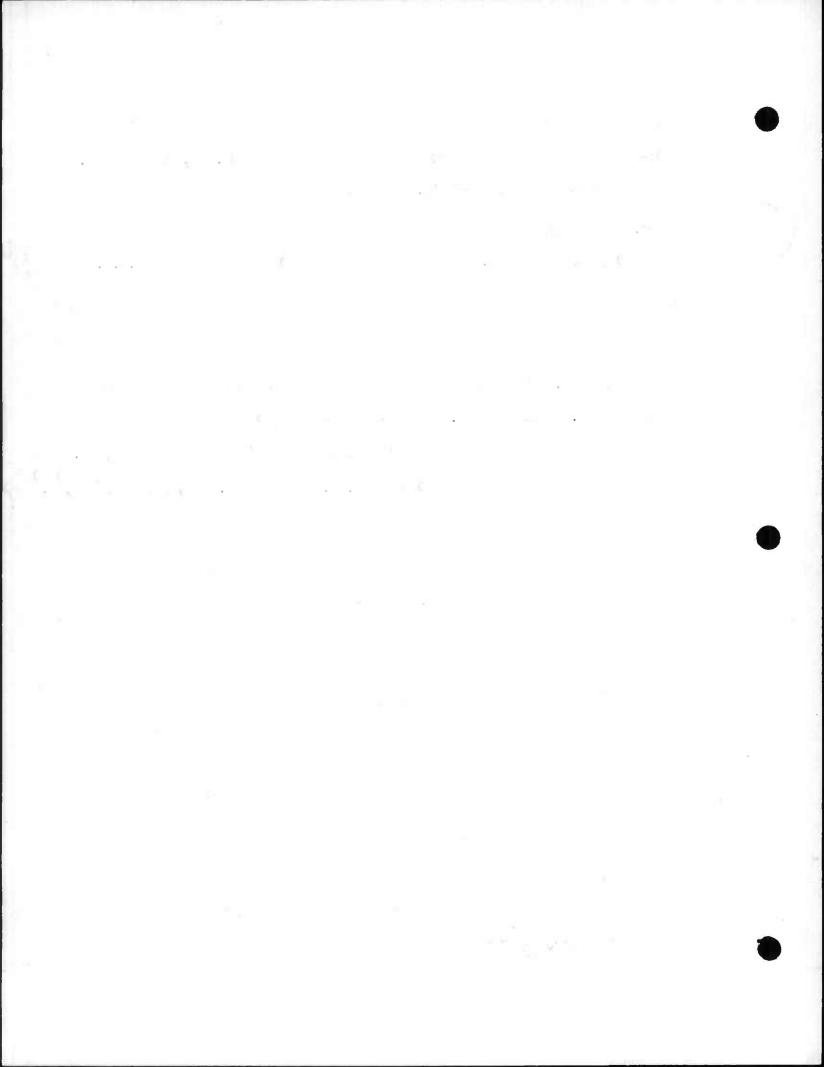
DIVISION OF VITAL RECORDS, P.O. BOX 68760

	FOR 1 STATE	STATE OF M	ARYLAND /	DEPAR	TMEN	T OF H	IEALTH	AND	MENTAL	HYGIEN	IE .		
	REGISTRAR		CE	ERTIF	CAT	E OF	DEAT	ГН		REG. NO			
3	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE (OF DEATH	AY	YEAR	3. TIME OF DEATH
	Kathryn Bu	RRELL	R_{ℓ}	bins	on				Janu			1993	0210 AM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les			1 YEAR	IF UNDER	24 HRS.	7. DATE C	F BIRTH		8. BIRTN	PLACE (State or Foreign
- 8	104-12-8243	1 M 2 J/F	90	YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year)	001	Country	
	9e. FACILITY NAME (If not institution, give st	and number			Sh CIT	/ TOMAL	OR LOCATIO	ON OF DE		26,1	EATN		
Œ		2 4 4 5 4 5 5 5 5 5 6 7 V	TTO GTD 1 m	- 1					EAIN				
5	SHADY GROVE AI	NEWLIST	HOSP'T.			ROCK	VILL	D .			I I	10NTG	OMERY
DIRECTOR	10e. STATE 10b. COUNTY			10c, CITY	TOWN	OR LOCAT	ION						10d. INSIDE CITY
E	Md. Mot	TGOMERY			,			am ozi					LIMITS?
	10e. STREET AND NUMBER	TGOMENT		<u> </u>			NSIN						1 X YES 2 NO
FUNERAL		. A TITO CUITA				101	. ZIP CODE		_		10g. CI		HAT COUNTRY?
E E		AND ST.						0895				U.S.	A.
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT O	F NISPAN	NIC ORIGIN	(Specify Yes	s or No-	14. RACE	- American Indian, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W			If yes, specify Cuban, Mexicen, Puerto 1 YES 2 NO Specify:						ly:		
												<u> </u>	WHITE
品	15. DECEDENT'S EDUC (Specify only highest grade :	ATION :ompleted)		CEDENT'S I				a	16b.	KIND OF BU	SINESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5 +	Ma	Do NOT use	retired.)			•	- 1				
A P		2		HOUS	SEWI	FE				P	AT HO	ME	
HOUSEWIFE AT HOME 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Melden Surneme)													
	CHARLES F. PECKHAM CAROLINE PECKHAM											VĪ	
												•	
2	RICHARD C. RO	BINSON	JR.	SAME			TEM	#10		.,,		, ,	
	20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State												
- 1	1 Buriel 2 Cremation 3 Remo	ral from State	cemetery, cres	metory or oth	her place!								
	4 Donation 5 Other (Specify) CHAMBERS CREMATORY 1/18 RIVERDALE, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											MD.	
	M.W. Cha	Mers	MO MO	0091						INC,	SILV	ER SI	20910 PRING,MD.
1	23. PART I. Enter the diseases, or c	emplications that	ath. Do no	ot enter	the mo	de of dyl	ng, auc	h aa cardi	ec or reap	iratory a	rrest,	Approximata	
	ahock, or heart fellure. L IMMEDIATE CAUSE (Final	ie on each line	•									Interval Between Onset and Death	
	disease or condition	Pros	mania										Days
ŀ	resulting in death)	DUE TO	OR AS A CONSEC	NSEOUENCE OF):									100073
- 1	_	Cocel	eri Valla	nsular Accident							Weeks		
6	Sequentially list conditions,	DUE TO (OR AS A CONSEQUENCE OF):											Meski
F	If any, leading to immediate cause. Enter UNDERLYING	4+1-0	osclerati		1: car	11.					Years		
CERTIFICATION	CAUSE (Disease or Injury		OR AS A CONSEC	er (× 13 €6	130					72481		
Ē	that initiated events resulting in deeth) LAST	502 10 (ON AS A CONSEC	DENCE OF):								
<u> </u>													
_	PART II. Other aignificent conditions	contributing to	death but not re	eeuitina ir	the u	derivin	COURA C	iven in	Part I	24s. WAS AN	ALTTOREY	246	WERE AUTOPSY FINGINGS
8	Dementia						g occure g			PERFOR		240.	AWAILABLE PRIOR TO
١		P 11 - 1	1	1					-	1 TYES 2	NO NO		COMPLETION OF CAUSE DF DEATH?
Σ	Nip fracture after											1	1 TES 2 NO
PHYSICIAN: MEDICAL	DID TOBACCO USE CONTR	IBUTE TO CAL	JSE OF DEA	TH YES	S 🔲	NO 🖸	UNC	ERTAIN	۷ 🗆 ۱			- 1	
8	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLAC	E OF DEATH									
S	1 YES 2 NO	HOSPITAL: 1 ☑ Inpatient 2 □	ER/Outpetient 3		OTHEI		• 5 □ Re	sidence	8 🗆 Other	(Specify)			
£	27. MANNER OF DEATH	28e. DATE OF		28b. TIME	OF	28c. INJ	URY AT			RIBE NOW I	NJURY OC	CURED	
	1 Matural 5 Pending	(Month, Da	y, Yeer)	INJU	JRY M		RK? (ES 2	NO	- 0				
BY	2 Accident Investigation 3 Suicide B Could not be	28e, PLACE OF	INJURY — At hor	me farm st	reat fee				201 1 000	FION (Street o	and Mountain	a as Bum/ B	and Mumban
	4 Homicide 8 Could not be	building, e	Ac. (Specify)	, , , , , , , , , , , , , , , , , , , ,	itout, inc.	ory, orne	10		City or	Town, State)	ena Numbe	IF OF HUNBI PR	oute Number,
Fi	no compres												
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and pleca, and due to the cause(s) end manner es stated.												
8	one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) and manner es stated.												
	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month Day									(Month Day Vess)			
B	Burl O. W.	mo							7				
O Byyl. Man on appears of person who consists of person with the consists of person wi									1 4-			-MMM	כדוו עין

Gaithersburg, MARYLAND

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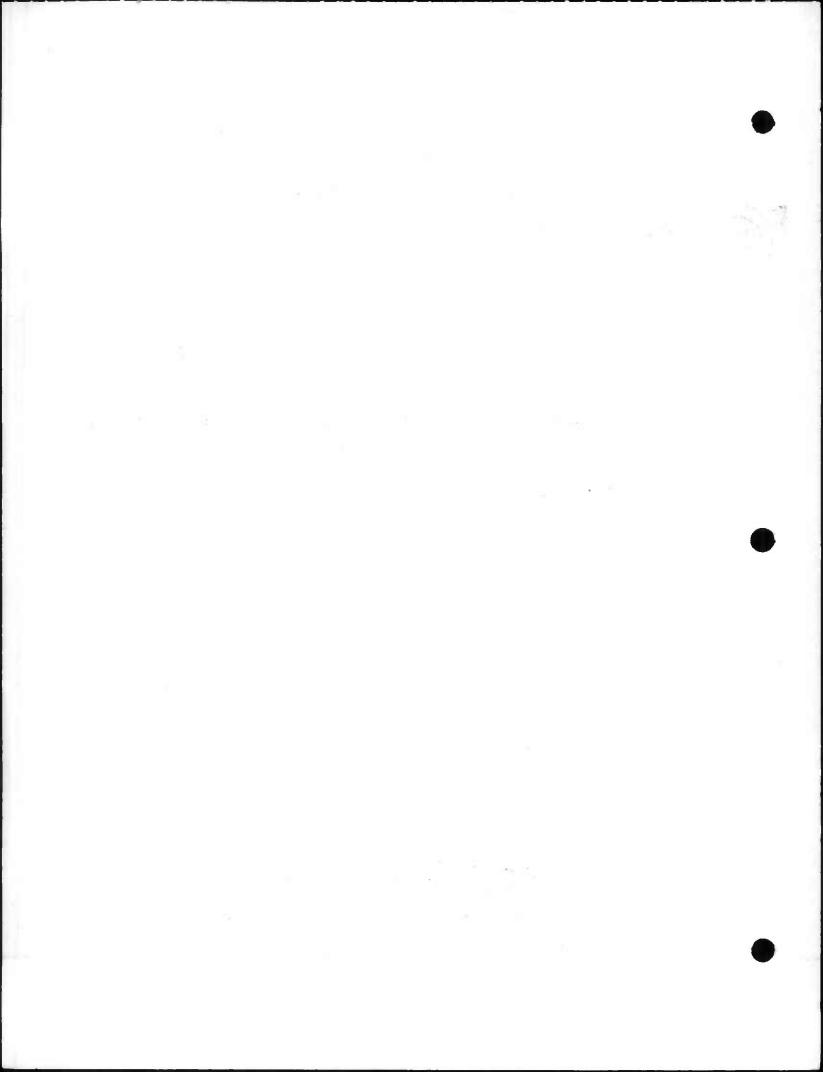


BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriary be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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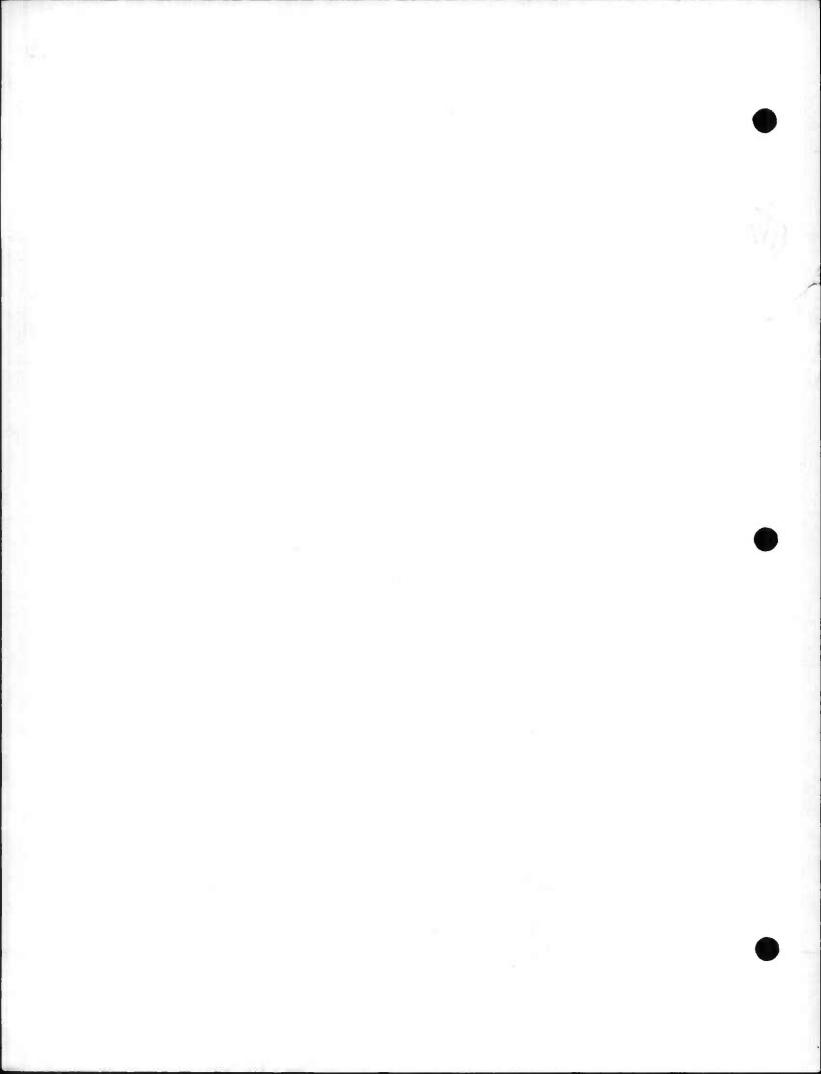
	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAI CERTIF	RTMENT (OF HEALTH AND	MEN	TAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last) SARAH ROGUL						ATE OF DEATH	1995	YEAR	3. TIME OF DEATH 5:25 PM M	
	4. SOCIAL SECURITY NUMBER 496-36-5397	6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Morth, Day, West) MARCH 10, MARCH 10,						901	Countr	PLACE (State or Foreign Y) DLAND	
TOR	9a. FACILITY NAME (If not institution, give street and number) HOLY CROSS HOSPITAL RESIDENCE OF DECEMENT			96. CITY, TOWN OR LOCATION OF DEATH SILVER SPRING					9c. COUNTY OF DEATH MONTGOMERY		
DIRECTOR	10a. STATE 10b. COUNTY	ONTGOMERY	10c. CI	ROCKV		LIMI			10d. INSIDE CITY LIMITS? XX YES 2 \(\text{NO} \) NO		
	100. STREET AND NUMBER 6121 MONTROSE			ROOK			10g. CITIZEN OF WHAT COUN				
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 XNO	20852 13. WAS DECENDENT OF HISPANIC ORIGIN H yes, specify Cuban, Mexican, Puerto 1 Yes 2 No Specify:				Vee or No - 14. RACE - American India Black, White, etc. Specify, WHITE			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION oc mpleted) College (1-4 or 5+)	18a. DECEDENT'S (Give kind of life. Do NOT u	work done duri se retired.)	JPATION ng most of working		166. KIND OF BUS		USTRY		
BE CON	17. FATHER'S NAME (First, Middle, Last) MOSHE KLEARMAN	I			SARAH	RAZ	st, Middle, Meiden : EL	Sumame)			
6	19a. INFORMANT'S NAME (Type/Print) MARVIN ROGUL				treet and Number or Rura AND DRIVE					Ф. 20852	
	20. METHOD OF DISPOSITION 1 & Buriel 2 Commetten 3 & Remo 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	oveil from State	THE SED SH	EL EME	TH	1-		LOU]		wn, State IISSOURI	
	· Jary	m. 12		DAN 117	O ROCKVILI	LDBE LE P	IKE - RO	OCKV1	IAL CHAPELS. INC. CKVILLE,MD. 20852		
RTIFICATION	23. PART / Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, approximate interval Batween Onset and Death IMMEDIATE CAUSE (Finel disease or condition resulting in death)										
CERTIFI	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST C. DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL O	PART II. Other significent conditions					24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 DANO		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
CIAN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO W UNCERTAIN 125. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)										
BY PHYS	1 VES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 1 Netural 5 Pending 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 VES 2 NO										
- 1	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At home, tarm, street, factory, office building, atc. (Specify)						nd Number or Rural Route Number,			
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
O BE	296. SIGNATURE AND STUDY CERTIFIED 296. LICENSE NUMBER D01120 29d. DATE SIGNED (Month, Day, Year) JANUARY 9, 1995										
	WALTER GOOZH, MD2309 SHOREFIELD ROAD - WHEATON, MARYLAND 20902-1815										
	JAN 1 9 1995	32. REGISTRAR'S SIGN	or Rarball								



	The second secon	1
DIVISION OF VITAL RECORDS, P.O. BOX 68760	BALTIMORE, MARYLAND 21215-0020	(
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with fours after death. Page 6 may be retained by the hospital or attending physician	ter death. Page 6 may be retained by the hospital or attending physicial	VV
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	the funeral director, page 5 should be detached for use as the burial-transval.	H
IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	al examiner must be notified at once.	J

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAR		CERII	FICAL	E OF	DEA	l H	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)							MONTH DAY YEAR			3. TIME OF DEATH
	ELIZABETH JANE REDDON						JAN 16th 1995			5:26 p M	
~	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthda	MONTHS	ER 1 YEAR	HOURS	24 HRS:	7. DATE OF BIRTH (Month, Day, Year)	1938	8. BIRTI Count	HPLACE (State or Foreign try)
	520-42-4535				MONTHS DAYS HOUR			October 9	,		yoming
	9a. FACILITY NAME (If not institution, give strent and number)			9b. Cl	9b. CITY, TOWN OR LOCATION OF DEATH					NTY OF	DEATH
2	National Institutes of Health				Bethesda				Mon	tgon	nery
입					CITY, TOWN OR LOCATION						10d. INSIDE CITY
8	Wyoming Lincoln										LIMITS? t ☐ YES 2 ₩ NO
7	100. STREET AND NUMBER			Labarge 101. ZIP CODE				10g. CITIZEN OF WHAT CO			
FUNERAL DIRECTOR	P.O. Box 185		83123				U.S.			٨	
Z I	11. MARITAL STATUS	12. WAS DECEDENT EV		IMED 13. WAS DECENDENT OF HISPANIC				C ORIGIN? (Specify Yea or No 14. I			E — American Indian.
	t Never Married 2 Married	FORCES? t I	YES 2 NO								
ВУ	3 Widowed 4 Divorced					O. O. O.				орос	White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT	of work don	OCCUPATI e during me	ON ost of worldi	na	16b. KIND OF BU	SINESS/INC	USTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOI	use retired	.)			Food			
MP	12		Cook				_				
8	17. FATHER'S NAME (First, Middle, Last)							ME (First, Middle, Maiden			
BE		Burkett						th Jane Li			
2	19a. INFORMANT'S NAME (Type/Print)							Route Number, City or Tow		,	
7	Linda K. Wacker						Red	Bluff, Cal			
1	20a. METHOD OF DISPOSITION t Suriel 2 Cremation 3 Temporary	ioviil from Stata	20b. PLACE AND DAT cemetery, crematory of		-1			21112	CATION —		
	4 Donation 5 Other (Specify)		Mt. Hope	Cem	etery	7	1/2	1/95 Land	ler,	Wyon	ning
	21. SIGNATURE OF FUNERAL SERVICE LI	17	/			ND ADDRE		auty lins Fune:	a1 H	ome.	Inc.
) Celter /	Word						Blvd.,W.			
	23. PART I. Enter the diseeses, or shock, or heart failure.	complications that ca	used the deeth. De	o not ente	er the mo	de of dy	ing, suc	h aa cerdiac or reap	ratory en	eat,	Approximata
- I		•									Interval Between Onset and Death
	disease or condition resulting in deeth)	Cht	opic 1	500	100	enc)/K	Leuk	emi	2	
	Total ling in dooling	DUE TO (OR	AS A CONSEQUENCE	OF):	J	0110			0 176	,	
z		e. Cht Due to (or	ain D	edy	4.	-0	Su	Ldural A	land	ton	2
은	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEQUENCE	OF):					3 77 39		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	с.									
E	that initiated events	that Initiated events DUE TO (OR AS A CONSEQUENCE OF):									
ER	reading in death, CAST	Juiting in death) LAST									
	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY FINDINGS										
EDICAL							PERFORMED?				AVAILABLE PRIOR TO COMPLETION OF CAUSE
	1 ₩YES 2 □ NO								OF DEATH2		
Σ	DID TORACCO LISE CONTRIBUTE TO CALISE OF DEATH VEC TO NO										
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 225. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)										
Sic	EXAMINER?	HOSPITAL:	/Outnotled: 3 DOM	ОТН	ER:						
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJ		TIME OF		URY AT	Isidenca	6 Other (Specify)	NJURY OC	CURED	
- 4	# 1 T Natural 3 Pending						ORK?				
B	2 Accident Investigation 3 Suicide 6 Could set 28s. PLACE OF INJURY — At home, tarm, s			n, street, fa				28f LOCATION (Street	DCATION (Street and Number or Rural Route Number,		
	3 Suicide 6 Could not be 4 Homicide detarmined				treet, factory, offica 28f. LOCATION (Street City or Town, State						
9											
MP	(Check only 1 (C										
COMPLETED	2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner as stated.										
出	29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Mogth, Day, Year)							D (Month, Day, Year)			
2	Count	Rugue		VA 049618 ► 1/18/95.							
0001-6											
	CACIOS PICONE 9000 ROCKVILLE PIKE, BETHESDA, MARYLAND 20892										
	JAN 20 1995	32. REGISTRAR'S	SIGNATURE								
	סמנו אין אוחט	1-1-									



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

_ x

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	_	REGISTRAR CERTIFICATE OF DEATH REG. NO.												
		1. DECEDENT'S NAME (First, Middle, Last)	Ethe1	V. Ragan	0		2. DATE OF MONTH	19 1995	YEAR	3. TIME OF DEATH 6:00am M				
		4. SOCIAL SECURITY NUMBER 220-14-2726	5. SEX 1 M 2 X F	8. AGE (In yrs. lest birthday) 84 YRS.	MONTHS D	YEAR IF UNDER 24 HRS.	7. DATE OF (Month, I	BIRTN		HPLACE (State or Foreign (ry)				
Should		8s. FACILITY NAME (If not institution, give st	met and number)		9b. CITY, TO	OWN OR LOCATION OF D		26 1910 Virginia						
1, 2, 3 s	СТОЯ	Calvert Manor Nu	rsing Ho	ome	Risi	ng Sun		С	ecil					
-	BEG	MD 100. STATE 100. COUNTY Cecil		10c. CIT R1:	sing S	LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO					
HW	BERRY	311 Montgomery	7 Rd		II.	101. ZIP CODE 21911	10 ₉ . Cr US	WHAT COUNTRY?						
drug physical	BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced		IT EVER IN U.S. ARMED YES 2 THO WAR OR DATES	if y	S DECENDENT OF HISPAI es, specify Cuban, Mexica YES 2 XNO Specif	ın, Puerto Ric	E — American Indian, ik, White, etc. offy: te						
27275-0 I or attending for use as the	ETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		life Do MOT u	work done dun	UPATION ing most of working	16b. K	IND OF BUSINESS/IN	IDUSTRY	1 - V/1 0				
the hospital or detached for u	COMPLET	7		Seams	tress		Ma							
3 A A	111	17. FATHER'S NAME (First, Middle, Last) John Fogleman						idle, Maiden Surname) rick						
MAHYL retained by the 5 should be notified at		19a. INFORMANT'S NAME (Type/Print) Rodney Ragan		196. MAILING 39 Hi	s ADORESS (S	Ave Elkto	e Patrick Acute Number City or Town, State, Zip Code) On, MD 21921							
SALIIMORE, I ser death. Page 6 may be the funeral director, page 9 val.		20e. METHOD OF DISPOSITION 1 \(\times \) Buriel 2 \(\times \) Cremetion 3 \(\times \) Remote A \(\times \) Donation 5 \(\times \) Other (Specify)	oval from Stata	cemetery cremetory or o	Highland Ave Elkton, MD 21921 DOLATE OF DISPOSITION (Name of tory or other place) and the place) and the place of tory or other place) and the place of the plac									
ALLIMONA death. Page 6 m tuneral director,		21. SIGNATURE OF FUNERAL SERVICE LICEVISEE 22. NAME AND ADDRESS OF FACILITY R. T. Foard Funeral Home												
BALI rs after death. 1 by the funera removal.		23. PART I. There the diseases, or complications that carded the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate												
hin fours tely filled in the mation, or re-		23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardisc or reepiratory errest, shock, or heart feiture. List only one cause on each lide. IMMEDIATE CAUSE (Final disease of condition resulting in death) DUE TO (DR AS A CONSEQUENCE OF):												
executed within and completely to burial, crema matte event,		Sequentially list conditions,	ientielly list conditions, DHE TO OR AS A CONSCOURAGE OR.											
or dan or		If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury	\$											
death certificate attending physiene pri	ERTIF	that initiated events resulting in death) LAST												
at the death by the atte and Mental y Injury,	LC	PART II. Other eignificant condition	e contributing to	deeth but not resulting	In the unde	rlying ceuse given in	Part I. 2	4a. WAS AN AUTOPS	248	b. WERE AUTOPSY FINDINGS				
and the part of th	MEDIC	Destito	onell	itis	>	year	PERFORMED?	RFORMED? AMAILABLE PRICE						
he law r has be bept.	AN	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (Ch								
SICIAN: The law requestions to the State Dept. of Item 23 sho	1 (/)	EXAMINER?	FIOSPITAL:	ER/Outpetient 3 DOA	OTHER:	g Home 5 Residence		Propolity						
P State	РНҮ	27. MANNER OF DEATH 1 Netural 5 Pending investigation	28a. DATE OF (Month, D	INJURY 26b, TIN	IE OF 26	Ic. INJURY AT WORK?	_	RIBE HOW INJURY O	CCURED					
DR ATTENDING I DIRECTOR: After hours after death Item 28 is mai	TED	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE O building,	OF INJURY — At home, term, etc. (Specify)	street, factory	, office		ION (Street and Numb Town, State)	er or Rural i	Route Number,				
E PE	MPL			my knowledge, death occurr xamination and/or investigation						s) and manner as stated,				
TO THE HOSPI TO THE FUNEF De filed within	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	M M	0	10.3	29c. LICENSE NU	MBER			(Month, Day, Year)				
	1	38. NAME AND ADDRESS OF PERSON SON	COMPLETED CAU	Pin	Print)	Sun Mb								
		31. DATE FILEO (Month, Day, Year) JAN 1 9 1995		AR'S SIGNATURE	0									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO		
1. DECEDENT'S NAME (First, Middle, Las					2. DATE OF DEATH		3. TIME OF DEATH
Herbert Ot	to ROST				January 18,	1995 YEAR	9:25 AM M
4. SOCIAL SECURITY NUMBER 329-30-7493	5. SEX 6. AGE		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	1909 Ge	HPLACE (State or Foreign try) rmany
9a. FACILITY NAME (If not institution, give Frederick Memoria				PRIOCATION OF DE		9c. COUNTY OF Frede	
RESIDENCE OF DECEDENT	1					12000	
Maryland Fred	erick		rown on Local	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 6908 Hackberry	y Court		101	21701		U.S.	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 XXMerried 3 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2/1 ANO	Il yea, ap		NC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	Ble	CE — American Indian, ck, White, etc.
15. DECEDENT'S EL (Specify only highest gra Elementary/Secondary (0-12)	OUCATION de :>mpleted) College (1-4 or 5 +)	18a. DECEDENT'S U: (Give kind of wo life. Do NOT use Systems	rk done during ma retired.)	st of working		siness/industry	cry
17. FATHER'S NAME (First, Middle, Last)							
Arthur Otto	ROST			Anna	ME (First, Middle, Melden Ida EISS	SRIG	
190. INFORMANT'S NAME (Type/Print) Mrs. Anita Sy.	L1.aba				Route Number, City or Tow hersburg.		1 20878
20a. METHOD DE DISPOSITION 1		b. PLACE AND DATE OF CHEET ACT			20, 1995 Smi	cation - city or 1 thsburg, M	
21. SIGNATURE OF FUNERAL SERVICE I		MO0255	22, NAME AN	ey and Ba	asford P.A	. Funera	
23. PART i. Enter the disease, or heart feiture immediate Cause (Finei disease or condition resulting in death) Sequentially list conditione, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	ii. Rendl DUE TO (OR AS B. DUE TO (OR AS	A CONSEQUENCE OF:		actor dying, actor	Too Columbia di Toop	natory arrest,	Approximete intervel Between Onset and Desth 2 dys / Welle & Manths
PART II. Other algnificent condition Dialette DIP TOBACCO USE CON	mellilion				PERFOI	RMED?	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATH					
EXAMINER?	HOSPITAL:		OTHER:	e 5 🗆 Realdenca	8 Other (Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ		28d. DEŞCRIBE HOW	NJURY OCCURED	
3 Suicide 8 Could not b	28a. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, atr	eet, factory, offic		28I, LOCATION (Street City or Town, State)		Route Number,
	'SICIAN: To the best of my known NER: On the bests of examinate						(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTUF	EFI WY	mo		29c. LICENSE NUN			o (Month, Day, Year) ry 19, 1995
30. NAME AND ADDRESS OF PERSON W	/HO COMPLETED CAUSE OF O	EATH (ITEM 27) (Type, P	Print)				<u> </u>
Dr. Abdul Majee		11 House A	Avenue,	Frederic	ck, Maryla	nd 21 701	
JAN 2 0 19	32. REGISTRAN SIGN	NATURE RONALL					

TO BE COMPLETED BY FUNERAL DIRECTOR

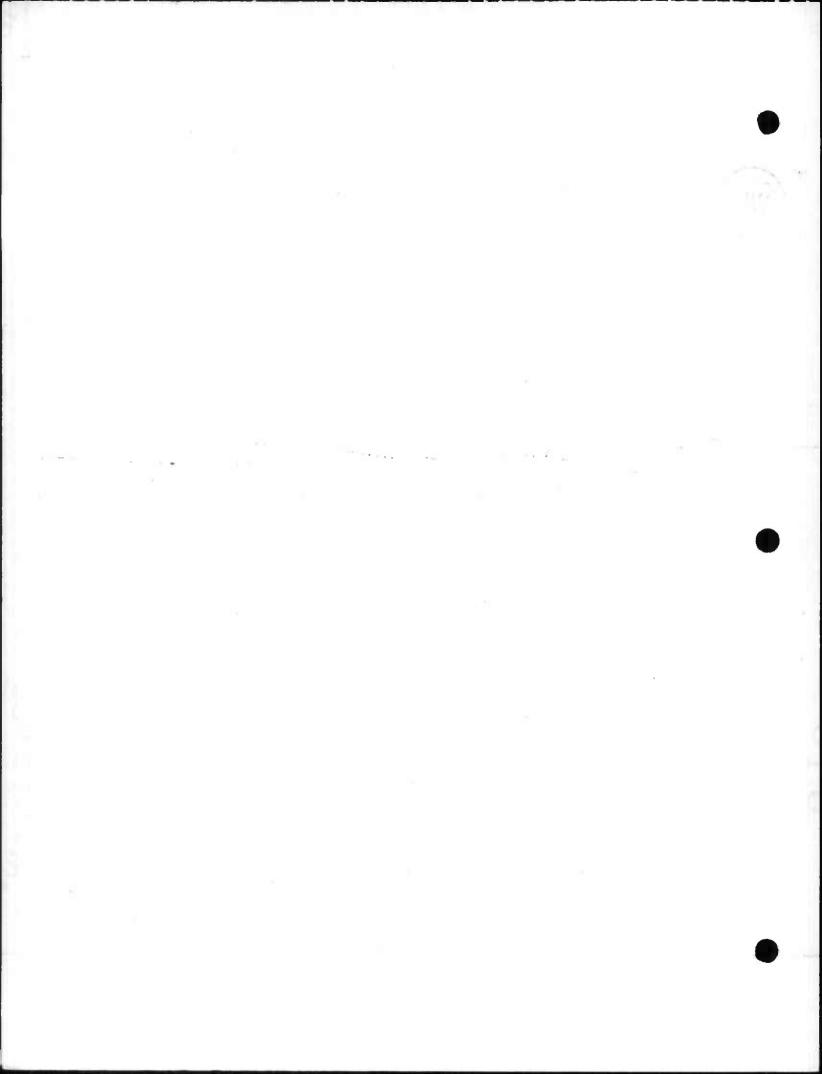
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89



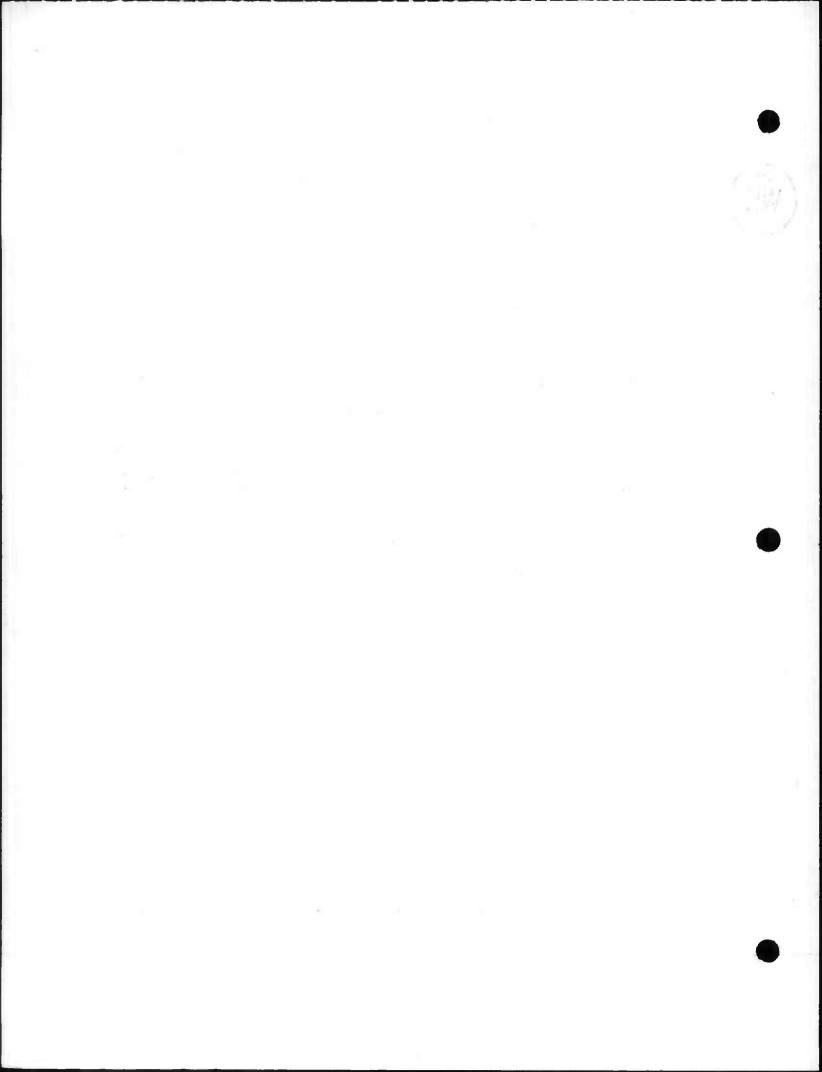
FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAE

	1 - STATE REGISTRAR	CI	ERTIF	ICATE OF	DEAT	H	REG. NO.	•				
	1. DECEDENT'S NAME (First, Middle, Last) Homer LeRoy RI(DATE OF DEATH	1995	YEAR	8:50 PM		
	4. SOCIAL SECURITY NUMBER 220–16–1163 5. SEX 1 🔀 M 2		yrs.	IF UNDER 1 YEAR MONTHS DAYS	HOURS		MATE OF BIRTH	926	Mary	LACE (State or Foreign		
TOR	99. FACILITY NAME (If not institution, give street end num Frederick Memorial Hos	spital		Freder		н	%c. COUNTY OF DEATH Frederick					
DIRECTOR	100. STATE 100. COUNTY Maryland Frederick	-	10c. CIT	y, town or Locat Frederic	ion k			10d. INSIDE CITY LIMITS? 1XXYES 2 \(\square\) NO				
FUNERAL	100. STREET AND NUMBER 442 Carrollton Drive	9		101	ZIP CODE					AT COUNTRY?		
B⊀	11. MARITAL STATUS 1 Never Merried 2XXMerried 3 Widowed 4 Divorced 12. WAS DI	or No—	Black,	- American Indian, White, etc. White								
15. DECEDENT'S EQUATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) To part of the both of the both done during most of workling workling workling and so the both of the both o												
BE CO	190. INFORMANT'S NAME (Type/Print) Mrs. Elizabeth J. Rice 190. Mailing Address (Street and Number or Flural Route Number, City or Town, Stelle, Zip Code) 442 Carrollton Drive, Frederick, Maryland 21701											
5												
	20e METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal from St 4 Donation 5 Other (Specify)	20b. PLACE	AND DATE	theran Cen	etery		21, 1995	leffer:	son, M	Yaryland		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	MO02		106 E	ast (Churcl		ederi	.ck,	Home Md. 21 7 01		
	23. PART i. Enter the diseases, or complication abook, or heart failure. List only of IMMEDIATE CAUSE (Final disease or condition resulting in death)	that caused the da	DUENCE O				a cardiac or reaping		eat,	Approximata Interval Between Onset and Dasth		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	UE TO (OR AS A CONSECUE TO (OR	DUENCE OF	n.						5-10%.		
MEDICAL	PART II. Other algnificant conditions contribut	ing to death but not r	asulting	In the underlying	cause g	iven in Par	24a. WAS AN A PERFORM	ED?	1 8	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO		
	DID TOBACCO USE CONTRIBUTE TO				UNC	RTAIN						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOSPLEY			OTHER:			-0 - X					
HX:	27. MANNER OF DEATH 28e. D	ATE OF INJURY	28b. TIM				J Other (Specify) Id. DESCRIBE HOW IN	JURY OCCI	URED			
BY	2 Accident Investigation			M 1 🗆 Y	ES 2 _	NO						
	4 Homicide determined	ACE OF INJURY — At ho illding, etc. (Specify)	me, farm, i	street, lectory, office		28	It. LOCATION (Street an City or Town, State)	d Number o	or Rumi Rou	ute Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the December 2 MEDICAL EXAMINER: On the beautiful one of the december of the decemb									and menner ee stated.		
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIEF LA Melut S H	ig New			29c. LICE	SE NUMBE	n /	29d. DATE	SIGNED (A	Month, Day, Year)		
	30. NAME AND AODRESS OF PERSON WHI) COMPLETE Dr. Robert S. Hughes				enue	Free	derick. M	arv1a	nd 2	1701		
		SISTRARYS SIGNATURE	, 77			,						



CEEI V & NAL



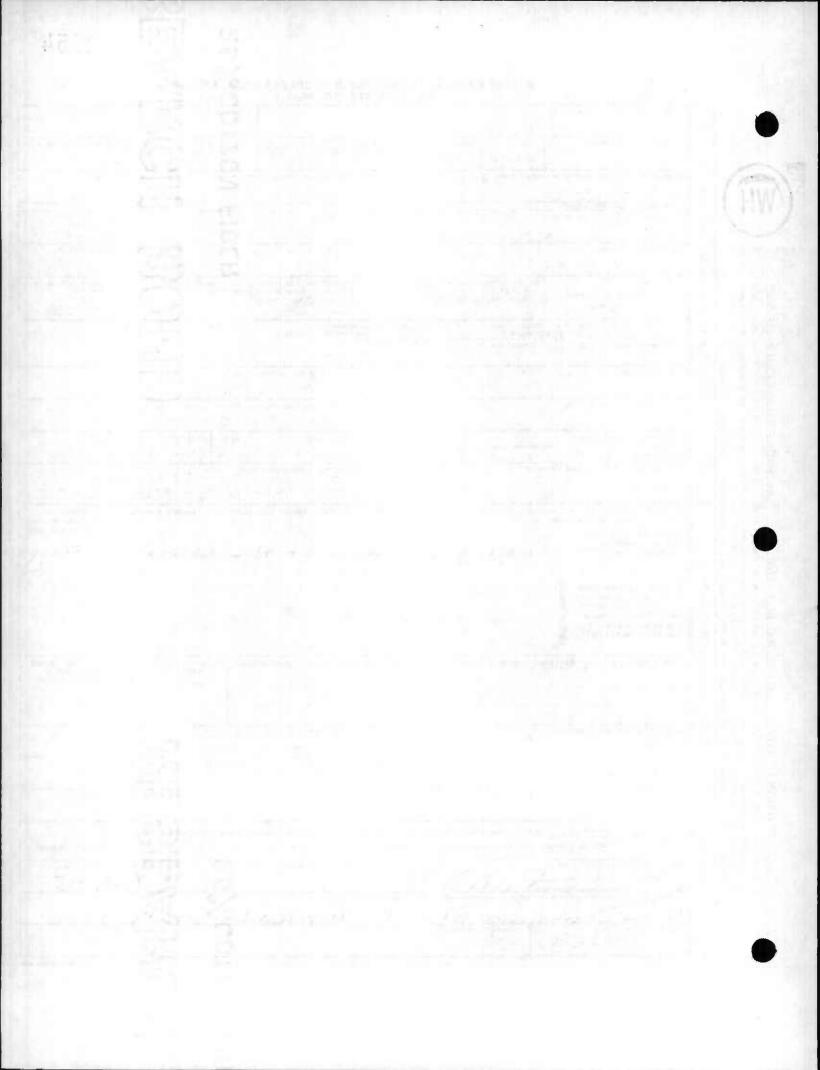
020	ith. Page 6 may be retained by the hospital or attending physician.
215-0	attending
212	al or
ND	hospit
LA	y the
LTIMORE, MARYLAND 21215-0020	retained b
щ	Pe /
SR	H a
2	9
2	Pag
	5

DIVISION OF VITAL BECORDS P.O. BOX 68760

TO BE COMDI ETED BY ELIMEDAL	O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
il examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
val.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached for use as the burial-transit permit.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.
er death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL, DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Floring and attending physician.
DALLIMONE, MANTLAND ZIZIS-0020	DISION OF VITAL RECORDS, T.O. BOX 68160,

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE REG. NO.
		No.

REGISTRAR				CERTIF	ICATE	OF	DEATH		REG. NO.					
1. DECEDENT'S NAME (First, M								2. DATE	OF DEATH	AV	. YEAR	3. TIME OF D	EATN	
Di	ane	C. Steig	gelman	1				Jan	22	19	995"	9:00	A	
4. SOCIAL SECURITY NUMBER 213-72-2132		1 🗆 M 2 🕁 F	6. AGE (In yra	. lest birthday) YRS.	IF UNDER 1 Y	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month	OF BIRTH , Day, Year) 4, 19!	56	Count	HPLACE (State of the state) ryland	r Foreign	
90. FACILITY NAME (If not institute of the control	a Roa	,				9b. CITY, TOWN OR LOCATION OF DEATH Columbia						rd		
10s. STATE 1	Ob. COUNTY			100	TY, TOWN OR		ION			10d. INSIDE CLIMITS?			YTY	
Maryland 100. STREET AND NUMBER	How	vard			Columb	ZIP CODE			TZEN OF Y	1 TYES 2 X NO F WHAT COUNTRY?				
5293 Columbi	a Roa						21044	Te H			ited States			
	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 15. DECEDENT'S EDUCATION					13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes if yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:						s or No— 14. RACE — American Indian, Black, White, etc. Specify: White		
15. DECED (Specify only h			16a	Give kind of	work done dur	N st of working	16b.	KIND OF BUS						
Elementary/Secondary (0-12	College (1-4 or 5 +)		Office			C	Cleaning Company							
17. FATHER'S NAME (First, Midd				16. MOTNER'S NAME (First,						Surname)	7			
James R. Lil	-4			Jane A. Cr						- 0	- 0			
Jeff Lilly	er intl											21044		
20a METHOD OF DISPOSITION	3 Rem	oval from State	cemetery	CE AND DATE	OF DISPOSITE	ON /Na	me of	mbia Maryland 21044 TE 20c. LOCATION — City or Town, State						
4 Donation 5 Other (S		PEUGE .	Mt	Mt. View Cemetery Jan										
21. SIGNATURE OF FUNERAL SERVICE LICEISEE Party H Witzke Funeral Home Inc 4112 Old Columbia Pike Ellicott C												City21043		
	equantially list conditions, sny, leading to Immediate suse. Enter UNDERLYING c. DUE TO (OR AUSE (Disease or injury lat initiated events				AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):									
	-	d		ut not resulting in the underlying cause given in Part i.					i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO			24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PART II. Other significant	condition	s contributing to d	death but n											
25. WAS CASE REFERRED TO I	AEDICAL.					26 84	ACE OF DEATH (C	heat anti an	a)					
EXAMINER?		HOSPITAL:	ER/Outpatien	R 3 DOA	OTHER:									
27. MANNER OF DEATH 1 Natural 5 Pa	nding estigation	28s. DATE OF I (Month, Da	NJURY y, Year)	utpetient 3 DOA 4 Nursing Home 5 Residence Y 28b. TIME OF 28c. INJURY AT WORK?					28d. DESCRIBE NOW INJURY OCCUREO					
3 Suicide 6 Co	uld not be simined	28e. PLACE OF building, e	INJURY — A	At home, farm, street, fectory, office 28f. LOCATION						CATION (Street and Number or Rural Route Number, y or Town, State)				
one)		CIAN: To the best of r										s) and menner :	an stated.	
* Caro	One) 2 MEDICAL EXAMINER: On the basis of sxamination and/or investigation, in my opinion, death occurred at the time, data and place, and dus to the cause(s) and menner as stated at the time. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)											ber)		
30. NAME HIS INDRESS OF F	the	32. REGISTRAF	T'S SIGNATUR) 14	174	0	KR3	· L.	Hha	المنابات	le,	Ma	,	
JAN 2	4 199	5 James	heelson	Revelall				100	3					



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A	monded #11	Da 1/1	7/91	MOT	- m	12 ton	2	5 0295	J			
	mended #/(FOR 1. STATE REGISTRAR	STATE OF MARYL	AND / DEPART	TMENT OF I	HEALTH AND	MENTAL HYGIEN REG. NO	IE .	7 7	-			
	1. DECEDENT'S NAME (First, Middle, Last)	Marriania G	~ '11				AY	YEAR 3. TIME OF DE	ATH			
	4. SOCIAL SECURITY NUMBER	Marjorie S.	Spruill (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	January 9	, 199		РМ			
	577-28-0062	1 □ M 2 🔀 F 73	was	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		B. BIRTHPLACE (State or Country)				
	9e. FACILITY NAME (If not institution, give st		,	9b. CITY, TOWN	OR LOCATION OF D	March 10,		Washington	D.C.			
OR	12815 Evanston S	Street		Rockv	ille			ontgomery				
ECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	Υ.	10c. CITY	TOWN OR LOCA								
OBN	Maryland Montg			kville	IION			10d. INSIDE CIT LIMITS? 1 YES 2 (5				
AL.	10e. STREET AND NUMBER	Juice			H. ZIP CODE		10g. CITI	ZEN OF WHAT COUNTRY?	- 11			
ER	12815 Evanston Street 20853 United St											
2	11. MARITAL STATUS 1 Never Married 2 Merried 1 Never Married 2 Merried 1 Never Married 2 Merried 1 Never Married 2 Merried 1 Never Married 2 Merried 1 Never Married 2 Merried 1 Never Married 3 Merried 1 Never Married 2 Merried 1 Never Mar											
BY												
LET												
MP	12	40										
	17. FATHER'S NAME (First, Middle, Last)	1				AME (First, Middle, Meiden						
BE	James Charles Skel 19e. INFORMANT'S NAME (Type/Print)	ТУ	19h MAILINO	ADDRESS (Street)		. Fischer Route Number, City or Tow	- Chain 7in	2.21				
2	Lisa M. Galvin					_ == 10/25			1076			
	Lisa M. Galvin 20. METHOD OF DISPOSITION 120. METHOD OF DISPOSITION 120. METHOD OF DISPOSITION 120. PLACE AND DATE OF DISPOSITION (Name of 1/14/95 DATE Cemetary, crematory or other place) 4 Donator 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 1/14/95 DATE Cemetary, crematory or other place) Gate of Heaven Cemetery Silver Spring, Maryl											
	4 Donation 5 Other (Specify)	G	ate of He	eaven Ce	emetery	Silv	ver S	pring, Mary	land			
	21. SIGNATURE OF FUNERAL SERVICE LICI	No.		22. NAME A	ND ADDRESS OF FA	CILITY Robert	A. P	umphrey Fun	neral			
	/ Varide	essy	M00803	Avenue	Rockville Rockvi	ckville, Inc. 300 West Montgo Rockville, Maryland 20850-28						
	23. PART I. Enter the disesses, or c shock, or heart fallure. t	complications that caused tilst only one ceuse on e	d the deeth. Do no	ot sater the mo	de of dying, suc	th as cardisc or respi	iratory srr	eat, Approxim	mets			
1	IMMEDIATE CAUSE (Finsi disesse or condition	A. J		· el.	rote teart Dagage							
1	resulting in death)	DUE TO (OR AS /	A CONSEQUENCE OF	1000	e Hea	-v1 1	(FLOC	252				
z	L	h.										
FICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF)	ı								
5	CAUSE (Disease or Injury	t	000000000000000000000000000000000000000									
CERTIF	thet initiated evants resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF)	:								
		1.										
PHYSICIAN: MEDICAL	PART II. Other significent conditions	s contributing to death b	ut not resulting in	the underlyin	g ceuse given in	Pert I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY AWAILABLE PRIOR	R TO			
EDIC						1 YES 2	NO	COMPLETION OF OF DEATH?	CAUSE			
Σ	DID TOBACCO USE CONTR	PIRLITE TO CAUSE C	F DEATH VEG	I NO F	UNCERTAIN			1 🗇 YES 2 🗇	NO			
AN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH		JUNCERIAII	N L						
Sic	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outp		OTHER: 4 Nursing Hom	ne 5% Residence	6 Other (Specify)						
E	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU		JURY AT	28d. DESCRIBE HOW I	NJURY OCC	:URED				
B≼	2 Accident Investigation				YES 2 NO							
ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, str ://y)	reet, factory, offic	•	261. LOCATION (Street e City or Town, Stete)	and Number	or Rural Route Number,				
	29e. CERTIFIER											
COMPL	(Check only	SIAN: To the beet of my knowl R: On the basis of examination										
- 11	29b. SIGNATURE AND TITLE OF CERTIFIER			, my opinion, o								
B	De S	0. 000	,		29c. LICENSE NUN D08546	WBÉR		inuary 10,				
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALIFE OF DE	ATH STREET				, -	2 20, 3				

8218 Wisconsin Avenue, Bethesda, Maryland

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Davelson Rardall

M.D.,

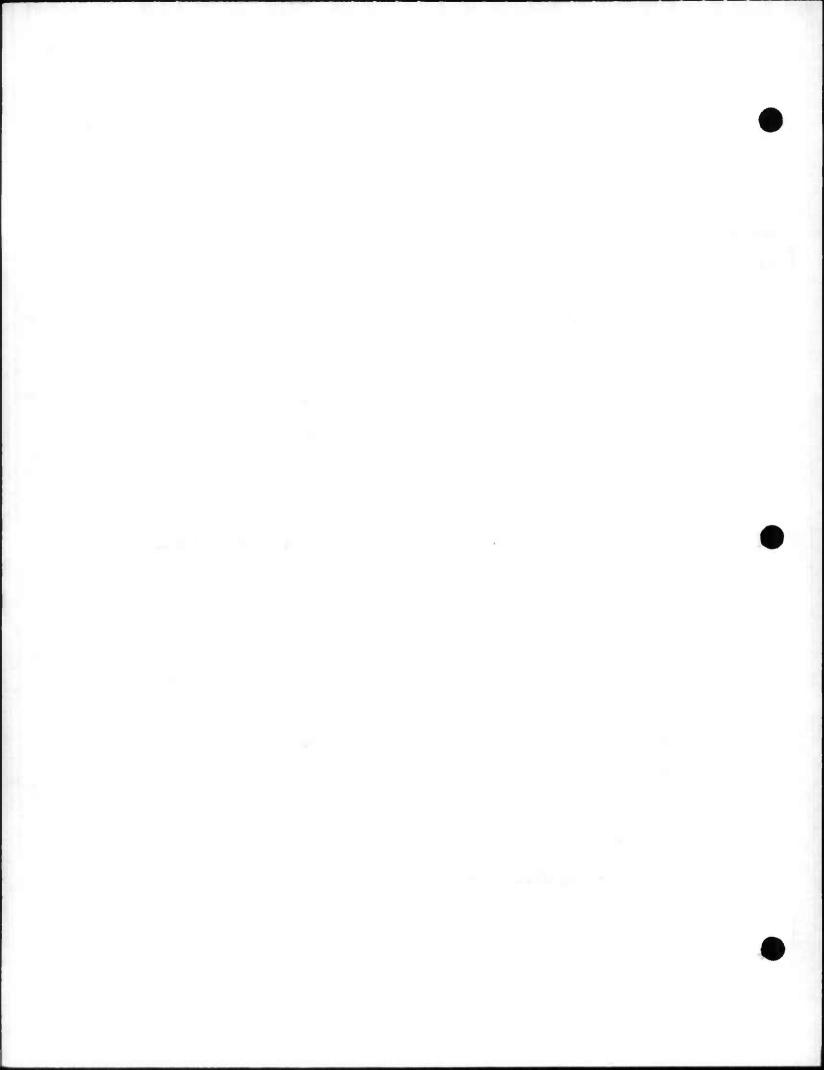
1995

John Tauber,

31. DATE FILED (Month, Day, Year)

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DIRECTOR: After the hours after death v

TO THE HOSPITAL TO THE FUNERAL DE filed within 72 h

2, 3 should

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Peter Tong Soon Suh Jan. 11, 1995 2:15 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Feb. 24, 1 🖾 M 2 🗌 F 73 579-56-7308 Korea 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 14802 Village Gate Drive Montgomer Joner Silver Spring RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION Maryland Montgomery Silver Spring Ñ YES 2 □ NO 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 14802 Village Gate Drive 20906 United States 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. Specify: Orcan Korean 1 Never Married 2 Married If yes, specify Cubsn, Mexican, Puerto Rican, etc.) 1 ☐ YES 2 NO Specify: В 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) +10 12 Self-Employed Liquor Distributor 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) In Song Suh Lee Soon Sim 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20906 5 Jin Hee Suh 14802 Village Gate Drive, Silver Spring, Maryland 20s. METHOD OF DISPOSITION
1 🖾 Burial 2 🗆 Cremation 3 🗆 Removat from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State Gate of Heaven Cemetery 4 Donation 5 Other (Specify) 1/14 Silver Spring, Maryland 21. BIONATURE OF FUNERAL SERVICE MCI 22. NAME AND ADDRESS OF FACILITY Hines-Rinaldi Funeral Home 11800 New Hampshire Avenue Silver Spring, Maryland 20904 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final **Onset and Death** disease or condition LEUKEMIA resulting in death) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH? 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 1 YES 2 NO 8 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sutcide 6 Could not be COMPLETED 4 Nomicide

29s. CERTIFIER
(Check only

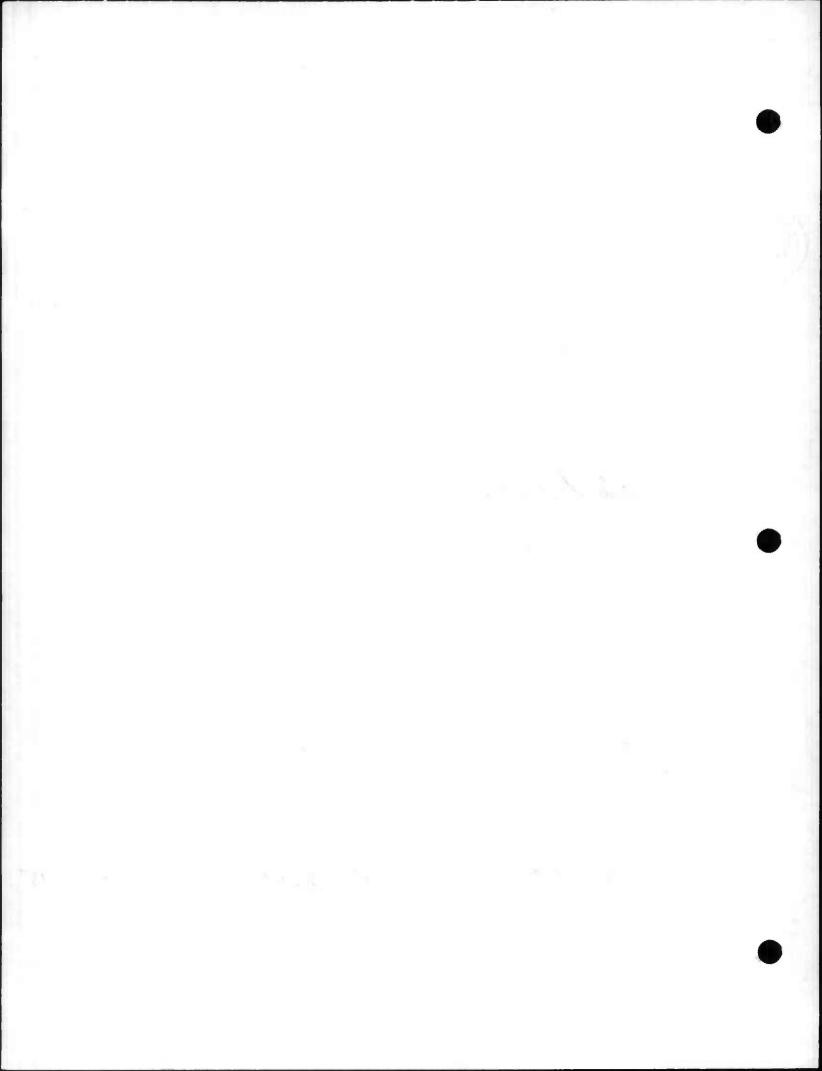
1 **CERTIFVING PNYSIJAN: To the best of my knowledge, death occurred at the time, data and place, and dus to the cause(s) and manner as stated.

n, in my opinion, death occured at the time, data and piecs, and due to the cause(s) and manner as stated.

PO 1120

31. DATE FILED (Month, Day, Year) 32, REGISTRAR'S SIGNATURE

Dandes Rowlatt



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death.	funera	
after	y the	-
OULS	d in b	-
12	ell /	-
ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pr	ifter this certificate has been signed by the attending physician and completely filled in by the funeral of	-
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cert	ding	S. min
death	aften	I lader
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									7	J	02331	
	1 - FOR STATE REGISTRAR	STATE OF M			RTMENT OF H			GIENE				
	1. OECEDENT'S NAME (First, Middle, Last)						2. DATE OF DE	EATH	_		3. TIME OF OEATH	
	Theodore Homer	Stade1					Januar	7 12		YEAR	4:00 A.	м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BU	RTH		8. BIRTN	PLACE (State or Foreig	n
	579-05-7618 90. FACILITY NAME (If not institution, give str	1 🖾 M 2 🗆 F	69	YRS.	MONTHS DAYS	THS DAYS HOURS MIN. JULY			(willy 4, 1925 Was			0.0
TOR	13607 St. Mary's				Colesvi		EATN		NTY OF DE			
EC	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			400 CIT	Y, TOWN OR LOCAL	TON						
DIR	Maryland Montgo	omery			10d. INSIDE CITY LIMITS? 1 YES 2 NO							
FUNERAL DIRECTOR	13607 St. Mary's	Road			101	20904				S.A.	HAT COUNTRY?	
בֿן בֿו	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE— 1 Never Married XX Merried FORCES? 1 XXYES 2 NO If yes, specify, Cuben, Maxican, Puerto Rican, etc.) 14. RACE— 15. Black, W										- American Indian,	
В	3 Widowed 4 Divorced	WW 11	R OR DATES	.0		2 NO Specif		etc.)		Specif		
	15. OECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.)											
E												
4 Mechanicial Engineer Instrument Corporat 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meidlen Surmame)											ration	
BE CC	Edward Fredrick	Stade1					ME (First, Middle, EVely			son		
5	Joyce M. Stadel		191	MAILING	St. Mary	od Number or Rural	Aoute Number, City	or Town,	Statu, Zip	0904		
	20a. METNOD OF DISPOSITION											
	1 Burlel 2 A Cremation 3 Removal from State 4 Donation 5 Other (Specify) Metropolitan Crematory 1/12/95 Alexandria, VA										VA	
	THE OF FUNERAL SERVICE AND	DAREE			22. NAME AN	ID ADDRESS OF FA	CILITY Take	ma I	31na	ral I	Home, Inc.	
	Buya 7	Jeeba	u		254 Ca	rroll St	. NW Wa	ashir	ngto	n, D.	.C. 20012	
	23. PART i. Enter the diseases, or co shock, or heart failure. I.	interiors that	ceused the de	ath. Do i	not enter the mo	de of dying, suc	h as cerdisc o	r reapire	itory eri	reat,	Approximate	
	IMMEDIATE CAUSE (Fine)		18		-						Onset and Da	
- 1	disease or condition resulting in death)	Bud	of Ch	CIA	i Sum	drom	0				one we	0
	reading in death)	OUE TO (OR AS A CONSEC	DUENCE O	i Syn	00000					orde un	XX
,		most	actati		cance	5					18 mon	th c
RTIFICATION	Sequentially list conditiona, if any, leading to immediate	DUE TO (R AS A CONSEC	UENCE O	carce				-		10 // 10/1	11
Ϋ́	cause. Enter UNDERLYING	Cum	C12 J	1 H	u sign	and a	olan				12 year	11
ᇤᅵ	CAUSE (Disease or Injury that initiated events	DUE TO (C	R AS A CONSEC	UENCE O	Pi:	0101	001				1	_
Ē	resulting in death) LAST										İ	
핑	d.										+	_
7	PART ii. Other eignificent conditions	contributing to d	eeth but not n	eaulting	in the underlying	ceuse given in		MAS AN A			WERE AUTOPSY FINDIN	IGS
호	hyper:	Jenso	n					YES 2			AVAILABLE PRIOR TO COMPLETION OF CAUS	ε
	10						_ ' '	/	V. NO		OF DEATH?	
2	DID TOBACCO USE CONTR	BUTE TO CAL	SE OF DEA	TH YE	S D NO X	UNCERTAIL		/		1	1 YES 2 NO	
¥	25. WAS CASE REFERRED TO MEDICAL	DOIL TO CAU		-	N (Check only one)	DINCERIAII	<u>ч </u>					
PHYSICIAN: MEDICAL		HOSPITAL:			OTHER:	1						
<u>≃</u>	27. MANNER OF DEATN	1 Inpatient 2 I			4 Nursing Nom	\rightarrow	e Other (Spec					
- 1	Netural 5 Pending	(Month, Day		28b. TIM INJ	URY WO	RK7	28d. OESCRIBE	NOW INJ	URY OCC	CURED		
à l	2 Accident Investigation					ES 2 NO						
MPLETED	2 Cul-14 28e PLACE DE IN ILIDY At home from street feature attri-									oute Number,		
29e. CERTIFIER Check only Check on Check on Check only Check on Check												
COMP	(Check only one) 2 MEDICAL EXAMINER										end menner ee stated	i.
ш	296. SIGNATURE AND TITLE OF CERTIFIER	. 1 01	7 4.			29c. LICENSE NUM	MBER	:	29d, DATI	SIGNED ((Month, Day, Year)	_
20	(hery W)	rehell	M.	N	20100	D145	SS		•	12	195	
	30. NAME AND ADDRESS OF PERSON WHO	Nchell			Print) 124 M	ontso	meri.	VII	las	A	FUR	

chell MD;

32. REGISTRAR'S SIGNATURE

Julia Davidson Randall

31. DATE FILED (Month). Day, Year)

JAN 18 1995

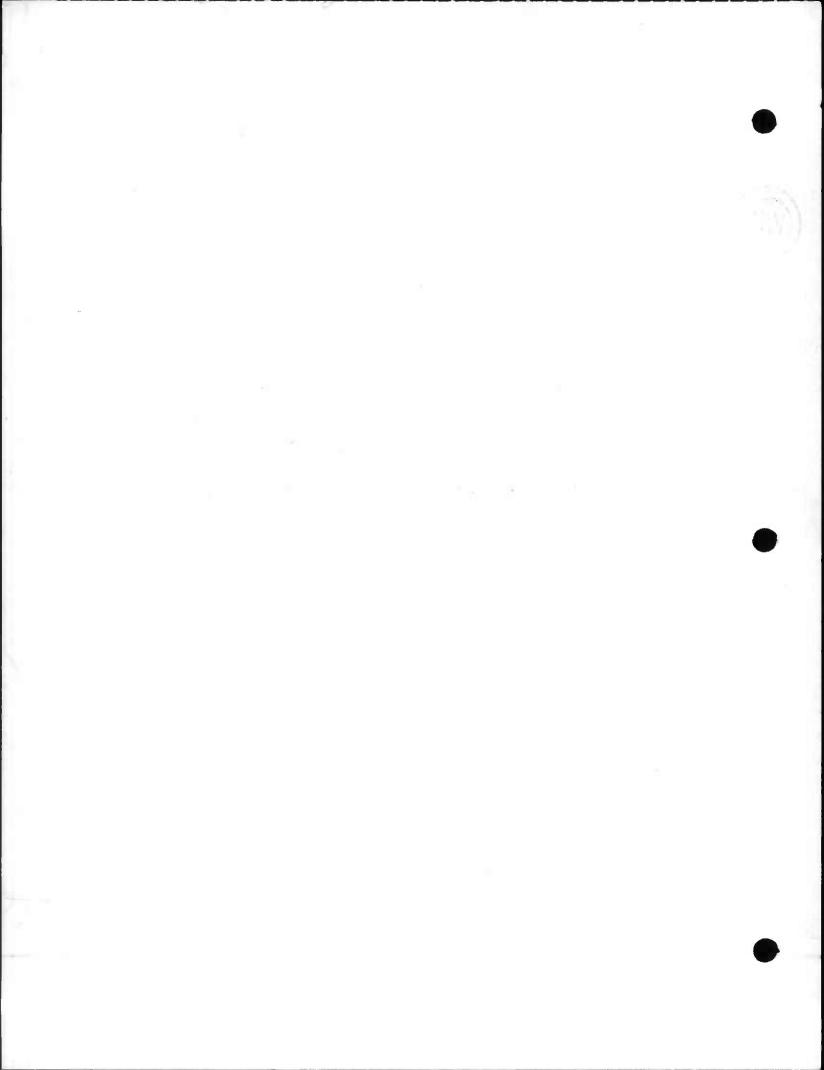
DHMH-18 Rev 1/89

Montgomery Village Ave

_	and a	ISI	3
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	led in by the funeral director, page 5 should be detached for use as the burial-tran, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with nous after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

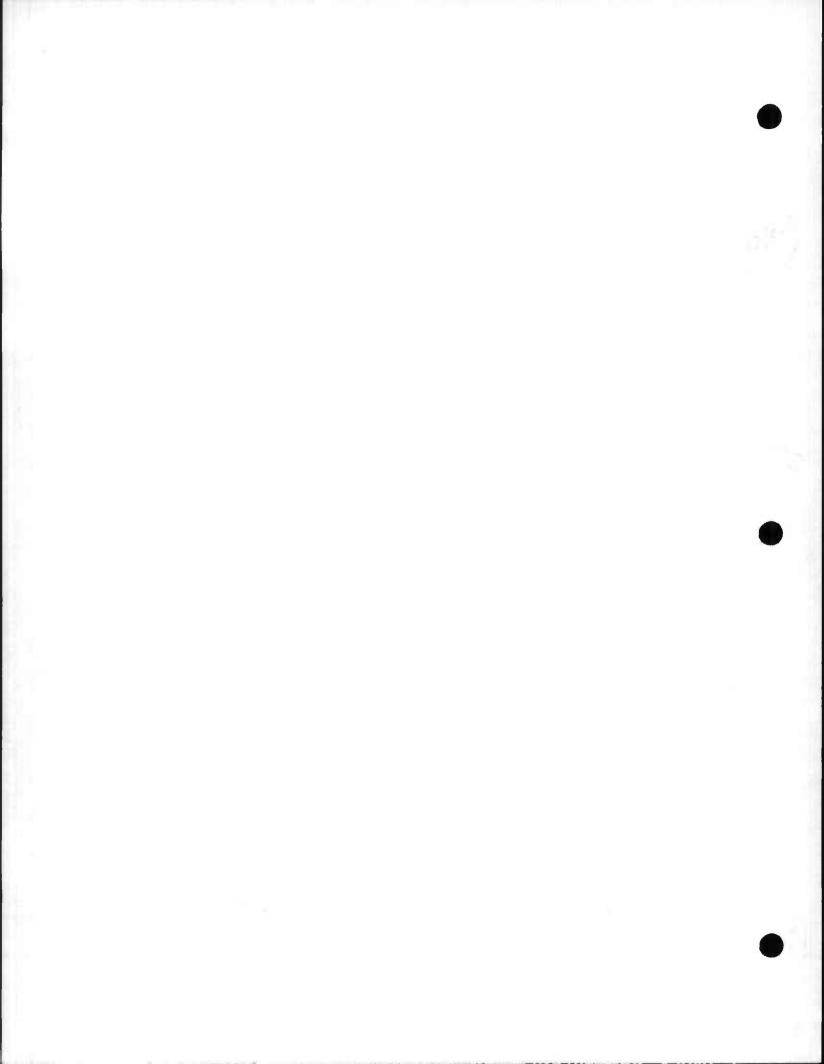
	1 - STATE REGISTRAR	STATE OF M	ARYLAND / I Ce		TMENT					YGIEN EG. NO.	Ε			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH	NA .	YEAR	3. TIME OF DEATN	
	Lelia	М.	500	indi	00				Jan	1		75	C:11/A M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest i	E (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 93 YRS. MONTHS DAYS HOURS MIN.						BIRTH by, Year)		Country	PLACE (State or Foreign	
	577-09-8640 9a. FACILITY NAME (If not institution, give s	- 22	93	9b. CITY, TOWN OR LOCATION OF DEA						26,			ington, DC	
Œ	Howard County Ger		ni+a1			umbi		ON OF DEA	ii ei			NTY OF DE	EATN	
5	RESIDENCE OF DECEDENT		pitai								пом	ard		
DIRECTOR	10e. STATE 10b. COUNTY				Y, TOWN C		ON						10d. INSIDE CITY LIMITS?	
	Maryland Balt:	Lmore		Bal	Ltimo		210.000						1 ☐ YES ŽXX NO	
FUNERAL	1240 Francis Aver	2110				100	ZIP CODE 1227						HAT COUNTRY?	
S	1240 Francis Avenue 21227 United State 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. 14. RACE - Arm									-				
	Specify: Sp										, White, atc. y:			
	, , , , , , , , , , , , , , , , , , ,													
E	(Specify only highest grade Elementary/Secondary (0-12)	College (t-4 or 5 +)	(Give	kind of v	work done one retired.)			g						
COMPLETED	12 Operator Telephone													
	17. FATHER'S NAME (First, Middle, Last)								E (First, Middl		Sumame)			
H	Joseph H. Poore		101	****					Robe					
임	Natalie S. Thatch	1er							altimo				21227	
	20s, METNOD OF DISPOSITION		20b. PLACE AN	IDDATE	OF DISPOS	ITION/Nam	ne of		DATE					
	1 Buriel 2 X Cremetion 3 Removal from State conjetery, crematory or other place) Jan 13 1995 4 Donation 5 Other (Specify) Bethesda, Montgomery Crematorium, Inc.										-			
	21. SIGNATURE OF FOREMAL SERVICE LIC	spiple.											rey Funeral	
	Maid	. Hem	- MOO	803	HO	me/R enue	ockv Ro	ckvi	ile, i	Mary.	00 We Land	st M	98tgemery	
	23. PART i. Enter the diseases, or cahock, or heart fallure.	complications that List only one cause	caused the deal	th. Do r	not enter	the mod	e of dyl	ng, such	ss cardiac	or reapl	ratory arr	est,	Approximata Interval Between	
	IMMEDIATE CAUSE (Final disease or condition	P											Onset and Death	
	reaulting in desth)	B. OUE TO	DR AS A CONSEDI	JENCE OF	F):									
z		h												
CERTIFICATION	Sequentially liat conditions, if any, leading to immediate	DUE TO (OR AS A CONSEOU	JENCE OF	F):									
5	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	DUE TO (OR AS A CONSEQU	JENCE OF	F):									
E	resulting in death) LAST	d.												
	PART II. Other aignificant condition	s contributing to	feath but not re-	nultina i	in the un	dadulaa		han in D				1		
S		contributing to death but not resulting in the underlying cause given in Part In Faction								t i. 24a. WAS AN AUTOPSY PERFORMED?			24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE	
	- youare is								- '	YES 2	□-MO		OF DEATN?	
PHYSICIAN: MEDICAL	DID TOBACCO USE CONTI	RIBUTE TO CAL	JSE OF DEAT	H YE	S □ N	ио П	UNC	ERTAIN					1 YES 2 NO	
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26, PLACE	_	_									
VSIC	1 - YES 2 - 40	HOSPITAL:	ER/Outpatient 3	DOA	OTHER		5 🗆 Ras	nidenca 6	Other (Sp	ecity)				
	27. MANNEB OF DEATH t ☑ Natural 5 ☐ Pending	26s. DATE OF I (Month, Day		26b, TIMI INJ	E OF URY	28c. INJU WOR	RY AT	- 1	26d. DESCRIE	BE NOW #	UNITY OCC	URED		
BY	2 Accident Investigation 3 Suicide & Could not be	28a. PLACE OF	INJURY — At hom	a, farm, s	itreet, facto		3 2 _		281. LOCATIO	N (Street a	nd Number	or Rural Re	oute Number	
COMPLETED	4 Nomicide 8 Could not be determined	building, a	tc. (Specify)						City or To	wn, State)				
2		CIAN: To the best of r	ny knowledge, dest	h occum	d at the ti	me, data a	ind place,	and due to	the cause(s) and men	ner as stat	ed.		
S S	0/10) 2 MEDICAL EXAMINE	A: On the basis of axi	mination and/or im	restigatio	n, In my o	pinion, de	ath occur	ed at the tie	me, data and	place, and	d due to th	e cause(s)	and menner as stated.	
BE	296. SIGNATURE AND THISE OF CERTIFIER	11.1					-	NSE NUMB	ER		29d. DATI	SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CALIS	E OF DEATH (ITEM	27) (Time	Print	\perp	N	225	- 1		1	1111	181	
	Gary C. Prada,		55 L. Pa			?kwv.	, #10	04. 0	Columb	ia.	MD :	21044	1	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR					\	_, _						
	JAN 17 19	94 Julia	Newstern K	ordal	1									

DHMH-16 Rev 1/89



1, 2, 3 should

		FOR 1 - STATE		STATE OF I	MARYLAN					D ME	NTAL HYGIEN	Ε		
Г		REGISTRAR 1. DECEDENT'S NAME (First,	Mirida Lanti			CERTIF	ICATE	OF I	DEATH	1	REG. NO		3. TIME OF DEATH	
					Leonar		nensc	hein	1		January 15, 1995 8:30			
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER							IF UNDER 24 HF					
	į	560-23-4137	etitutine che e	1XXM 2 □ F	69	9 YRS.		b. CITY, TOWN OR LOCATION OF DE					The Netherlands	
	œ		Avenue							DEATN			NTY OF DEATH	
	6	RESIDENCE OF DEC	EDENT				нуа	ITTSV	/ille			Pri	nce George's	
	DIRECTOR	10e. STATE	10b. COUNTY				TY, TOWN OR		ON				10d. INSIDE CITY	
		Maryland	Prin	ice Georg	e's	Нуа	ettsvi	_					1X YES 2 NO	
	¥ I	100. STREET AND NUMBER 6005 41st.	Avenu					1011	ZIP CODE				IZEN OF WHAT COUNTRY?	
	FUNERAL	11. MARITAL STATUS	Avenu		T 51/50 III II				20782	211.72			ted States	
	- 19	1 Never Married 2 🔀	Merried	12. WAS DECEDEN	YES :	2 V NO	H :	yes, speci	Ify Cuben, Me	klean, Pi	RIGIN? (Specify Yes	or No-	14. RACE — American Indian, Black, White, etc.	
	à	3 Widowed 4 Divo	rced	IF YES, GIVE Y	WAR OR DATE	S	1 [YES 2	X NO S	ecify:			Specify: White	
			EDENT'S EDU-		16	in. DECEDENT'S	S USUAL OCC	CUPATION	of unchina		16b. KIND OF BUS	SINESS/INC		
	9 1	Elementary/Secondary (0		College (1-4 or 5		life. Do NOT a	rse retired.)	ming most	or working					
	COMPLETED			6+		Teachei					High Sc			
		17. FATHER'S NAME (First, M	117	ash Carr							First, Middle, Maiden	,		
	ᇤ	Henry Hube		epri Sonn	ensche			101	Mari		Barbara S			
	임	Mary Anne S	,,	chein			ne as		Number or Hi	YBI Floute	Number, City or Tow	n, State, Zip	Code)	
		20a. METHOD OF DISPOSITI	ON		20b. PL	ACE AND DATE	_		ent	_	DATE 20c. LO	CATION -	Cify or Town, State	
	ŀ	1 Burlet 2 M Cremetton 3 Remove from State Cremetory or other piece) Chesapeake Crematory 1-19 Beltsville, Maryl												
		21. SIGNATURE OF EUNERAL	L BERVICE LIC	ENSEE	2		22. N/	AME AND	ADDRESS OF	FACILIT	γ			
Rapp Funeral Services, P. 933 Gist Avenue, Silver Sp														
r		23. PART i. Enter the di	seeses, or o	complications the	t caused th	na death. Do	not enter ti	ha mode	of dylng,	uch as	cardiac or reapi	ratory arr	rest, Approximate	
		ahock, or he IMMEDIATE CAUSE (Fin	eart failure.	List only ona cau	ise on eech	Ilne.							interval Between Onset and Death	
		disease or condition I schemic Cardus my opathy a. Ischemic Cardus my opathy											6400	
	ĺ	disease or condition a. Ischenuc Carclus my opathy Due to (or as a consequence of): End Stage Renal Due as 8 Sequentially liet conditions,												
	<u>ج</u> ا	Sequentially list conditi	опа.	e Ends	tage	Kenal	Dise	ase					oyears.	
	Ĕ	If any, leading to immediates. Enter UNDERLY	liete	DUE TO	(OR AS A CO	ONSEQUENCE (F):						,	
		CAUSE (Disease or inju		DUE TO	(OR AS A CO	INSEQUENCE (FI:							
	CERTIFICATION	resulting in death) LAS					,							
	뜅	DART II On a significan												
	╡║	PART II. Other significe		s contributing to	deeth but	not reculting	In the unde	eriying o	ceuse given	in Pari	i. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
	MEDICAL	9116114	(n								1 TYES 2	X NO	OF DEATH?	
1	Ξ	DID TOBACCO U	SE CONITI	DIRLITE TO CA	LISE OF I	DEATH V	rc 🗆 N	0 [LINICEDT	AINI E			1 TYES 2 X NO	
	A N	25. WAS CASE REFERRED TO		CIBUIE IO CA		PLACE OF DEA			UNCERT	AIN L	4			
		EXAMINER?		HOSPITAL:	SAUCE -		OTHER:		s N Projeton		Other (0			
	. II		1 YES 2 A NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Name 5 Residence 6 Other (Specify)								I. DESCRIBE NOW II	I III DV OC	CURED	
	Ŧ	27. MANNER OF DEATH		20a. DATE OF	INJURY	TY 28b. TIME INJUI		URY WORK?		200				
4 '	Y PHYSICIAN:	Natural 5	Pending restigation	28a. DATE OF (Month, D	INJURY lay, Year)	200. IN	JURY M	WORK	K?	200		SONT OCC		
10	B 6	Natural 5 2 Accident 3 Suicide 6 4	rivestigation Could not be	(Month, E	F INJURY —	At home, farm,	JURY	1 YES	K?		. LOCATION (Street a		or Rural Route Number,	
10	B 6	Natural 5 2 Accident 3 Suicide 6 4	nvestigation	(Month, E	lay, Year)	IN	JURY	1 YES	K?					
10	B 6	Natural 5	rivestigation Could not be letermined	(Month, E	efc. (Specify)	At home, farm,	JURY M street, fector	WORK 1 VES	K? S 2 ☐ NO	281	. LOCATION (Street a City or Town, State)	nd Number	or Rural Route Number,	
10	B 6	Natural 5	rivestigation Could not be letermined	(Month, E 28s. PLACE C building,	F INJURY — etc. (Specify)	A1 home, farm,	street, factor	WORK 1 VES y, office	S 2 NO	281 due 10 th	LOCATION (Street a City or Town, State) te cause(a) and man	nd Number	or Rural Route Number,	
	COMPLETED BY	Natural 5	Could not be determined FYING PHYSICAL EXAMINE	(Month, E 28s. PLACE C building.	FINJURY — etc. (Specify) my knowledgexamination an	A1 home, farm,	street, factor	WORK 1 Yes y, office e, data an	S 2 NO	28f	LOCATION (Street a City or Town, State) te cause(a) and man , data and place, an	nd Number	or Rural Route Number,	
	BE COMPLETED BY	Y Natural 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDI	nvestigation Could not be letermined IFYING PHYSI CAL EXAMINE OF CERTIFIES	(Month, E 28s. PLACE C building, CIAN: To the best of R: On the bases of e	FINJURY — etc. (Specify) my knowledgexamination an	At home, farm,	street, factor	WORK 1 Yes y, office e, data an	X? S 2 NO nd place, and th occured at	28f	LOCATION (Street is City or Town, State) to cause(a) and man data and place, an	nd Number	or Rural Route Number, ed. a ceuse(e) and manner as stated.	
	TO BE COMPLETED BY	Netural 5 1 2 Accident 3 Suicide 4 Homicide 6 0 0 0 0 0 0 0 0 0	COLD TO COLD T	28a. PLACE C building. CIAN: To the best of a CALLY COMPLETED CAU	FINJURY — etc. (Specify) my knowledgexamination an	At home, farm,	street, factor	WORK 1 Yes y, office we, data an mion, deat	X? S 2 □ NO nd place, and th occured at 29c. LICENSE	28f due to the time NUMBER 2 4	LOCATION (Street is City or Town, State) to cause(a) and man data and place, an	ner ea stet d due to th	or Rural Route Number, ed. se cause(s) and manner as stated. E SIGNED (Month, Day, Year) TUATY 17, 1995	



30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

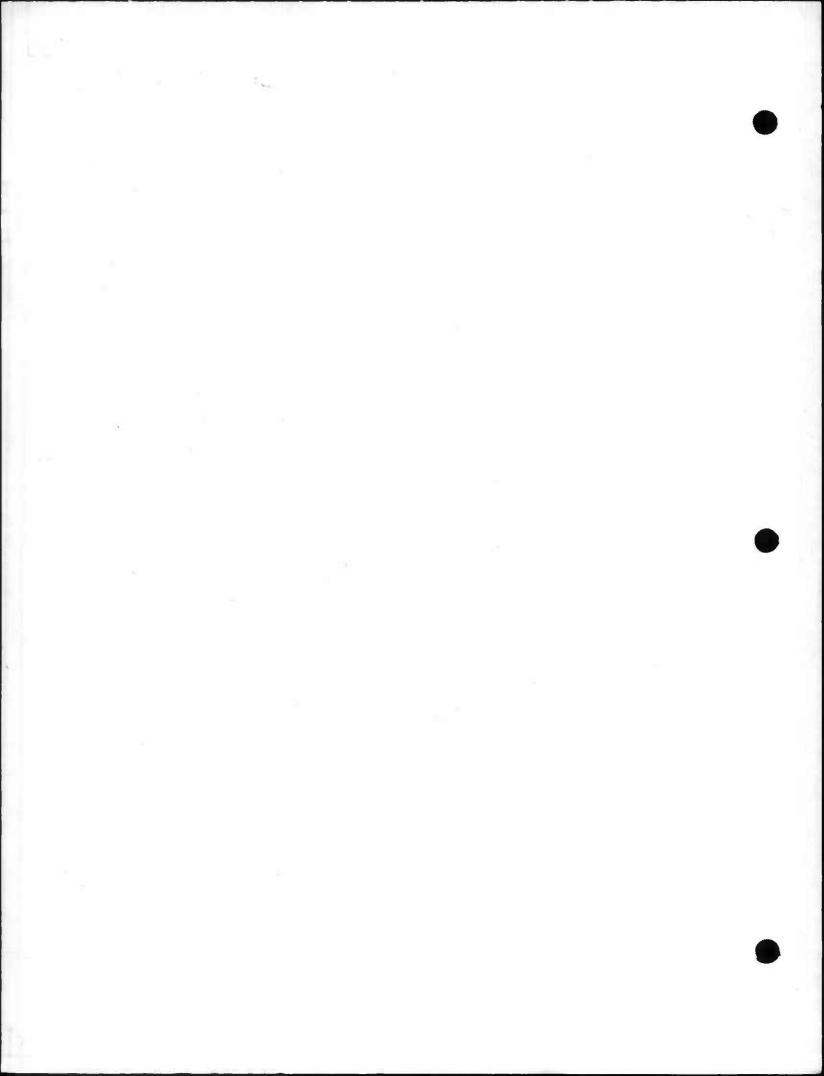
Charles Brennt, M. D.,

31. DATE FILED (Month, Day, Year)

DHMH-16 Rev 1/89

1011 North Capitol Street, NE, Washington, DC 20002

week



DIVISION OF VITAL RECORDS,

2, 3 should

burial

use as the

detached for

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funeral director, page 5 should

in by the for removal.

completely filled rial, cremation,

n and com to burial,

the attending physician i Mental Hygiene prior to

been signed by the

death certificate be executed within

that the c

HOSPITAL

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Davidson Randall

O. BOX 68760,

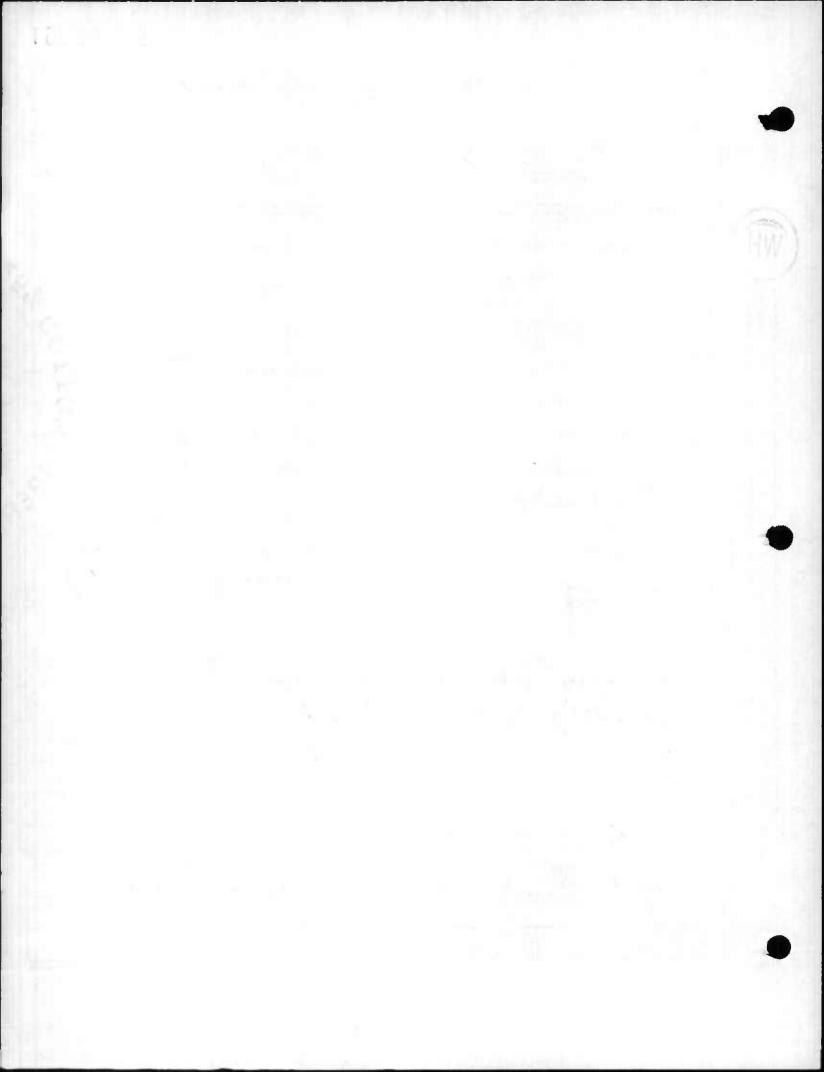
6 filled

urs after death. Page 6 may be

attending physic

retained by the hospital or

BALTIMORE, MARYLAND 21215-0020



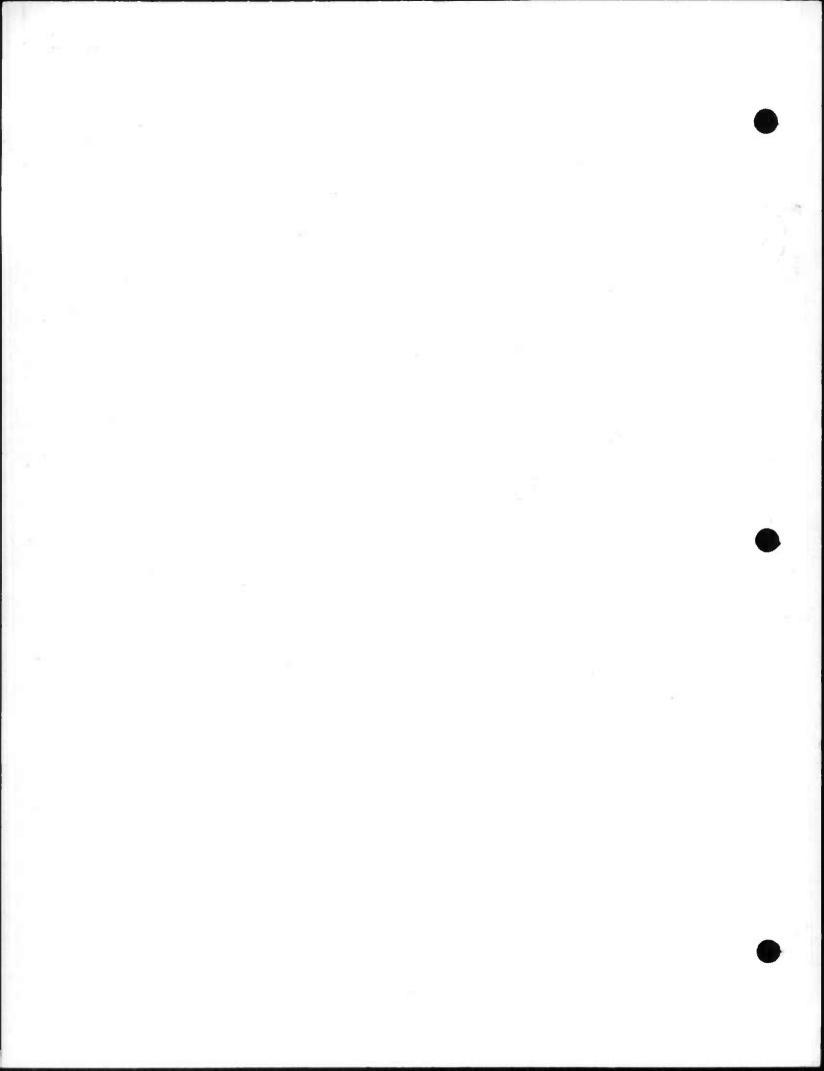
BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physical	filled in by the funeral director, page 5 should be detached for use as the burial-tion, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physical	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. N	0.				
	1. DECEOENT'S NAME (First, Middle, Last)	1				2. DATE OF DEATH	DAY	YEAR	3. TIME OF D	EATH	
	Ro	obert R. Sm	yers			Jan. 14	19	995	8:25	A. M	
	010 00 4445			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		B. BIRTH	PLACE (State or	Foreign	
		1 🛛 M 2 🗆 F 75	YRS.			Dec. 11,1	919	PA			
~	9a. FACILITY NAME (If not institution, give street	st and number)	9		OR LOCATION OF D	EATH	9c. CO	UNTY OF DE	EATH		
0	Suburban Hospital			Bethe	sda		Mo	ntgon	nery		
2	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAL	TION				10d. INSIDE C	ITV	
DIRECTOR	MD Monts	gomery	-	Kensi	ngton				LIMITS?		
4	10e. STREET AND NUMBER	-			. ZIP CODE		10a. Cr		HAT COUNTRY		
FUNERAL	11411 Orleans Way				208	195		S. A.			
S	11. MARITAL STATUS	2. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify)		14. RACE	- American Ir	ndian.	
		FORCES? 1 YES	2 NO	If yes, sp	ecify Cuban, Mexic	an, Puarto Rican, atc.)		Black, Specifi	White, atc.		
ВУ	3 Widowed 4 Divorced	WW I	I					- Special	White	2	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co		16m. DECEDENT'S US (Give kind of wor	k done during me		16b. KIND OF E	US/NESS/IN	OUSTRY			
<u></u>	Elementary/Secondary (0-12)	College (1-4 or 5 +)	iii. Do NOT use r Lawyer	etired.)							
N N	AT EATHERIN MANE (F.). AND A	5 +	Lawyer			Law					
8	17. FATHER'S NAME (First, Middle, Last) Sylvester Hamilton	Cmrows				AME (First, Middle, Maid	n Surname)				
B	19a. INFORMANT'S NAME (Type/Print)	Smyers			Alice						
2	Mary C. Smyers					Route Number, City or To					
	20a. METHOD OF DISPOSITION	T _{an}				nsington,		20895	COMMISSION OF THE PERSON OF TH		
	1 Burial 2 Cremation 3 Ramovs	of from State cer	netery, crematory or other	place)				- City or Tov			
	21. SIGNATURE OF FUNERAL SERVICE LICIN	ISEE .	Rock Creek	22. NAME A	D ADDRESS OF F	1/19 Was	Cawl	con,	Sone		
	Pno: 0	1 4 1	\cap			NW Washi				6	
	Michael	7 Bivo	los						. 2001	0	
	23. PART I. Enter the diseeses, or con ahock, or heart failure. Lie	nplications that cause it only one cause on a	d tha death. Do not each lina.	antar the mo	da of dying, auc	ch as cardiac or res	piretory a	rrest,	Approxi	mata Between	
	IMMEDIATE CAUSE (Final disease or condition	D							Onset a	nd Death	
ļ	disease or condition resulting in death) a. One umand a Procedure of the consequence o										
		OI OR AS	CONSEQUENCE OF):			1	1.		M	24.00	
O	Sequentially list conditions, b.	DUE TO (OR AS	C O 6 (T	706 610	re po	1 monainy	OC15	Paj-e	XX	817	
¥	If any, leading to immediate cause. Enter UNDERLYING		, , , , , , , , , , , , , , , , , , , ,		′				İ		
F	CAUSE (Disease or Injury thet initiated events	DUE TO (OR AS /	CONSEQUENCE OF):						-		
E	resulting in death) LAST								ļ		
EDICAL CERTIFICATION	DART II Other claudious conduction	- A 15 -									
3	PART II. Other algorificant conditions of		out not resulting in t	the underlying	cause given in	Part I. 24a. WAS A	N AUTOPSY	-	WERE AUTOPSY AMAILABLE PRIC	OR TO	
ă	(ardion	V. I. I	ly,	Lupes	ren (1	1 TYES	2 - NO		COMPLETION O OF DEATH?	F CAUSE	
Σ		16 Fillat	1 cut						1 TYES 2] NO	
PHYSICIAN:	DID TOBACCO USE CONTRIB	SUTE TO CAUSE C			UNCERTAI	NE					
2		IOSPITAL:	26. PLACE OF DEATH (THER:							
₹	1 TYES 2 TNO 1	26a. DATE OF INJURY				6 Other (Specify)					
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME O		RK?	28d. DEŞCRIBE HOW	INJURY OC	CURED			
B	2 Accident Investigation 3 Suicide Could not be	28s. PLACE OF INJURY	— At home farm atre			201 00471081 (01					
8	4 Homicide determined	building, atc. (Spec	city)	or, rectory, orne.		281. LOCATION (Stree City or Town, Stat	e)	er or Huner Ho	ute Number,		
COMPLET	29a. CERTIFIER										
MP		N: To the bast of my know									
8	2 MEDICAL EXAMINES:	or a comment of a semination	n and/or investigation, I	n my opinion, d	eath occured at the	time, data and placa,	ind due to t	he cause(s)	and manner sa	etated.	
띪	296. SIGNATURE AND TITLE OF CERTIFIER	P 1	. 0		29c. LICENSE NU	MBER	29d. DA	TE SIGNED	Month, Day, Yea	(r)	
ē	July W. 1	carrer a	~P		VO 9	680	1	1-1	4-95		
	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	nt)	1-50	20 11/100	1116	01	11	1111	
	31. DATE FILEO (Month, Day, Year)	160, WD. fo	7 2484 DW	yer w	· r 22	30 WISC. A	tue.	(we u	y cual e	N.W.	
18	THE TO SELECT (MOTHER, DRIVE, 1987)	32. REGISTRAR'S SIGN	ALURE						*		





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9	5	
L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	
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9	her	hours after death with the State Bent of Health and Mantal Limited action to busing a committee of
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TITLE OF CERTIFIE!

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IRVING MIZ

31. DATE FILED (Month, Day, Year)

Ms

MANE AND ADDRESS OF PERSON WAD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MD

DIVISION OF VITAL RECORDS, P.O. BOX 68760

the hospital or attending physici

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH SCHROTT 3. TIME OF DEATH BERTHA MONTH O :00 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign MAY 15, 228-40-8875 DAYS 1 🗌 M 2 🌉 90 1904 VIRGINIA 9s. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH SUBURBAN HOSPITAL DIRECTOR **BETHESDA** MONTGOMERY RESIDENCE OF DECEDENT 10e. STATE 10b COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND MONTGOMERY ROCKVILLE 1 YES X NO 10e. STREET AND NUMBER FUNERAL 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1801 E. JEFFERSON STREET 20852 UNITED STATES 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noburial 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 X Widowed 4 Divorced the WHITE as ETED. 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY use (Specify only high detached for Elementary/Secondary (0-12) College (1-4 or 5+) 12 COMPL HOMEMAKER OWN HOME at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surneme) HYMAN SIDENBERG "UNKNOWN" IDA BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 NORMAN SCHROTT 696 JANNEY'S LANE-ALEXANDRIA, VIRGINIA 22302 (SON) è 20a. METHOD OF DISPOSITION

LO Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 26c. LOCATION - City or Town, State must KING DAVID MEMORIAL GARDEN 1/13 4 Donation 5 ,Other (Specify) FALLS CHURCH, VIRGINIA 21. SIGNATURE OF FUNERAL SERVICE LICI:NSEE examiner 22. NAME AND ADDRESS OF FACILITY
DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC. Jake 1170 ROCKVILLE PIKE-ROCKVILLE, MARYLAND medical 23. PART I. Epfer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one ceuse on each line. Interval Retween IMMEDIATE CAUSE (Final **Onset and Death** the HEMORRHABIC STROKE disease or condition resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): INTRACEREBRAL HEMORRHAGE traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST 5 any Injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS ATHEROSCIEROTIC CARDIOVASCULAR IMPERTENSION AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Shows DISEASE 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item EXAMINER? HOSPITAL 1 YES 2 NO 1 inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 5 27. MANNER OF DEATH 28c. INJURY AT WORK? 28a. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Natural 5 Pending BY 1 YES 2 NO Accident Investigation 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 28 4 Homicide item 29a. CERTIFIER 1 2 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end manner as stated. TO THE HOSPITAL OF THE FUNERAL DE FIED WITHIN 72 ho MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) end manner as stated.

29c. LICENSE NUMBER

DELRAY

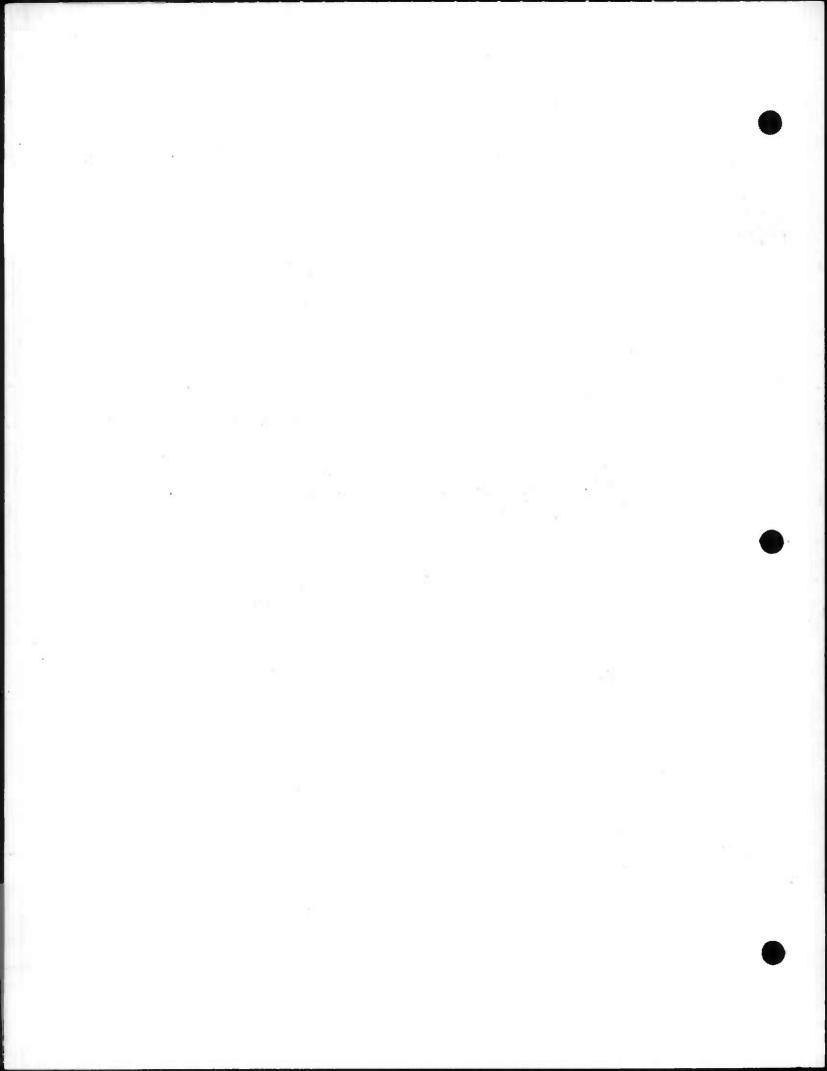
4930

Julia Davidson Randall

32. REGISTRAR'S SIGNATURE

29d. DATE(SIGNED (Month, Day, Year)

AVE, BETHESOA, MD 20814



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	REGISTRAR		CE	RTIF	CATE OF	DEATH		REG. NO				0
	1. DECEDENT'S NAME (First, Middle, Last)	ridget	S	heeha	in		2. DATE OF MONTH	ry 10	, 19	YEAR	3. TIME OF DEATH 4:00 A	M
	4. SOCIAL SECURITY NUMBER 5.	SEX 6.	AGE (in yrs. lesi		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH		8. BIRTH	PLACE (State or Foreign	_
	067-07-3605	□ M 2 □xF	85	YRS.	MONTHS DAYS	HOURS MIN.	Janua:		329	Country	on reland	
	9a. FACILITY NAME (If not institution, give street	and number)			9b. CITY, TOWN	OR LOCATION OF I			Ve. COU	INTY OF DE		
<u>۳</u>	8505 Springvale Ro	ad			Silver			, ,		tgome		
동	RESIDENCE OF DECEDENT								1			-
H	Maryland 106. COUNTY	tanne	rn	10c. CITY	TOWN OR LOCA	TION					10d. INSIDE CITY	
₽	Marland Montog	tgome omery	0	Silv	er Spr	ng					1 YES 2 NO	
AL	10s. STREET AND NUMBER				10	f. ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?	
E	8505 Springvale Ro	oad				20910)			US	A	
-5		WAS DECEDENT EV	ER IN U.S. ARI	MED	13. WAS DE	CENDENT OF HISPA	ANIC ORIGIN?	Specify Yes	or No-	14. RACE	- American Indian,	
BY FUNERAL DIRECTOR	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE WAR		Ю		ecify Cuban, Mexic 2 NO Spec		m, etc.)		Bleck	, white, atc. y: White	- 1
											willte	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade corn	DN pleted)	(Gh	ve kind of w	JSUAL OCCUPATI		18b. KI	ND OF BUS	SINESS/INC	OUSTRY		
"		ollege (1-4 or 5+)	1	Do NOT use				**				
₹	8		HOME	emake	<u>r</u>		Own	Home	e 			
8	17. FATHER'S NAME (First, Middle, Last) James Feeney					18. MOTHER'S N		fle, Maiden	Surname)			
BE						Nora C						
2	19a. INFORMANT'S NAME (Type/Print) Barbara Pinella		19b	MAILING	ADDRESS (Street	illage L	Route Number,	Cor of	State 7	(Dode)	00050	П
			1.	3400	manor v	illage L	ane Ko	ackv:	ilee,	Md.	20853	
	20s. METHOD OF DISPOSITION 1 Burlel: 2 Cremation 3 Removal	from State	20b. PLACE A	ND DATE O	FDISPOSITION (N	ame of	DATE	20c. LO	CATION -	City or Tox	en, Stata MD	
	Donation 5 □ Other (Specify)	-	Gaté c	of He	aven Ce	metery 1	/19/95	Sil	ver S	prng	Maryallid	
	21. SIGNATURE OF FUNERALI SERVICE LICENS	× 1 /1	1		22. NAME A	ND ADDRESS OF F	TV ROU	Co.	llins	Fun	eral Home	П
	I + IMMADOUS	6 8	KO			er Sprin						Н
T	23. PART I. Enter the diseases, or com	plications that ca	used the dec	eth. Do no							Approximate	Н
	snock, or neart fellure. List	only one ceuse	on each line.						,		Interval Betwee	
	iMMEDIATE CAUSE (Final disease or condition	Sallamone	ce11	cance	ar Nack						1 Year	an
	resulting in death) Squamous cell cancer Neck Due to (or as a consequence of):											
_	~ .											1
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEO	UENCE OF)	:							\dashv
3	cause. Enter UNDERLYING CAUSE (Disease or Injury											
里	that initieted events	DUE TO (OR	AS A CONSEO	UENCE OF)	:							\exists
田	resulting in death) LAST											- 1
0	PART II. Other aignificant conditions co	entributing to dea	th but not re	eulting in	the underlyin	a course about le	Dant I a	a. WAS AN		100		
EDICAL	Alzheimer's Dis	ease		outing in	the dilucityii	a cause diseil il	Part I. 24	PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	1
							1	YES 2	₩ NO		COMPLETION OF CAUSE OF DEATH?	П
Σ	DID TOPACCO LICE CONTENTS										1 YES 2 NO	
Z	DID TOBACCO USE CONTRIBUTION WAS CASE REFERRED TO MEDICAL	JIE TO CAUS		-		UNCERTAI	N 🗆					
PHYSICIAN:	EXAMINER? V	SPITAL:			OTHER:							\dashv
ĭ.	1 VES 2 A NO 1	Inputient 2 ER				8 Kasidence						_
	1 Natural S Pending	28a. DATE OF INJU (Month, Day, Ye		28b. TIME INJU	RY WO	URY AT	28d. DESCR	BE HOW II	JURY OCC	CURED		-1
BY	2 Accident Investigation					YES 2 NO						
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF IN. building, atc.	JURY At hon (Specify)	ne, tarm, at	reet, factory, offic		281. LOCATIO	ON (Street a own, State)	nd Number	or Rural Ro	oute Number,	
COMPLETE												
릴	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN	: To the best of my i	knowledge, dea	th occurred	at the time, data	and place, and du	a to the cause(s) and man	ner as stat	ed.		٦
00	One) 2 MEDICAL EXAMINER: Or	the basis of examin	nation and/or in	rveatigation	, in my opinion, o	eath occurad at the	time, data and	l place, and	d dua to th	a cause(a)	and manner as stated.	1
BE C	296. SIGNATURE AND TITLE OF CERTIFIES) .			29c. LICENSE NU D2424	MBER		29d, DATE	E SIONED	(Month, Day, Ybar)	-
	Chan lor	non!	12.			D2424	5		J	anua	ry 18, 199.	5
2	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF	F DEATH (ITEM	27) (Type, I	Print)				_			-
	Alan Jay Diamond 11	U6 Sprin	g Stre	et Si	llver S _l	oring Ma	ryland	2091	.0			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S										7
ľ	JAN 19 1995	Jalia Da	value R	whall								- 1

STE U E god 31. DATE FILED (Month, Day, Year)

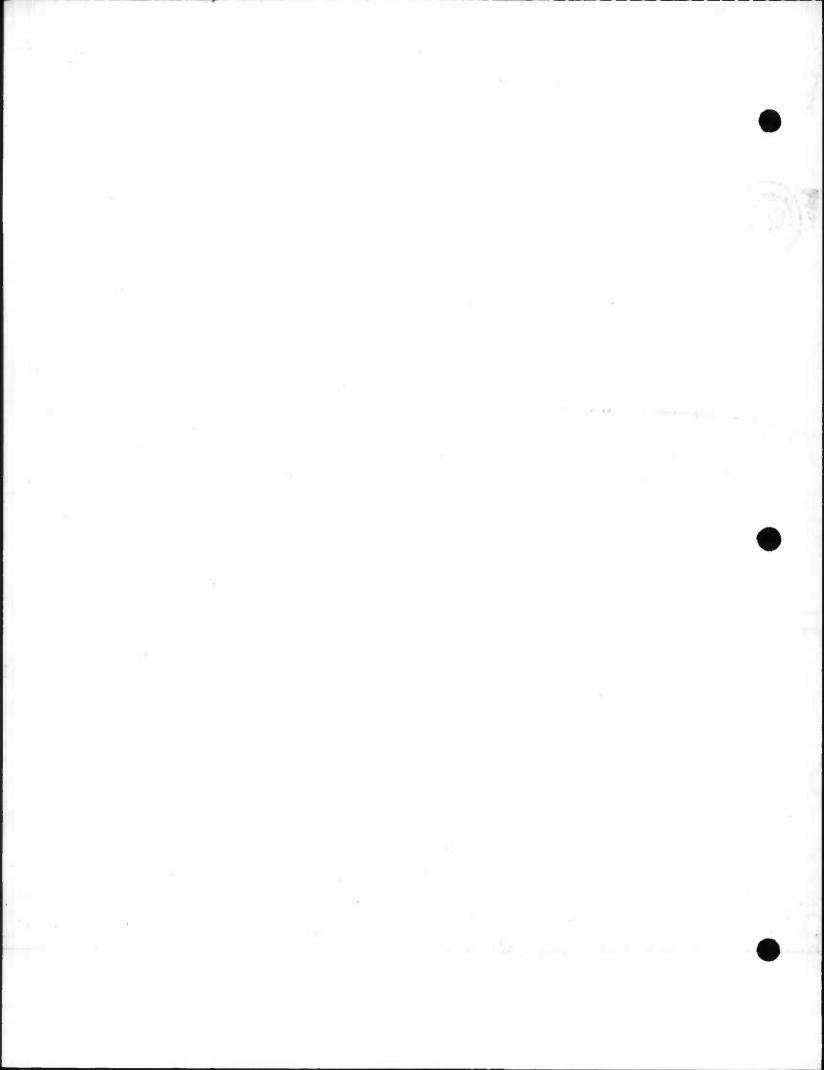
JAN 19 1995

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

2

		1 - STATE REGISTRAR		STATE OF MAI				F HEALTH		ENTAL HYGII REG. 1			
	110000	1. DECEDENT'S NAME (First	Middle, Last)	Frederick	Con	rad	SF	HIPLEY	1.	DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	BER		AGE (In yrs. la		IF UNDER 1 YE			January	14, 19		3:52 P. IPLACE (State or Foreign
		579-42-235	8	1 📉 M 2 🗆 F	61		MONTHS DA		MINI	(Morth, Day, Year, August 2	5 1031	Count	ny)
Though		90. FACILITY NAME (If not in	stitution, give st	treet and number)			9b. CITY, TOV	VN OR LOCATI				NTY OF D	
	DIRECTOR	600 North Be	entz St	reet, Apt.	. 52		Fre	ederic	k		Fr	eder	ick
(WH s)	REC	10a. STATE	10b. COUNTY			10c. CITY	TOWN OR LO	CATION					10d. INSIDE CITY LIMITS?
(Maryland 100. STREET AND NUMBER	Fre	derick		F	rederi						1 X YES 2 NO
8	FUNERAL	600 N. Bent	z St	#52				101. ZIP COD					WHAT COUNTRY?
020 physician burial-tra	3	11. MARITAL STATUS		12. WAS DECEDENT EV	/ER IN U.S. AI	RMED	13, WAS	21701		ORIGIN? (Specify		.S.A	E — American Indian,
BALTIMORE, MARYLAND 21215-0020 hours after death. Page 6 may be retained by the hospital or attending physician ed in by the tuneral director, page 5 should be detached for use as the burial-train predical examiner must be notified at once.		1 Never Married 2 3 Widowed 4 X Divo		FORCES? XX	YES 2	NO	If yes	, specify Cube YES 2 X NO	en, Mexican,	Puerto Ricen, atc.)		Spec	k, White, etc.
5-0 ending as the	D BY		100	1955 - 1									white
or attendi	ETE	(Specify only Elementary/Secondary (0	EDENT'S EDUC highest grade	completed)	(0	ECEDENT'S L Bive kind of w n. Do NOT use	JSUAL OCCUP ork done during retired.)	ATION most of working	ing	16b. KIND OF	BUSINESS/IND	USTRY	
Spital Spital	립	10	-12)	College (1-4 or 5+)		Painte	er			Painti	na Con	trac	tor
AN the hot detach	COMPLETED	17. FATHER'S NAME (First, M						18. MOT	HER'S NAME	(First, Middle, Mak		crac	wi
A be	BE (Robert Dou	glas S	hipley, Sr						Elizabe			on
MARYLAND 2: retained by the hospital of 5 should be detached for notified at once.	2	190. INFORMANT'S NAME (T Doris I. Sm.								te Number, City or			
Page page		204-METHOD OF DISPOSIT			20h PLACE	ANDDATEO	FOISBOSITION	I /Neme of		per Mar.	OCATION -	City or To	wa State
IORE, e 6 may by ector, page		1 X Buriel 2 Cremetto 4 Donatton 8 Donat	n 3 🗆 Ramo	oval from State	Mary cr	matory or oth	rer placa) Veteral	ns Cem	otom	1/18 Ch	elteni	nam	MD
ALTIMORE, death. Page 6 may be tuneral director, page		21 SIGNATURE OF FUNERA	L SERVICE LIC	ENTER	-10		22. NAM	E AND ADDRE	SS OF FACIL	tTV			
BALTIMORE, nours after death. Page 6 may be d in by the funeral director, page or removal.		Du	va 6	They	back		254	Carro	11 St	- NW Was	hingt	rai .	Home, Inc. D.C. 20012
B. B. after removal		23. PART i. Enter the d	eeses, or c	complications that ca List only one cause	ueed the d	eeth. Do no	ot enter the	mode of dy	ing, such a	s cardiec or re	piratory arr	eat,	Approximata
3760, tied within 24 hours completely filled in ial, cremation, or re-		IMMEDIATE CAUSE (Fir		1000									Onaet and Deat
tthin 24 emation, nt, the		disease or condition resulting in dasth)	→ ,	. a the	ws s	les	0/12	Cago	401	JanCarl	an do	7	
cxecuted within and completely or burial, cremarimatic event,	_		_	DUE TO (OR	AS A CONSE	OUENCE OF):						
68 and and	RTIFICATION	Sequentielly list conditi		DUE TO (OR	AS A CONSE	OUENCE OF)):						-
OS, P.O. BOX he death certificate be at the attending physician i Mental Hygene prior to niury, or other traum	8	cause. Enter UNDERLY!	NG	c									
O. I ertific ing ph giene othe		that initiated events resulting in death) LAS		DUE TO (OR	AS A CONSE	OUENCE OF)):						F-
	CER					1.00							
RECORDS, requires that the deal seen signed by the ath of Health and Menta shows any Injury.	CAL	PART ii. Other aignifics	nt conditions	contributing to dea	ith but not	resulting in	the underl	ying ceuse	given in Pa	rt i. 24s. WAS	AN AUTOPSY	24b	. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
S that he by alth any s any		Lu	119	12 ancer							2 40		COMPLETION OF CAUSE OF DEATH?
Mr requires that the street street street street signed ptr. of Health and shows any	MED		<i></i>				-/			_			1 TYES 2 NO
23 per par par par par par par par par par pa	Ä	DID TOBACCO U		RIBUTE TO CAUS			(Check only o		ERTAIN				
F = = = =	ᇙᆘ	EXAMINER?		HOSPITAL:			OTHER:		eidence 8	Other (Specify)			
OF V PHYSICIAL this certif with the feed, or	PHYSI	27. MANNER OF DEATH		28e. DATE OF INJU (Month, Day, Y	JRY	28b. TIME	OF 28c.	INJURY AT WORK?		8d. DESCRIBE HO	V INJURY OCC	URED	
ON OP DING PHYS After this of death with	<u>~</u>		Pending Investigation				.M. 1	YES 2	NO				
VISION ATTENDING ECTOR: After s after death			Could not be determined	28e. PLACE OF IN- building, atc.	JURY — At he (Specify)	ome, term, st	reet, factory, o	office	2	Bt. LOCATION (Stre City or Town, Str	et and Number (te)	or Rural F	loute Number,
~ ~ ~ = =		29a. CERTIFIER	EVINO B.	CIANI, Yangania									
로 작은 트	MP			CIAN: To the best of my I R: On the basis of exami) end menner se stated
SH PER ME	္ပ	29b. SIGNATURE AND TITLE				-	,		ENSE NUMBI				(Month, Day, Year)
를 를 표	8	1	1/1/2	1100					15 E	and a	200. 0411	- J.	(month, Day, rear)

DHMH-18 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

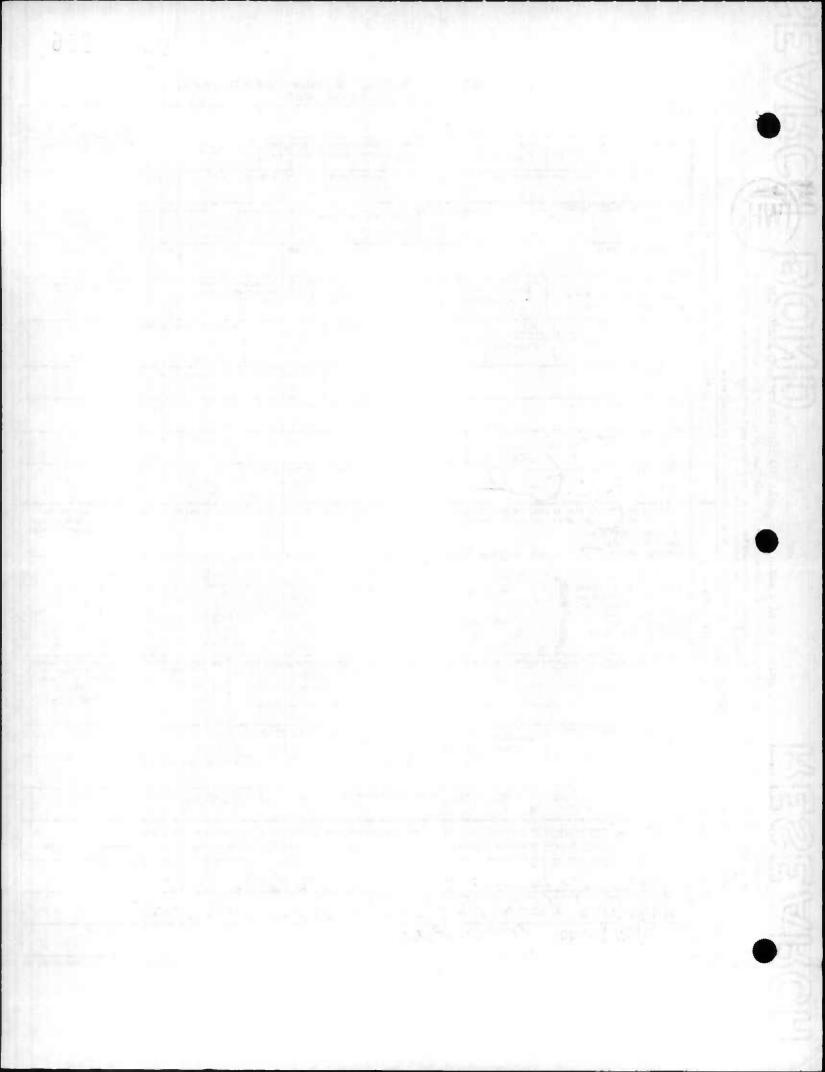
1 - STATE REGISTRAR		STATE OF M					EALTH A		MENTA	REG. NO	_		
1. DECEDENT'S NAME (First	RY	SK,	45KO						2. DATE MONT	OF DEATH	7 /	YEAR 1995	3. TIME OF DEATH
4. SOCIAL SECURITY NUM		B. SEX	6. AGE (In yrs. Is		IF UNDE	DAYS	IF UNDER 2	4 HRS.		OF BIRTH		B. BIRTI Count	HPLACE (State or Foreign try)
210-28-8068		1 M 2 R F	88	YRS.						t. 23,			nsylvania
9e. FACILITY NAME (If not it		,					R LOCATION		ATH			NTY OF E	
10059 Maple		Drive			G	aithe	rsbu	rg			Mo	ontg	omery
10e. STATE	10b. COUNT	Y		10c. CI	ry, town	OR LOCAT	ION						10d. INSIDE CITY
Maryland	Mont	gomery		Ga	ithe	rsbui	g						1 YES 2 K NO
10e. STREET AND NUMBER			1114			101.	ZIP CODE				10g. CIT	IZEN OF	WHAT COUNTRY?
10059 Maple	Leaf						20879						States
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Dive		12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WI	YES 2 X		13	If yes, spe	ENDENT OF cify Cuban, 2 🔯 NO	Mexicar	n, Puarto	Y? (Specify Yer Rican, etc.)	or No-	14. RAC Blac Spec	E — American Indian, ik, White, etc. #y: White
	CEDENT'S EDU		16a. D	ECEDENT'S	USUAL	OCCUPATIO	N		168	. KINO OF BU	SINESS/INI	DUSTRY	WILLE
Elementary/Secondary (ly highest grade 0-12)	College (1-4 or 5+)	- 1	le. Do NOT u	work done	auring mos	t of working						
4			Ho	usew	ife					Own Ho	me		
17. FATHER'S NAME (First, A	Service Control									Middle, Maiden	Surname)		
Michael She									istv	,			
19a. INFORMANT'S NAME (ber, City or You			00070
Eleanor Ska					-		_	rive					D 20879
1 X Burisi 2 Crematic	on 3 🗆 Rem	oval from State	20b. PLACE cometery, co St. N	rematory or o	of DISPO	SITION (Na	ne of	1/20)/95		CATION —		
21. SIONATURE OF FUNERA	-	DENSEE)	JSL. M	lary	S UI	. NAME AN	D ADDRESS	DF FAC	JUTY '	DeVol	Fune	ral	nnsylvania
1	7.5	3/1	_		1	0 Eas	st De	er I	Park	Drive	r dire.	lal.	ITOME
immediate Cause (Fi disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inje	tiona, odiate	DUE TO (OR AS A CONSI	EOUENCE C	OF):								Onset and Death
that initiated events resulting in death) LAS		d.	OR AS A CONSI	EOUENCE C)F):								
PART II. Other significa	ant condition	is contributing to	deeth but not	resulting	in tha u	nderiying	cause gi	ven in	Part i.	24a. WAS AN PERFOI 1 YES 2	RMED?	241	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED 1 EXAMINER?	O MEDICAL	HOSPITAL:			,		ACE OF DE	ATH (Che	ick only o	ne)			
1 TES 2 X NO		1 Inpatient 2	ER/Outpatient	3 🗆 DOA	4 Nu		5 🏋 Real	Idence	6 🗆 Othe	or (Specify)			
27. MANNER OF DEATH 1 X Natural 5 2 Accident	Pending Investigation	28a. DATE OF I (Month, Da		26b. TIR	JURY M	28c. INJI WO 1 \[\ \ \ \ \	JRY AT RK? ES 2	NO	28d, OE	SCRIBE HOW	NJURY OC	CUREO	
a Deviates —	Could not be determined	28s. PLACE OF building, s	INJURY — At h	ome, farm,	street, fa	ctory, office			281. LOC City	ATION (Street or Town, State)	and Numbe	r or Rural	Route Number,
recent or		ICIAN: To the best of s											e) and manner as stated.
250. SIGNATURE OND TITLE	OF CENTIFIE	1/					29c. LICEN	ISE NUN	BER		29d, DA1	E SIGNE	D (Month, Day, Year)
Jashra	5	An-	5				D:	490	12	1.00	> 3	lan.	17, 1995
KATHEW	S K	COMPLETED CAUSE	40 0 (EM 27) (Type	e, Print)	ie K	ensi	سرم	m, l	201	089	5	
31. DATE FILE AND 100	9"1995	Jalia d'au	SIGNATURE	dall									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Nours after death. Page 6 may be retained by the brospital or attending physician and competely filled in by the funeral director, page 5 should be detached for use as the bunal-transfer be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to bunial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020



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hospital or attending pl	as th	
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irs after death. Page 6 may be retained by the hospit	and completely filled in by the funeral director, page 5 should be detached burial, cremation, or removal.	
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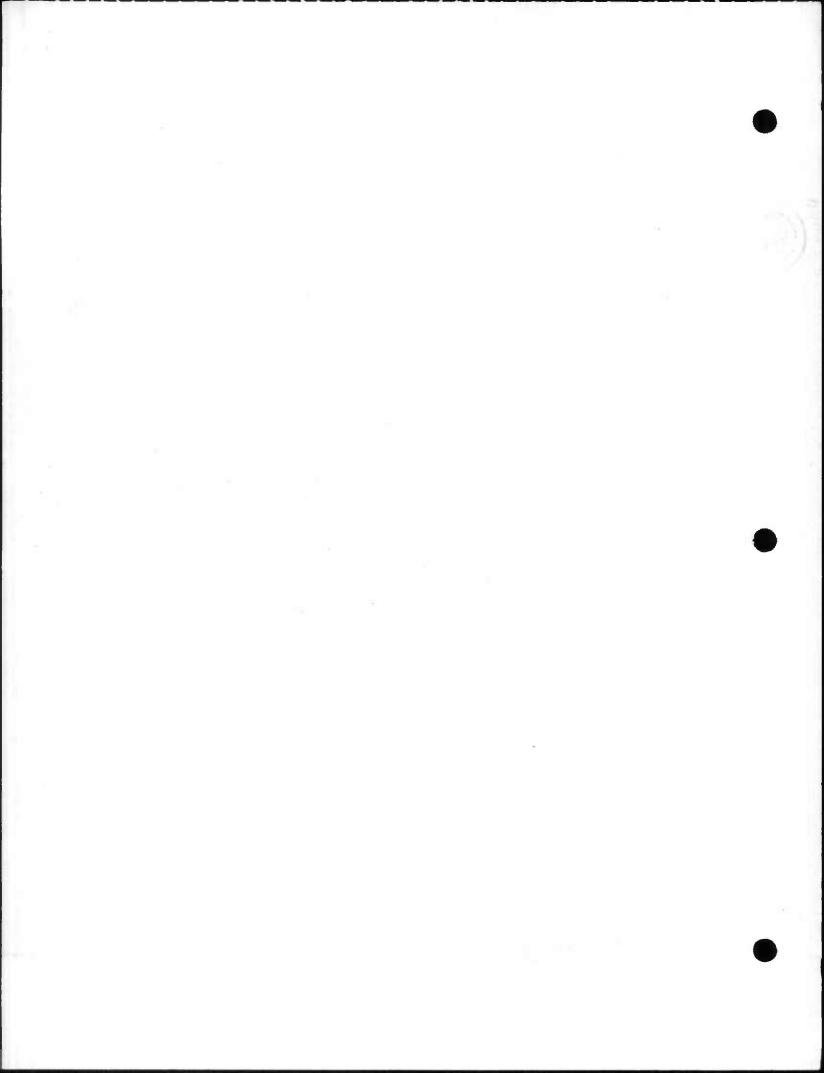
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the property of the state of the s

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		C	ERTIF	CATE C	F DEATH	F	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF			3. TIME OF DEATN		
	HATTIE	S	TMMONS	S			TANT	ARY 16,	1995	4:30 p M		
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. I		IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF	BIRTH		HPLACE (State or Foreign		
	579-44-8501	1 M 2 🔀 F	64	YRS.	MONTHS DA	78 HOURE MIN.	Sep.		Coun	(ry) C.		
	9a. FACILITY NAME (If not institution, give s	treet and number)	- 01	-	9b. CITY TOV	VN OR LOCATION OF D			DUNTY OF I			
œ			-	- 1			LAIN	100				
일	PRINCE GEORGE	JE HUSPITA	ــــــــــــــــــــــــــــــــــــــ			CHEVERLY		I PR.	INCE	GEORGE		
DIRECTOR	10a. STATE 10b. COUNT	r		10c. CITY	, TOWN OR LO	CATION				10d, INSIDE CITY		
뚬	D. C.				WASH	INGTON				LIMITS?		
	10e. STREET AND NUMBER					10t. ZIP CODE		10a. C	ITIZEN OF	WHAT COUNTRY?		
2	6130 Banks Place	> N. E				2001	Q			States		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. A	RMED	13. WAS	DECENDENT OF NISPA				E – American Indian,		
	1 Never Married 2 Married	FORCES? 1 I	YES 2 2	MO	If yes	, specify Cuban, Mexic	an, Puerto Rica		Blac	ck, white, atc.		
≧	3 🔀 Widowed 4 🗌 Divorced	IF TES, GIVE WAR	OR DATES		''	YES 2X NO Spec	ity:		Spec	Black		
	15. DECEDENT'S EDU	CATION			USUAL OCCUP		16b. KII	ND OF BUSINESS/	INDUSTRY	-240/1		
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)		'Give kind of w fe. Do NOT us	rork done during a ratirad.)	most of working						
ᆲ	9th	, ,		Do	mestic	2						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTNER'S N	AME (First, Midd	le, Maiden Surname	9			
	George Spencer						nelia B					
BE	19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRESS (Str	net and Number or Rura			Zip Code)			
임	James T. Spence	er				ge Green I				20785		
	20e. METHOD OF DISPOSITION		20b. PLACE		F DISPOSITION		DATE	20c. LOCATION				
	1 2C Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval trom State	cemetery, c	rematory or of	oln Cer	neterv	1/20/95					
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			22. NAM	AND ADDRESS OF F	ACILITY					
	D-m 3/-		~			N. Horton						
-	1. Hot				600) Kennedy	Street	, N.W.,	Wash	., DC 20011		
	23. PART I. Enter the diseesee, or ehock, or heert feilure.	complications that c List only one cause	on each iin	leeth. Do n ie.	ot enter the	mode of dying, eu	ch aa cerdiac	or reepiretory	arrest,	Approximete interval Batween		
ł	IMMEDIATE CAUSE (Final	0.								Onset and Death		
ļ	disease or condition resulting in death)	. KESP	IRAT	ORY	2151	RESS				Time Days		
		DUE TO (OF	AS A CONS	EOUENCE OF	/-	cr 1	44 11	10.10 1				
z I	Sequentielly liet conditions,	. IVIHSS 1	EV	LEUK	HL E	FFUSION	- MHX	16N4N7				
RTIFICATION	If eny, leading to immediate	GUE TO (OF	AS A CONS	EQUENCE OF	,-	1/2.00	00	2000				
<u> </u>	cause. Entar UNDERLYING CAUSE (Disease or Injury	c	AS A CONSI	E	CHKCI	NOMA	OF 1	BREAST				
	thet initiated evente reaulting in death) LAST	DOE 10 (OF	AS A CONSI	EOUENCE OF	,	MCK	NIO	10				
CEH		d			NITH	MET	HO 1 HO	010				
	PART ii. Other eignificent condition	n contributing to de	eth but not	resulting I	n the underi	ying ceuee given in	Part i. 24	n. WAS AN AUTOPS	Y 248	b. WERE AUTOPSY FINDINGS		
CAL	sotient was	. DNG				Waste Liter		PERFORMED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE		
ED	1					·	1	YES 2 NO		DF DEATH?		
M	DID TOBACCO USE CONT	PIRLITE TO CALL	E OE DE	ATLI VE	S I NO	[] UNICEDTAL	N [7]			1 YES 2 NO		
Z I		ABOIL TO CAU.					ΝЦ			11/14		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1											
≝ ∥	27. MANNER OF DEATN	28a. DATE OF IN.		28b, TIME	-	fome 5 Residence		BEAOW INJURY	COURED			
	î'⊠ Natural 5 ☐ Pending	(Month, Day,		INJ	JRY /	WORK?	200. DESCRI	BEHOW INJUNY	CCURED			
à	2 Accident Investigation	28a. PLACE OF U	MUDY — At h	ome term			and a dourse	MI (Considered Advanta		2		
	3 Suicide 8 Could not be 4 Homicide detarmined	building, etc.	(Specify)	one, talings	ireet, tactory, t	inte	City or To	N (Street and Numi own, State)	per or murai	Houte Number,		
. I	29a. CERTIFIER											
Ē	(Check only	CIAN: To the best of my										
COMPLETED	2 MEDICAL EXAMINE	R: On the besia of axem	Ination and/or	r Investigation	i, in my optnio	n, death occured at the	e time, data and	place, and due to	the cause(a) and menner as stated.		
BE I	29b. SIGNATURE AND TITLE OF CERTIFIED		- 10	101 112	6 66	29c. LICENSE NU	MBER	29d. D	ATE STONE	(Month, Day, Year)		
		50	1//	10		17-34	525	•	1-17	-85		
- 1	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE	e nekta (in	EM 27) (Spin,	Print)	2- 11		D : /		4)		
	57-KAO MO	4000	MITCH	HELVII	LE !	(1). F2	20.	BOUIE	= ,N	W 20716		
	31. DATE FILED (Month, Day, Year)	32, REGISTRAR'S	SIGNATURE	0 11		/	7		,	, ,		
	JAN 1 9 1995	Halla di Rus	MOC IVEA	744								



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detached

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should notified

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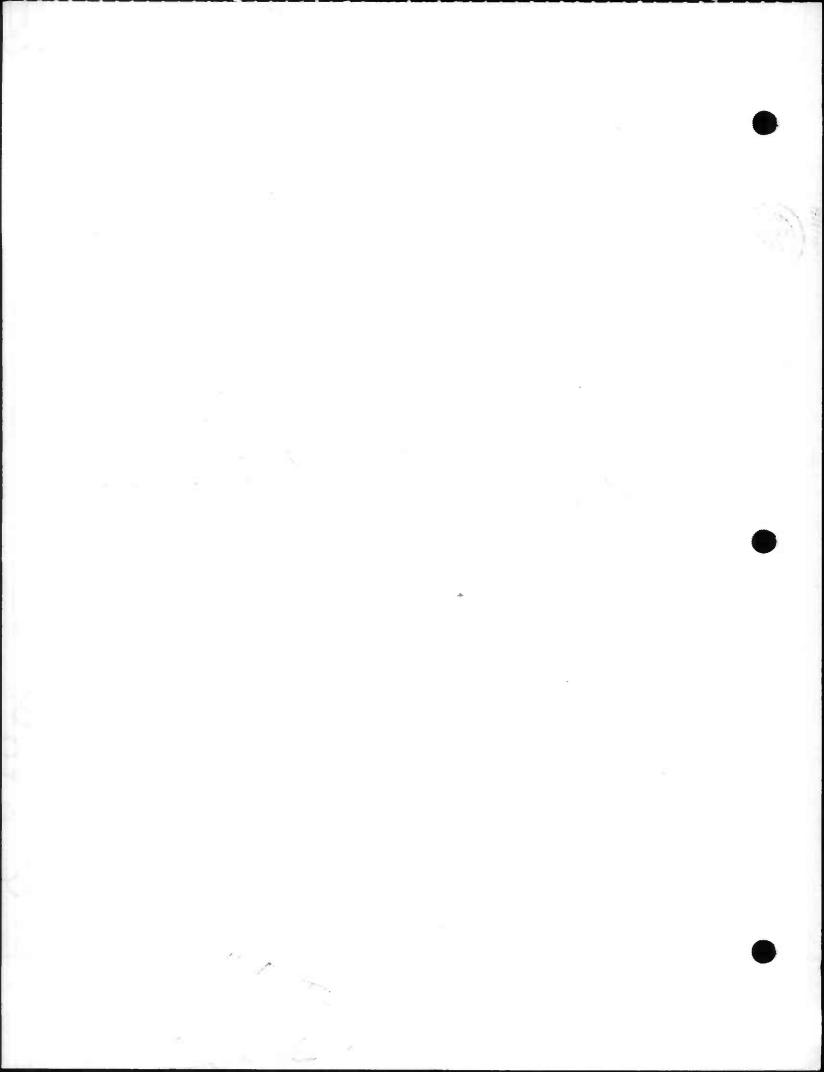
examiner

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BALIII	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the the funeral dibental completely filled in the the funeral dibental hydiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examines
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DIVISION OF VILAL RECORDS, P.O. BOX 86/80	the dea	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the he be fleed within 72 hours after death with the State Dept, of Health and Memai Hypiene prior to burlal, cremation, or removal.	njury,
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Amended # 6, # 20b STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 01-16-95 Katherine Sharpe 8:10 AM M 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 TFF 627,3 YRS. 577-42-9956 31 Jan. 30, Philadelph 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Holy Cross Hospital Silver Spring Montgomery RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Montgomery Rockville 1X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4600 Iris Street 20853 U.S. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-II yea, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 YES 2 NO Specify BY 3 Widowed 4 Divorced Caucasian ETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEOENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 3+ Retail Sales Manager Giant Food, DINCE. 17. FATHER'S NAME (First Middle Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumerne) Ħ Horace A. Unger Margaret J. Rapp 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 4600 Iris Street, Paul W. Sharpe Rockville, Md 20853 2 20a. METHOD OF OISPOSITION
1 Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata OATE Georgetown Med. XSchool 1-17-95 4 Denation 5 Other (Specify) Wash. DC 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Austin Royster Funeral Home 3605 14th Street, NW, Wash. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, **Approximate** shock, or haart fallure. List only one cause on each line. Intarval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in dasth) 1. CARCINEMATOSI OUE TO (OR AS A CONSEQUENCE OF): ARCINONA OF THE LUNG.
DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 246. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO MEDICAL NON INSULIN DEPENDENT COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? HYPERTENSION 1 YES 2 NO DID TÓBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 A Inpetient 2 ER/Outpetient 3 DOA 1 YES 2 NO 4 - Nursing Home 5 - Realdence 6 - Other (Specify) 27. MANNER OF OEATH 28a. DATE OF INJURY (Month, Day, Year) 286. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCUREO 28c. INJURY AT WORK? 1 🔀 Natural M 1 YES 2 NO ВУ 2 Accident Investigation 28a. PLACE OF INJURY — At home, tarm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29h. SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 0-12703 inhard. 5 30. NAME AND ADDRESS OF PENSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JAN 19 1995

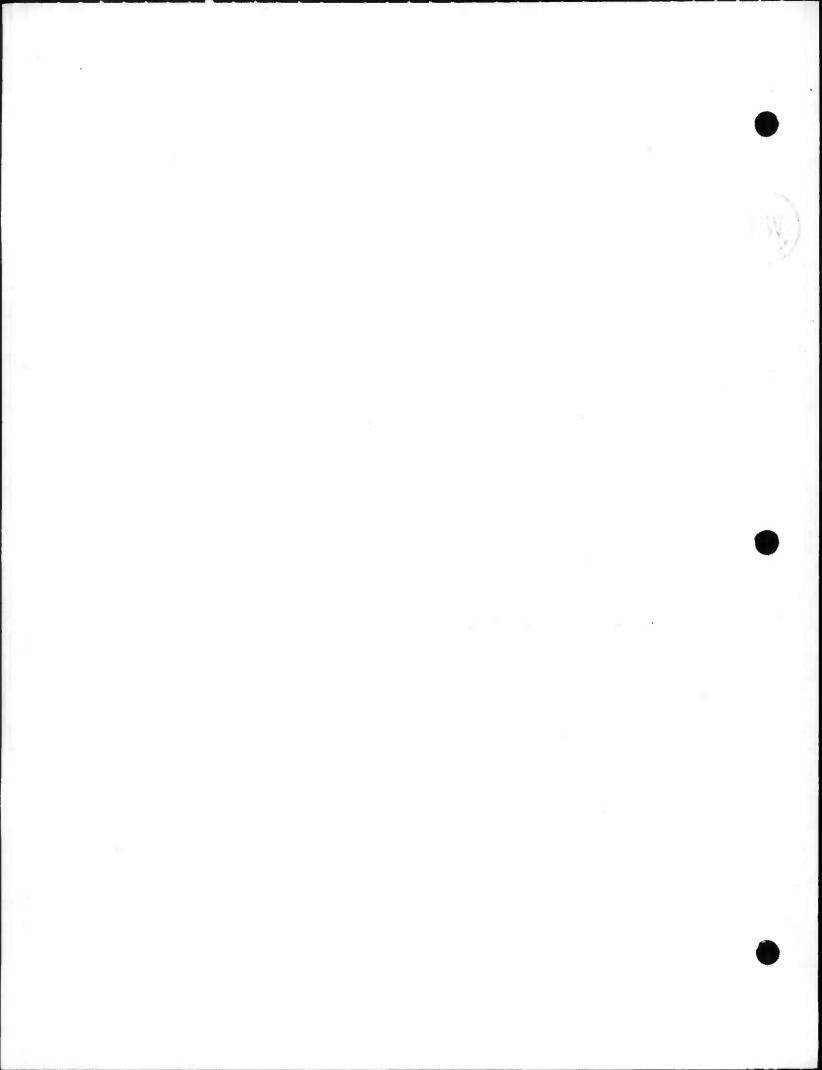
2. REGISTRAR'S SIGNATURE.





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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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- 1	71	POR TOR # 4	STATE OF MARY	LAND / DEPAR	RTMENT OF F	HEALTH AL	ND MEN	TAL HYGIEN	第(County
	,	1. DECEDENT'S NAME (First, Middle, Last)		CENTIF	TCATE OF	DEATH		REG. NO		3. TIME OF DEATH
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		And the second s		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 H	HRS. 7. E	ATE OF BIRTH Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)
	į			58 YRS.				Month, Day, Year)		New York
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	DIRECTOR	10a. STATE 10b. COUNTY			Y, TOWN OR LOCAT	TION				10d. INSIDE CITY LIMITS?
	- 9	Maryland Howar	<u>d</u>		Columbia	f. ZIP CODE			140 017	1 TYES 2 NO
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	- 11	15. DECEDENT'S EDUCA	TION	16a, DECEDENT'S	USUAL OCCUPATION	ON		16b. KIND OF BUS	SIMESS/INI	White
		(Specify only highest grade co	ompleted) College (t-4 or 6+)	(Give kind of life. Do NOT u	work done during ma	ost of working		Too King of Bot	JII12337111	0001111
9 8	COMPLETED	12	4	Analys	t			н. с.		•
5 5	_ 111	17. FATHER'S NAME (First, Middle, Lest) Louis Savadkin				16. MOTHER		irst, Middle, Meiden Ltowitz	Sumame)	
9	BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AODRESS (Street a				n Stata Zir	in Code)
2 2	2	Carolyn J. Savadk	in		as 10	-		and any an ion	77, O'LLO, 24	<i>p</i> 3334)
is l		20a. METHOD OF DISPOSITION 1 X Burlet 2 Cremation 3 Remove	al from State	Db. PLACE AND DATE	OF DISPOSITION (Ne	ame of		OATE 20c. LO	CATION	- City or Town, State
E		4 Donation 6 Other (Specify)		Judean G					ey,	Maryland
examiner must be notified at once	Ì	Son (110			Funera		rvices,	P. A	
	-	23. PART I. Entar tha diseasea, or co	mplications that cause	od the death Do	933 0	Sist Av	venue	, Silver	Spr	ring, MD 20910
the medical		ahock, or heart fallure. LI	st only one cause on	aach Ilna.				cardiac or respi	ratory an	Approximate Interval Batween Onset and Death
2		disease or condition resulting in death)	Cer	rebra	1 An	OXic	ą.			2 d du s
other traumatic event,			DUE TO (OR AS	A CONSEQUENCE O	F):	1				
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RICHIANI: II ILEM 26 IS MARKED, OF ILEM 23 SNOWS ANY INJURY, OF BE COMMONICATED BY BUYCHOIS MEDICAL MACRICAL	BE COMPLETED BY PHYSICIAN: MEDICAL CE	If siny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant conditions DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS CONTRIBUTING TO GENTLE BUTE TO CAUSE (Inpetient 2 = ER/Out 26a. OATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY building, etc. (Sp. 1) AN: To the best of my known on the best of axeminate the complete of axeminate the comple	but not resulting A CONSEQUENCE O but not resulting A C A OF DEATH YE 26. PLACE OF DEA tpatient 3 DOA 26b. TIM IN. Y — At home, farm, early) wiedge, death occurr on and/or investigation EATH (ITEM 27) (Types	In the underlying In the underl	UNCER BE 5 Reside UNY AT RKY YES 2 NC a and place, and eath occured a 29c. LICENSE	TAIN	I. 24a. WAS AN PERFOR 1 YES 2 Other (Specify) DESCRIBE HOW II LOCATION (Street & City or Town, State) a cause(a) and mand data and place, and	AUTOPSY IMED? NJURY OC. Ind Number as ataid dies to the control of the control	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CCURED OF OF Rural Route Number, Inted. The cause(a) and manner as stated. TE SIGNED (Month, Day, Mass)



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	FOR 1 _ STATE	STATE OF MARYLA				MENTAL HYGIEN	IE .				
	REGISTRAR		CERTIF	CATE OF	DEATH	REG. NO).				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY YE	3. TIME OF DEATH			
	PENJLA	SANCUEN	(Peno	la San	cken)	Jan 20 19	95	7:55pm м			
	4. SOCIAL SECURITY NUMBER		yrs. lest birthdey) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Mar 3 191		HRTHPLACE (State or Foreign Country)			
	9e. FACILITY NAME (If not institution, give stre	et and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH			
TOR	36 Reading Rd			Earlev	lle		Cecil				
DIRECTOR	PA Del	Laware Co.	111	, town on Loca hester	TION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	10e. STREET AND NUMBER 802 E 18th St			1111	ZIP CODE		10g. CITIZEN USA	OF WNAT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	If yes, sp		IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)		RACE — American Indien, Black, White, atc. Specify: 110			
	15. DECEDENT'S EDUCA (Specify only highest grade or	ompleted)	I6a. DECEDENT'S (Give kind of v	USUAL OCCUPATION done during more retired.)	ON ost of working	16b. KIND OF BU	1				
COMPLETED	Elementary/Secondary (0-12) 12	Cc-llege (1-4 or 5+)	Homemak			Но					
8	17. FATHER'S NAME (First, Middle, Last)				The state of the s	ME (First, Middle, Maider	Sumame)				
BE	Charles Bailey					Bouchal					
2	19a. INFORMANT'S NAME (Type/Print)			110100101111111111111111111111111111111		Route Number, City or Tox	vn, State, Zip Cod	le)			
-	Florence A. Jones 36 Reading Rd Earleville MD 21919										
	20a. METHOD OF DISPOSITION 1	val from State	other place)		metery, crematory or cy Jan 23		nwood P				
	21. SIGNATURE OF FUNERAL SERVICE LICE			R T	NO ADDRESS OF FA	cium neral Home					
	1) orec , -	To the state of				St Rising					
	IMMEDIATE CAUSE (Fine)	lat only one cause on eac	ch line.				piratory arrest,	Approximate interval Between Onset end Death			
	disease or condition resulting in deeth) s. Iscehemic cardiomyopathy severe DUE TO (OR AS A CONSEQUENCE OF):										
	DUE TO (OR AS A CONSEQUENCE OF):										
z	Coronary Artery Disease										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										
RTIFIC	CAUSE (Disease or Injury that Initiated events resulting in death) LAST										
빙											
PHYSICIAN: MEDICAL	PART II. Other significant conditions	contributing to death bu	t not resulting	In the underlyin	g cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
N. W								1 TYES 2 NO			
ठ		HOSPITAL:		OTHER:	LACE OF DEATH (C/	neck only one)					
\SI	1 Tes 2 To	1 [] Inpatient 2 ER/Outpat	tient 3 DOA	4 - Nursing Ho	ne 8 Meeldence	8 🗆 Other (Specify)					
ВУ РН	27. MANNER OF DEATH 1 Netural 8 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	JURY W	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW	BIOL DEȘCRIBE HOW INJURY OCCURED				
ETED E	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State)										
COMPLE	cond only	CIAII: To the best of my knowle						puse(e) end manner as stated.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		n D		29c. LICENSE NU D 0 7 1 2		29d. DATE SI J a	gned (Month, Day, Year) n 21, 1995			
5	Wallace Obershain, M.D. c/o Chesapeake Family Practice, Cecilton, Md										
	Wallace Obells	since ming the ow e	0,00	. Juapeo	- a water		,	,			

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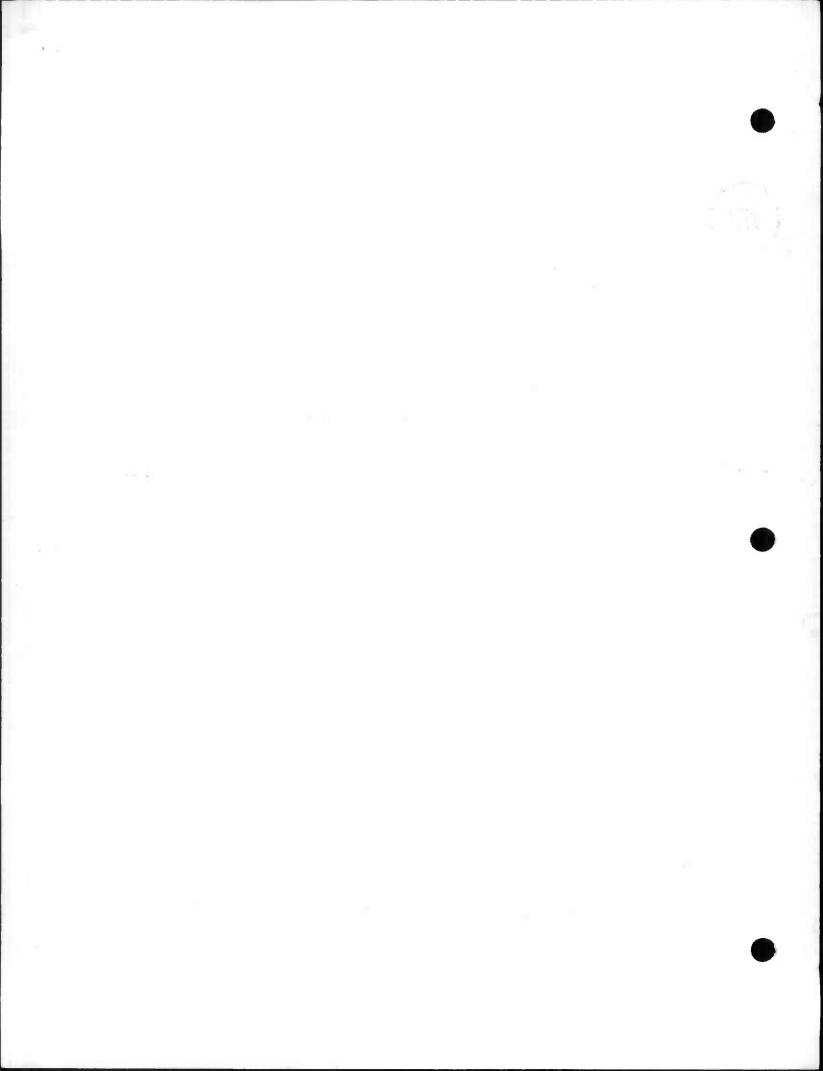
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	J. 11.	CE		ICATE OI			MENTAL	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH												
- 1	WILLIAM	MARI	ON	S	PICHER			Jan	. 3	1995	YEAR	12:40a M	
- 1	4. SOCIAL SECURITY NUMBER 5	s. SEX	6. AGE (In yrs. lest		IF UNDER 1 YEAR	IF UNDER	24 HRS	7. DATE OF		エフラン		IPLACE (State or Foreign	
	213-10-3908	. M 2 □ F		YRS.	MONTHS DAYS	HOURS	MIN.	(Month,	Day, Year)	1012	Countr	y)	
	9a. FACILITY NAME (If not institution, give stree	Δ.	82						er 29,	_		yland	
海		t and number)			9b. CITY, TOWN	OR LOCATION	ON OF DE	EATH		9c. COU	NTY OF D	EATH	
0	Memorial Hospital				Eas	ston				Ta1	lbot		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c CIT	Y, TOWN OR LOC	TION						10.1 10.000 0.000	
Ē				IUC, CIT		ATION					- 1	10d. INSIDE CITY LIMITS?	
		oline			Denton					1 YES 2 NO			
3	10e. STREET AND NUMBER			1	of. ZIP CODE				10g. CIT	IZEN OF Y	VHAT COUNTRY?		
9	8267 Federalsburg	Highway	7			21629					J.S.A	۸.	
FUNERAL			T EVER IN U.S. ARM					IC ORIGIN?		or No-	14. RACE	— American Indian, c, White, etc.	
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W		U		S 2 X NO		n, Puarto Ric /:	an, atc.)		Speci		
m 3 Middwed 4 Divorced											Cau	casian	
H	15. DECEDENT'S EDUCAT (Specify only highest grade coa	'ION mpleted)	18e. DEC	EDENT'S	USUAL OCCUPAT	ION	10	16b, K	IND OF BU	SINESS/INI	DUSTRY		
91	Elementary/Secondary (0-12)	College (1-4 or 5+	life	Do NOT u	se retired.)								
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 11 HS grad. None 16. KIND OF BUSINESS/INDUSTRY Manager 16. KIND OF BUSINESS/INDUSTRY Agriculture Services 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surmame)											vices		
ő	William Albert Spicher Annie Smith 198. INFORMANT'S NAME (Type/Print) Mary I. Spicher 8267 Federalsburg Highway, Denton, Maryland 21629 208. METHOD OF DISPOSITION 209. PLACE AND DATE OF DISPOSITION (Name of page 1) 200. DATE 209. LOCATION — City or Town, State.												
<u></u>													
B													
۵													
1 Suriel 2 Cremellon 3 Removal from Stata 4 Donetlon 5 Other (Specify) Denton Cemetery 1/6 Denton, Maryland													
											Tand		
	22. NAME AND ADDRESS OF FACILITY Moore Funeral Home, P.A.												
	1 aucho sale		1100	Q				nton.	-		2162	00	
П	23. PART I. Enter the disease, or con	npilcetions that	ceused the dee	th. Do i	not anter tha m	ode of dyl	ng, auci	h as cardie	c or resp	Iratory an	ZIOZ	Approximata	
- 1	ahock, or heert failure. Lia	it only one ceu	se on each line.									Interval Between	
	IMMEDIATE CAUSE (Final disease or condition	11.	11 0)		/.	/					Onset and Death	
- 1	resulting in death) a	VENCE O	Jan	Tu	vu	ne		24 hrs.					
	a. Muth Organ further DUE TO (OR AS A CONSEQUENCE OF Small Savel is herein												
8	Sequentially list conditions,												
E	If any, leeding to immediate ceuse. Enter UNDERLYING												
유	CAUSE (Disease or Injury C 2 11 11 11 11 11 11 11 11 11 11 11 11 1												
Ē	thet Initiated eventa resulting In death) LAST											j	
CERTIFICATION	a. Orlenoza levolre Co diseore												
	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 24s. WAS AN AUTOPSY ENDINGS												
DICAL									PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
								— '	YES 2	NO		OF DEATH?	
Σ	DID TOP ACCOUNTS	NITE TO CAL	100 00 000			-/						1 Nes 2 No	
Ž	DID TOBACCO USE CONTRIE	SUIE TO CAL					ERTAIN	1 🗆 📗					
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	26. PLACE	OF DEA	OTHER:)							
IS I			ER/Outpetient 3	DOA	4 Nursing Ho	me 5 🗆 Re	sidence	8 🗆 Other (Specify)				
PHYSICIAN: ME	27. MANNER OF DEATH	28a. DATE OF I		26b. TIM		JURY AT ORK?		28d. DEŞCI	RIBE HOW I	NJURY OC	CURED		
BY	1 Natural 5 Pending 2 Accident Investigation		,,,			YES 2	NO						
	3 Suicide 6 Could not be	28a. PLACE OF	INJURY — At hom	ne, term, :	street, factory, off	ca				and Number	or Rural R	loute Number,	
回	4 Homicide determined	bullottig, e	etc. (Specify)					City or	Town, State)				
COMPLETED	29a. CERTIFIER 1 \$7 CERTIFYING PHYSICIA	No To the horse	one benevited to	th are									
₹ I	(Check only one)											Adjustment Commit	
8	one) 2 MEDICAL EXAMINER: (JII THE DEBIS OT SX	amination and/or in	rveatigatio	n, in my opinion,	death occur	ed at the	time, data er	d place, an	d due lo th	re cause(a)) and manner as stated.	
BE (296. SIGNATURE AND TITLE OF CERTIFIER		1			29c. LICE	NSE NUM	IBER		29d, DAT	E SIGNED	(Month, Day, Year)	
	X VVII D	188	he	w		D230)66			Jar	nuary	7 3 1995	
2	30CHAME AND ADDRESS OF PERSON WHO C	MPLETED CAUS	E OF DEATH (ITEM	27) (Type,	Print)								
	Stanley Bysshe MD	505	Dutchma	ens 1	Lane Ea	ston	Md	. 216	501			6	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAF											
	JAN 05 '95		- idean B	mel. pa									

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

iours after death. Page 6 may be retained by the hospital or attending physician BALTIMORE, MARYLAND 21215-0020



10e STATE

Maryland

11. MARITAL STATUS

10e. STREET AND NUMBER

DIRECTOR

4. SOCIAL SECURITY NUMBER

RESIDENCE OF DECEDENT

9a. FACILITY NAME (If not institution, give street end number)

35 East Second Street

Homewood Retirement Center

10b. COUNTY

Frederick

214-10-3653

IF UNDER 1 YEAR

10c. CITY, TOWN OR LOCATION

Frederick

DAYS

Frederick

HOURS

10f. ZIP CODE 21701

1900 Rosemont Ave., Frederick,

SMITH SR

86

6. AGE (In yrs. last birthday)

YRS.

5. SEX

1 X M 2 | F

9

31. DATE FILED (Month, Day, Year)

FUNERAL 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Merried 2 Merried ВУ 3 X Widowed 4 Divorced and completely filled in by the funeral director, page 5 should be detached for use as the o burial, cremation, or removal. ETED 18a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) Elementary/Secondary (0-12) Sales and Service COMPL notified at once. 17. FATNER'S NAME (First, Middle, Last) Dr. George SMITH BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 9 Dr. James Carlisle Smith, Jr. pe 20b. PLACE AND DATE OF DISPOSITION (Name of must Smithsburg Crematory January 24, 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MO0255 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or haart fallure. Lat only one use on each line. IMMEDIATE CAUSE (Final the disease or condition_ resulting in death) event. other traumatic CERTIFICATION Sequantially list conditions, Hygiene prior to if any, leading to immediate cause. Entar UNDERLYING has been signed by the attending physician Dept. of Health and Mental Hygiene prior to CAUSE (Disease or Injury that initiated events resulting in death) LAST PART ii. Other aignificant conditions confi buting to death but not regulting to the underlying cause given in Part i. PHYSICIAN: MEDICAL nels shows any DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 23 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL tem r this certificate h h with the State [HOSPITAL 1 YES 2 NO ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 Nursing Nome 5 Residence 8 Other (Specify) 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28b. TIME OF marked, 1 Natural Pending M 1 YES 2 NO DIRECTOR: After the hours after death v ВY Investigatio 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 69 3 Suicide COMPLETED 8 Could not be 28 4 Homicide 29e. CERTIFIER 1 Terrifying Physician: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner as stated. FUNERAL I 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(s) end manner es stated. TO THE FUNERA
be filed within 7
IMPORTANT: 1 29b. SIGNATURE AND TITLE OF CERTIFIER 29crtdCENSE NUMBER 品 표 aemioseruore

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
JULIA DRIVELLAR RA

Dr. Bernard O. Thomas, Jr. MD

2. DATE OF DEATH 3. TIME OF DEATN January 20, 1995 10:50 PM ?. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign IF UNDER 24 HRS. July 17, South Carolina 1908 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN Frederick 10d. INSIDE CITY
YES 2 NO 10g. CITIZEN OF WNAT COUNTRY? U.S.A. WAS DECENOENT OF NISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexican, Puerio Ricen, etc.)
 U YES 2 NO Specify: 14. RACE — American Indien, Black, White, etc. Specify White 16b, KIND OF BUSINESS/INDUSTRY Appliance Store 18. MOTNER'S NAME (First, Middle, Maiden Surneme) Mary Glessner KEFAUVER 125 Newton Ave., North, Worchester, Mass. 01609 20c. LOCATION - City or Town, State 1995 Smithsburg, Md. Keeney and Basford P.A. Funeral Home 106 East Church St., Frederick, Md. intarvai Batw **Onset and Death** 6 (NO to Varcelar Deseous 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO DF DEATH? 1 YES 2 NO 28d, DESCRIBE NOW INJURY OCCURED 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Yes 3400 beh

Maryland 21702

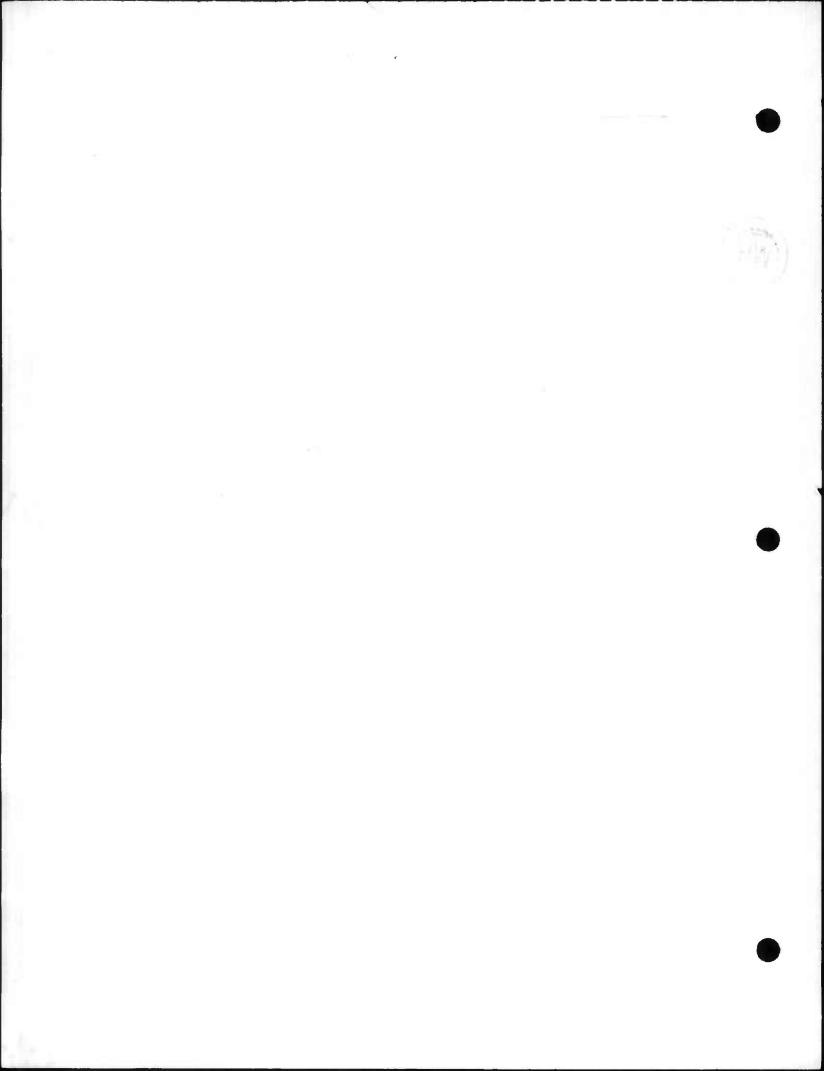
- Dear Hook grower or

BALTIMORE, MARYLAND 21215-003 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

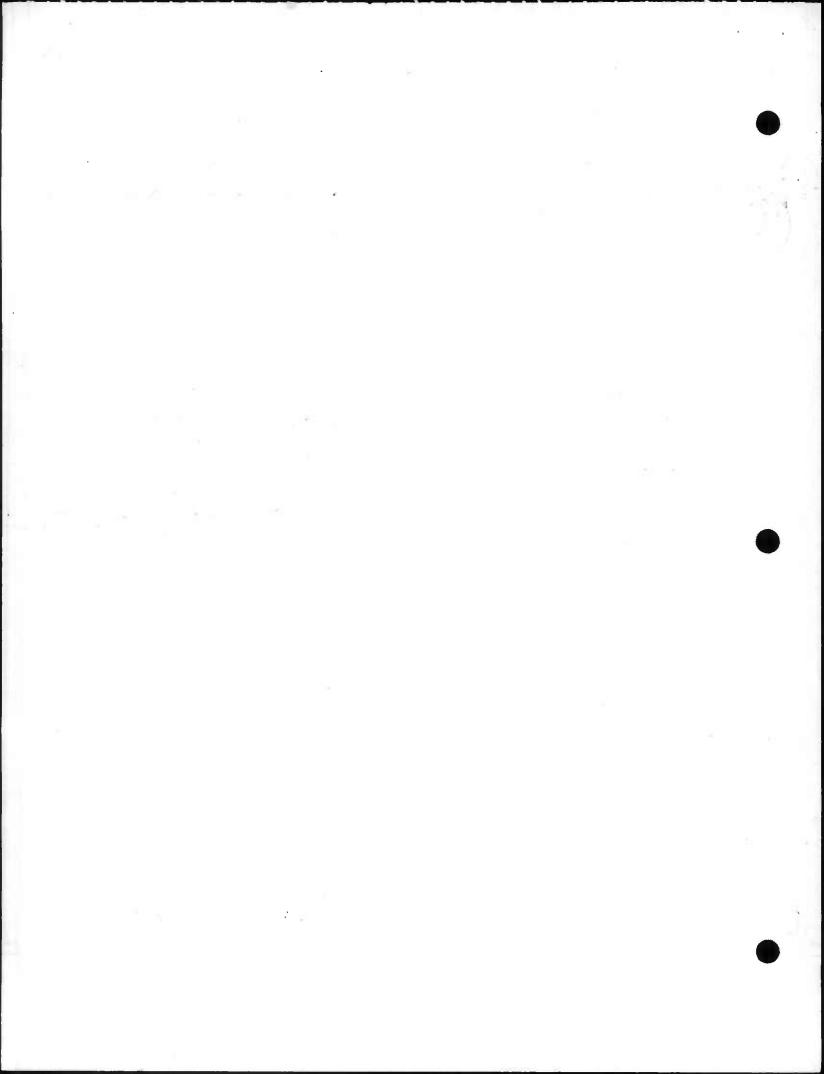
FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE O	DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle Lest) Zonaida Zinaid	la	Tcherno	ff		January 2	T 1995	3. TIME OF DEATH 12:40 P M		
	4. SOCIAL SECURITY NUMBER 042-30-0777	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) April23,1908 Russia					
OR	9a. FACILITY NAME (If not institution, give street and number) 8221 Potobac Landing(Residence)				or location of de Tobacco	ATH	r of death les			
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			TOWN OR LOC						
DIRECTOR	Maryland Cha	rles		ort To	bacco			10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	100. STREET AND NUMBER 8221 Potobac L	anding			01. ZIP COOE 20677		U.S	N OF WHAT COUNTRY?		
BY FUR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	If yes, s	ECENDENT OF HISPAN specify Cuban, Maxicar S 2 X NO Specify			RACE — American Indian, Black, White, atc.		
9	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	tea. DECEDENT'S U	JSUAL OCCUPAT	TION	16b. KIND OF BUS				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homema	ork done during r retired.) ker	lost of working	Hom	e			
S	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden				
B	Peter Jacobi 19s. INFORMANT'S NAME (Type/Print)					a Likhac				
2	Ludmilla 0. Fl	am				Tobacco				
	20a. METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Remo	20	b. PLACE AND DATE O	F DISPOSITION (Name of			y or Town, State		
	4 Donation 5 Other (Specify)	F	Rock Cre			1/23 Was	hingt	on DC		
	21. SIGNATURE OF FUNERAL SERVICE LIC)817 7 //	Arel		ols Fune 7 La Pla		lome, Inc.			
	23. PART I. Enter the diseases, or o	omplications that cause	ed the death. Do no					t, Approximate		
	ahock, or heart failure. I	a. COVEF	each line.	E HI	EART	FAILUF	2£	Interval Batween Onset and Death		
_		EMPH	A CONSEQUENCE OF	A						
OIT	Sequentially list conditions, if any, leading to immediate	Ø-	A CONSEQUENCE OF							
FICA	CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUENCE OF	:						
CERTIFICATION	that Initiated eventa resulting in death) LAST d.									
	PART II. Other eignificant condition	s contributing to death	but npt resulting in	the undarlyl	ng cause given in i	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS		
DICAL							MED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ME					<u>, </u>	_		1 TES 2 NO		
	DID TOBACCO USE CONTR	RIBUTE TO CAUSE C				10				
Sic	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO									
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE OF INJURY	26b. TIME	OF 26c. II	me 5 7 Raaldenca	8 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCUR	RED.		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	M 1	YES 2 NO					
TEO	3 Suicide 6 Could not be determined	26a, PLACE OF INJUR building, etc. (Spe	Y — At home, farm, st	reet, factory, off	ica	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: Dn the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
TO BE	296, SIGNATURE AND TITLE OF CERTIFIER	M. M	Me		29c. LICENSE NUM D=28352	BER	29d. DATE S	GNED (Mooth, Day, Year)		
F	30. NAME AND ADDRESS OF PERSON WHO Krishan Mathur, MD	11340 Pembro	ooke Squa	re Suit	e 213 Wal	dorf,MD 20	0603			
	JAN 2 3 1995	32. REGISTRAP'S SIGN	NATURE NON-Randall							



	4.	end 1 #10 h	2 /	1,2/9	(me	T	1	+	95	U	29/4
	/ / 17	FOR 1 - STATE REGISTRAR	STATE OF MA	ARYLAND /) Depar	TMENT OF	HEALTH AND	MENTA	L HYGIEN	e	ry	. CTY
		REGISTRAR		CE	RTIF	ICATE OF	DEATH					- /
		1. DECEDENT'S NAME (First, Middle, Last) Arline Romana Tole:	r					2. DATE MONT Jai	of DEATH	y 19		11:53 A.
				S. AGE (In yrs. lest	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	-	OF BIRTH			ACE (State or Foreign
		149 20 6242	☐ M 2 🖔 F	69	YRS.	MONTHS DAYS	HOURS MIN.	(Mon	th, Day, Year) 25/25		Country)	ersev
pinous		9e. FACILITY NAME (If not institution, give street	t and number)	- 07		9b. CITY, TOWN	OR LOCATION OF O		-3123	9c. COUNT		
	OR	Malcolm Grow Hosp	ital			Andre	ws Air F	orce	Base	ce G	eorges	
nE)	DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			10c, CIT	Y, TOWN OR LOCA	ATION				10	d. INSIDE CITY
VITE)	E I	Virginia Exxe	EX ESS	e. x	T.	appahani	nock					LIMITS?
1	AL	10a. STREET AND NUMBER					Of. ZIP CODE				T COUNTRY?	
an. ransit	FUNERAL	The Riverside #23					22560			US	A	
physician. burial-transit	5	11. MARITAL STATUS 1 Never Merried 2 X Merried	2. WAS DECEDENT I	YES 2 XN		If yes, s	CENDENT OF HISPAI pecify_Cuben, Mexico	in, Puerto	N7 (Specify Yes Rican, etc.)	or No 1	I. RACE Black, W	American Indian, hite, etc.
the b	B	3 Widowed 4 Olvorced	IF YES, GIVE WAR	R OR DATES		1 🗌 YE	S 2 NO Specif	' Y'			Specify: Whit	
the hospital or attending detached for use as the once.	ED	15. DECEDENT'S EDUCAT (Specify only highest grade con		18e. DE6	CEDENT'S	USUAL OCCUPAT	ION	16	. KIND OF BUS	SINESS/INDUS		.e
tal or	COMPLET	Elementery/Secondary (0-12)	life.	Do NOT us	sa retired.)	ost or working						
he hospi detached	MP	1.2 17. FATNER'S NAME (First, Middle, Last)			Hom	emaker		Own H				
at De	_						18. MOTHER'S NA			Surneme)		
5 should I	BE (Roman U. Herderer 190. INFORMANT'S NAME (Typo/Print)		196	. MAILING	AOORESS (Street		Widerkehr ural Route Number, City or Town, State, Zip Code)				
be reta ge 5 sl	임	Charles F. Toler,	Jr.			iverside	11		annock			0
may be or, page set be		20a. METNOD OF DISPOSITION 1 Duriel 2 Decreasion 3 Removal	I from State	20b. PLACE A		OF DISPOSITION (A	lame of	OAT	E 20c. LO	CATION - CI	y or Town,	State
director, p		4 Donetion 5 Other (Specify)				rt Crem		2/	4 Alex	kandri	a, V	A
death. Pag tuneral dir I. examiner		21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE A A				and address of fa ine Funer		lomes,	Inc.		
the fur the fur oval.		Jamp M.	sou	u		Alex	andria, V	/irgi	nia 2	2314		
24 hours after death. Page 6 may filled in by the funeral director, pa on, or removal.		23. PART I. Enter tije diseeses, or com shock, or heert fallure. Lis	t only one ceuse	ceused the de on each line.	sth. Do r	ot enter the m	ode of dylng, suc	h ss car	dlec or respl	ratory erres	t,	Approximate interval Between
y filled by filled ation, or the m		IMMEDIATE CAUSE (Final disease or condition										Onset and Death
completely fille ial, cremation, event, the		resulting in death) a	Left Bre	ast Car	UENCE O	Metasta n:	sized to	Ple	ira and	Ches	t Wa	1
certificate be executed toding physician and com Hygiene prior to burial, or other traumatic ev	Z	Sequentially list conditions b.										
ertificate be executing physician and cigiene prior to buria	ERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	OUE TO (O	R AS A CONSEC	CONSEQUENCE OF):							
physician ne prior tr	FIC	CAUSE (Disease or Injury that initiated events	DUE TO (O	R AS A CONSEO	UENCE O	Pi:						
nding Hygie or otl	RTI	resulting in desth) LAST										
nat the death certificate be by the attending physicial and Mental Hygiene prior iy injury, or other trau	ਹ	PART II. Other significant conditions o	contributing to d	eath but not re	eultlaa	n the underlyin	te esuas abusa ta	Dort			I and the	
that the dealed by the at the and Ment.	MEDICAL	Renal failure 2° t					ig ceuse given in	reiti.	24a. WAS AN PERFOR	MED?	AW	RE AUTOPSY FINDINGS ALABLE PRIOR TO MPLETION OF CAUSE
w requires that been signed to pt. of Health a 3 shows any	AED		<u> </u>	CCIVC	горо				1 TYES 2	XNO	OF	DEATH? YES 2 NO
law req as been bept. of 23 shc		DID TOBACCO USE CONTRIB	SUTE TO CAU	SE OF DEAT	TH YE	S NO [UNCERTAI	N \square				120 2 0 100
V: The law ricate has be State Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	QSPITAL:	28. PLAC	E OF DEAT	N (Check only one)					
SICIAN: The certificate h the State I d, or item	YSI	1 YES 2 NO	N Inpetient 2 - E				me 5 🗆 Residence	S 🗆 Othe	or (Specify)			
NG PHYSI fter this co eath with i	PHY	27. MANNER OF DEATN 1 Netural 5 Pending	28e. DATE OF IN (Month, Day,		28b. TIM INJ	URY W	JURY AT ORK?	28d, OE	SCRIBE NOW IF	NJURY OCCU	REO	
After death	В	2 Accident Investigation 3 Suicide Could not be	28e. PLACE OF	INJURY — At hor	ne, term, r	traet, tectory, offi	YES 2 NO	28t. LOCATION (Street and Number or Rural Route Number.				
TTEND TOR: A after d	9	4 Homicide S Could not be	building, etc	c. (Specify)	,	,,			or Town, State)	TO WOMEN OF	riorar rious	Homper,
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death THE FUNERAL DIRECTOR: After this certificate has been signed by the atten filed within 72 hours after death with the State Dept. of Health and Mental Is PORTANT: If Item 28 is marked, or item 23 shows any Injury, o	LET	29e. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the best of m	y knowledge, des	th occurr	ed at the time, dat	e and place, and due	to the ca	use(s) and man	ner en stated		
HOSPITAL FUNERAL WITHIN 72 I	COMPL	one) 2 MEOICAL EXAMINER: (euse(s) en	d menner es stated.
E FUN d with	Ü	296. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUI	MBER		29d. DATE S	IGNED (Mo	inth, Day, Year)
TO THE HOSPITO TO THE FUNERA De filed within 7 IMPORTANT: I	TO BI	Takno Do	walk				TN MD 86	526				1995
	F	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE	OF DEATH (ITEM	27) (Type,	0) 11	edical G	_				
		Takuo Sonoda, Col, 31. DATE FILED (Mogrify, Quy, Yaper), page	USAF MC			Andr	ews Air 1	Force	e Base	Md 2	0331-	-6600
	- 11	THE PRICE INTO HELD LAND THE THE PARTY OF TH	32. REGISTRAR	SIGNATURE								

32. REGISTRAR'S SIGNATURE



1 - STATE REGISTRAR	STATE OF MA			TMENT				MEN	TAL HYGIEN REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)						DEN			ATE OF DEATH			3. TIME OF DEATH
ADALINE B.	THORNTO	N							onth canuary	12 19	995	8:50 A M
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. les	t birthday)	IF UNDER		IF UNDER		7. D	ATE OF BIRTH forth, Day, Year)		8. BIRT	HPLACE (State or Foreign
579-16-6812	1 🗆 M 2 😾 F	94	YRS.	MONTHS	DAYB	HOURS	BRING.	Ju	ly 17,	1900	Wasi	nington, DC
8a. FACILITY NAME (If not institution, give st	neet and number)			9b. CITY	, TOWN C	R LOCATI	ON OF DE	EATH		9c. COL	INTY OF	DEATH
Meridian Hill Nur	sing Home			Sev	erna	Par	k			Ar	nne A	Arundel
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN C	OR LOCAT	ION				_	-	10d, INSIDE CITY
Maryland Anne	Arundel		Se	vern	a Pa	rk						LIMITS?
10e. STREET AND NUMBER				7. 02.11		ZIP COD	E			10g. CI1	IZEN OF	WHAT COUNTRY?
24 Truckhouse Roa	d					2114	16			υ.	S.A.	
11. MARITAL STATUS	12. WAS DECEDENT E FORCES? 1	VER IN U.S. AR	MED						IIGIN? (Specify Yearto Ricen, etc.)	s or No-	14. RAC	E American Indian, ik, White, etc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES					Specif		to mount out.		Spe	offy:
15. DECEDENT'S EDUC	ATION	16a, DE	CEDENT'S	USUAL O	CCHPATIC	M			16b. KIND OF BU	CINESC/IN		nite
(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +)	(GI		work done			ng					ne American
V.204 8.411.35.33* 12.5*	Cl	Rec	ordi	ng S	ecre	tary	7	_	Revolu) L L I	ie American
17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (FI	rst, Middle, Malder	-		
Jesse W. Thornto	11					Eda	Hof	ffm	an			
19a. INFORMANT'S NAME (Type/Print)									Number, City or Tox			
Patricia Grazio			_	irca	_		nue	S	everna			
20a. METHOD OF DISPOSITION 1/ Burial 2 Cremation 3 Remote 4 Donation 5 Only (Specify)	oral from State	cemetery, cred	matory or o	OF DISPOS	ITION (Na	me of		1		CATION -		
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSER	Ceda	ir ni				SS OF FA			ILIAI	10, 1	Maryland
> lunal	lenen			Jo	seph	Gaw	ler'	s				Wisconsin
23. PART V Enter the diseases, Disea	emplications that c	aused the de	ath. Do	not enter	the mo	de of dy	ing, suc	h as	cardiac or resp	Iratory a	reat,	Approximate
IMMEDIATE CAUSE (Final disease or condition resulting in death)	Ca	S AS A CONSECUTION	3 /\	es,	21	ra	to	لمح	æl	res	-	Interval Between Onset and Death
	DOE 10 (0)	A - A CONSEC	J DENCE O	₽):				/				
Sequentially list conditions, if any, leading to immediate	DUE TO (OI	AS A CONSEC	WENCE O	F):								
cause. Enter UNDERLYING CAUSE (Disease or Injury	· An	rem	mie									
that initiated events resulting in death) LAST	DUE TO (QI	AS A CONSEC					1					
resulting in death) CAST	. Ch	ros	10		ga	2012	一人	5)			
PART II. Other significant condition	contributing to de	ath but not re	esulting	In the un	derlying	cause	given in	Part I	. 24s. WAS AF		24	b. WERE AUTOPSY FINDINGS
	a	seh	<u>م</u> ر	1 cl	el	2 4	7		PERFO	-		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Ch	eck on	ly one)			
1 VES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 E	-		4 Mun	sing Hom		sidence	_	Other (Specify)			
1 Netural 5 Pending	(Month, Day,		28b. TIM IN.	JURY M		PK?	NO NO	284.	DESCRIBE HOW	INJURY OC	CURED	
2 Accident Investigation 3 Suicide a Could not be	28e. PLACE QF II building, etc	NJURY — At hor	me, farm, :	street, fact	ory, office				LOCATION (Street		r or Runal	Route Number,
4 Homicide determined		фороситуу							City or Town, State			
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINE	CIAN: To the best of my											a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	.0		-	7		29c. LICI	ENSE NUR	MBER		29d. DA	TE SIGNE	O (Month, Day, Year)
Munto	160	en	1	11	1	/	0 :	22	206	1	12	. 95
30. NAME AND ADDRÉSS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM	1 27) (Type	(wire)		,			- V		1	
Mustafa Oz. M.D.	273 В Р	ennisu	la F	arm I	Road	Ar	nold	, N	Maryland	210	12	
JAN 20 1995	32. REGISTRAN'S	SIGNATURE										

TO BE COMPLETED BY FUNERAL DIRECTOR

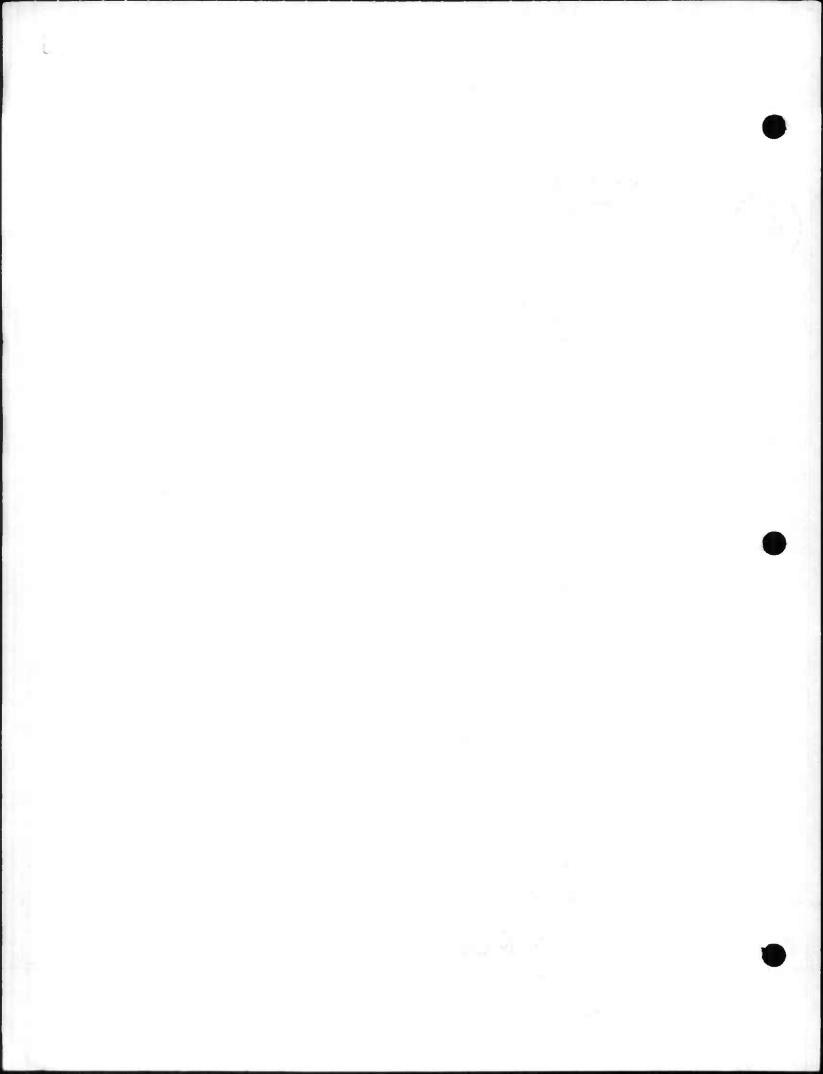
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit page filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. **BALTIMORE, MARYLAND 21215-0020**

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



TO THE HOSPITAL DA ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filled within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
be executed with	ician and complet	traumatic even
death certificate	e attending phys lental Hygiene p	ury, or other
requires that the	een signed by the	shows any inj
ICIAN: The law	certificate has b	, or Item 23
TENDING PHYS	OR: After this of the death with	8 is marked,
PITAL DR ATT	ERAL DIRECT	T: If Item 2
TO THE HOSI	TO THE FUNE be filed within	IMPORTAN

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

burial-transit

ВУ

COMPLETED

6

1 Natural

2 Accident

3 Suicide

5 Pending Investigation

BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ™Jan. 1995 EAR TRIBBETT 4:15 p Josephine B. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year, 8. BIRTHPLACE (State or Foreign Country) DAYS HOURS 1 🗌 M 2 🔲 F 214-03-6094 YRS. 84 Jan. 10. 1910 Maryland 9a. FACILITY NAME (If not institution, give street and number 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Memorial Hospital Easton Talbot RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 드 Maryland Caroline Greensboro 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 507 N. Main St. 21639 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, While, atc. If yes, specify Cuban, Maxican, Pu 1 ☐ YES 2 ☑ NO Specify: 1 Never Married 2 Married BY IF YES, GIVE WAR OR OATES Specify 3 🔀 Widowed 4 🗌 Divorced White COMPLETED 15. DECEDENT'S EOUCATION (Specify only highest grade complete 16a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) grad, 11 Clerk Grocery Store 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Sumame) Oscar Bernard BE Lydia Sharp Bernard 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Barbara Tribbett 507 N. Main St. Greensboro. MD 20e. METHOD OF DISPOSITION
1 Survey 2 Cremeton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 4 Donellon 5 Other (Specify) Greensboro Cemetery Greensboro, MD 21. SIGNATURE OF FUNEPAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Fleegle-Helfenbein Funeral Home P.O. Box 160 Greensboro, MD 21639 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or haart fallura. List only one cause on each line. intarval Between IMMEDIATE CAUSE (Final **Onset and Death** disesse or condition_ Lobau 3-5 Ozu reaulting in dasth) DUE TO (OR AS A CONSEOURNCE OF): Service CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in dasth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2/ OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) OTHER: 1 YES 2 DO Inpetient 2 - ER/Outpetient 3 - DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED

28s. PLACE OF INJURY — At home, lerm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner se stated. (Check only one) MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. SIGNATURE AND TITLE OF CERTIFIES 29d. DATE SIGNEO (Month, Day, Year) 29c. JUCENSE NUMBER -4-AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 606 Lave ar 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 995 9 Javidson-Randace

м

1 YES 2 NO

....

BALTIMORE, MARYLAND	hours after death. Page 6 may be retained by the hos	in by the funeral director, page 5 should be detach:	ne medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burifal, cremati-x-7 or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR REGISTRAR	STATE OF MARYLAND			HEALTH AND		REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)	Catherine	T	oms		2. DATE MONTH Janua	0.1		YEAR	1829 M	
	4. SOCIAL SECURITY NUMBER 219-36-3350	5. SIEX 6. AGE (In yrs. 1	last birthday) YRS.	MONTHS DAYS	HOURS MIN.	(Month Sept	Dey, Year) . 20,1		8. BIRTHPLACE (State or Foreign Country) 938 Maryland		
DIRECTOR	90. FACILITY NAME (If not institution, give single properties of the properties of t	l Hospital	100 077	Freder		EATH		1. INSIDE CITY			
		erick		rmont	IOI, ZIP CODE			I di arri	1 5	LIMITS? YES 2 NO	
FUNERAL	12907 Brice Road	12. VAS DECEDENT EVER IN U.S.	ADMED		21788	uc onichi	2/2	Unit	ed Sta		
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED II. WAS DECENDENT OF HISPANIC OR II YES 2 NO III. YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC OR II. YES 2 NO Specify:							or No-	Black, WI	White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 1.2 College (1-4 or 5+)										
BE COM	12 0 Dental Assistant Dentistry 17. FATHER'S NAME (First, Middle, Lest) Donald Clifford Toms Rosella Elizabeth Stackhouse										
10	190. INFORMANT'S NAME (Type/Print) Norman Ellwood Tor	ms. Jr.			Rd., Thur				Code)		
	20e. METHOD OF DISPOSITION 1	oval from State 20b. PLA	CE OF DISPOS r place)	SITION (Name of	cometery, cremetory or		20c. LO		ity or Town,	Blate	
	21. BIGNATURE OF FUNERAL SERVICE LIC	Beiner			AND ADDRESS OF FA fer Funer Opossumto				ick,	MD 21702	
	23. PART I. Enfor the disesses, or shock, or heert fellure. IMMEDIATE CAUSE (Final	Liet only one cause on each i	ine.						est,	Approximate Interval Between Onset and Death	
	disesse or condition resulting in deeth)	a. Atherus clear Due to (or as a con			i das cul	-	Dise	1FC		years	
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury c.										
ERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A CON	SEOUENCE O	F):							
PHYSICIAN: MEDICAL C	PART II. Other algnificant condition ASThm4	ns contributing to death but no	ot resulting	In the underly	ing cause given in	Part I.	24a. WAS AN PERFO 1 YES	RMED?	CO OF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HO:3PITAL:	3 DOA	OTHER:	PLACE OF DEATH (Comme 5 - Residence		-				
ВУ РНУ	27. MANNER OF DEATH 1 Naturel 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c.	NJURY AT WORK? YES 2 NO	B					
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, etc. (Specify)	t home, farm,	street, factory, o	ffice		ATION (Street or Town, State		or Rural Rout	e Number,	
COMPLETED	one)	ICIAN: To the best of my knowledge ER: On the basic of examination and								nd manner as stated,	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	R/C Mb			29c LICENSE NI	MBER 2		29d. DATE	BIGNED (Me	onth, Day, Year) 5-95	



30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

T. L. KRANT MO (50 5.

32. REGISTRAR'S SIGNATURE

-muion-Revolall

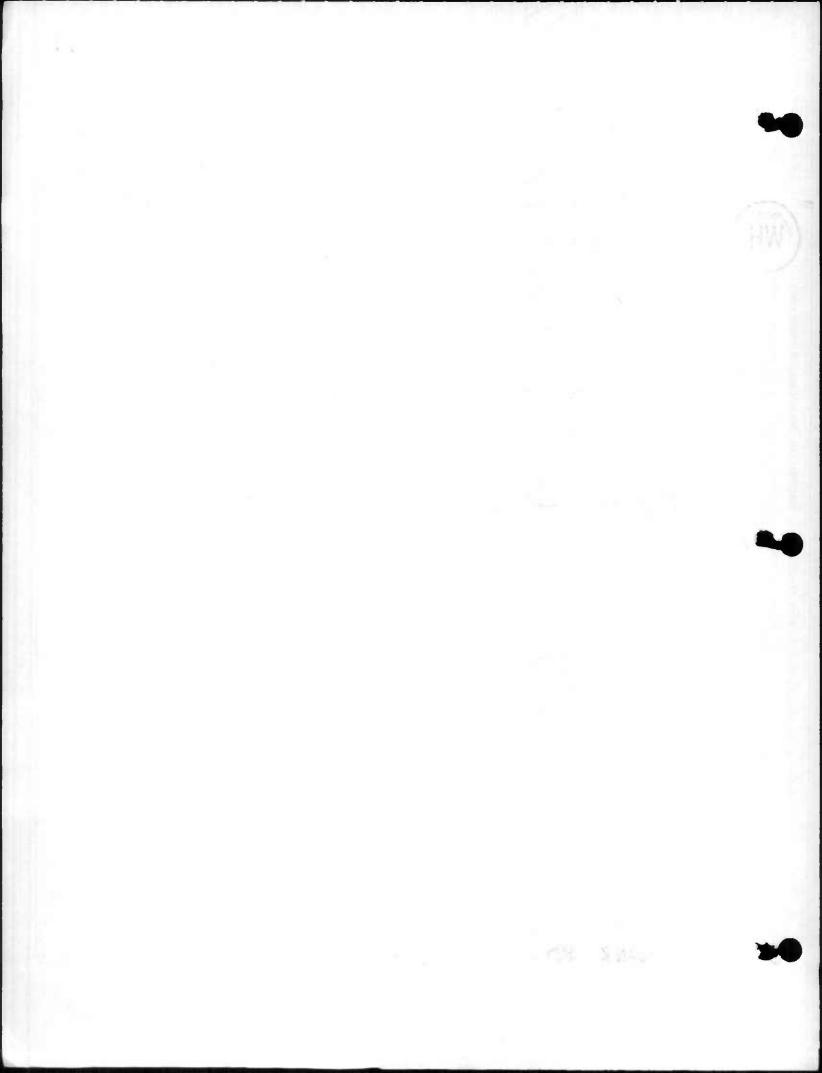
DHMH-18 Rev 1/89

Thurmon

mo

57-

Center



Indiana

10g. CITIZEN OF WHAT COUNTRY?

United States

Specify:

14. RACE — American Indian, Black, White, etc.

Prince George's

YEAR

9c. COUNTY OF OEATH

1995

3. TIME OF DEATH

8:45 P.

10d. INSIDE CITY

1 YES XX NO

White

Onset and Death

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

1 - YES - 0 - NO

OF DEATH?

29d. DATE SIGNED (Month, Day, Year)

6. BIRTHPLACE (State or Foreign

FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH FRANCIS **UECKER** January 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 24 HRS. 7. DATE OF BIRTH Dec. 18, 1930 DAYS 306-26-3932 1 KM 2 - F 64 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Beltsville 4611 Barbara Drive 10c. CITY, TOWN OR LOCATION Maryland Prince George's Beltsville FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 4611 Barbara Drive 20705 11. MARITAL STATUS 12. WAS OCCEDENT EVER IN U.S. ARMED FORCES? Y YES 2 NO IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, stc.) 1 Never Married 2 Married BALTIMORE, MARYLAND 21215-00 1 TES 2 X NO Specify BY 3 Widowed 4 Divorced 1952 - 1954 16a. DECEDENT'S USUAL OCCUPATION

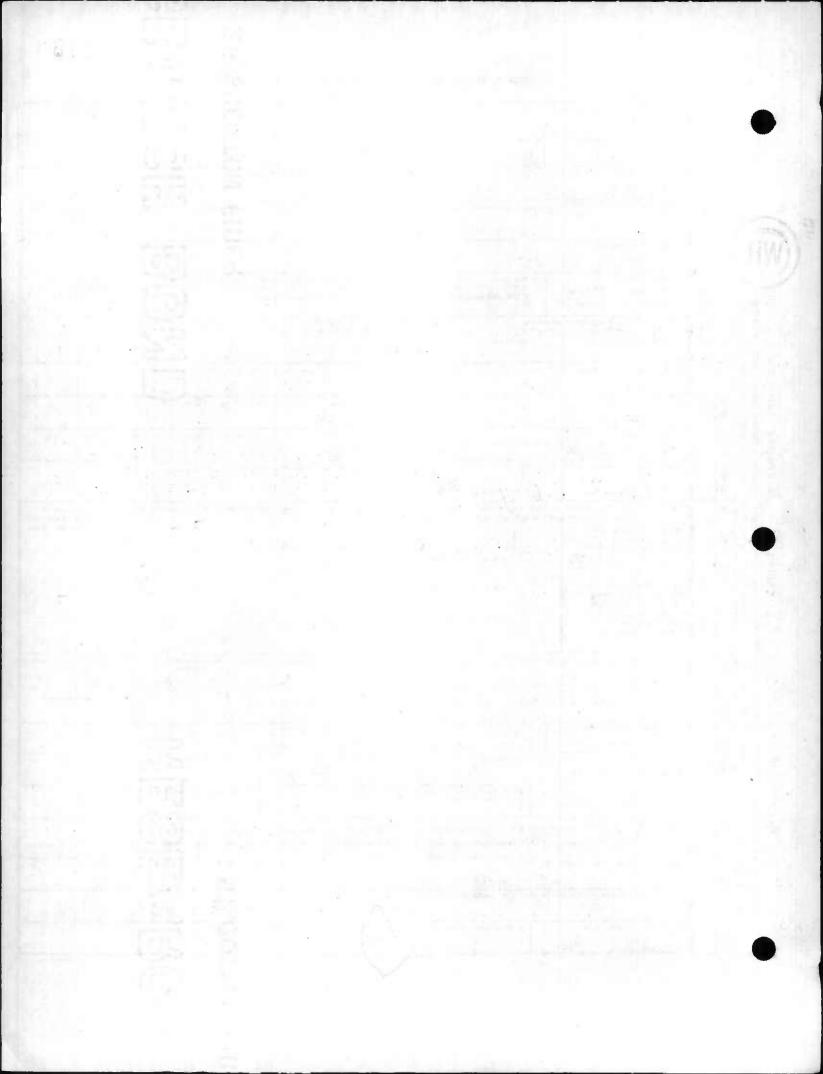
work done during most of working COMPLETED 15. OECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest (Give kind of work done life. Do NOT use retired.) by the hospital or Elementary/Secondary (0-12) College (1-4 or 5+) 12 page 5 should be detached Research Mycologist U.S. Department Agriculture 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) To **Uecker** Roberts August J. Teresa BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Eileen E. Uecker same as #10 ours after death. Page 6 may be pe METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State funeral director, George Washington Cemetery Jan. 18, 1995 Adelphi, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Donald V. Borgwardt Funeral Home, P.A. neward lonald 4400 Powder Mill Road Beltsville, Md. 20705 n by the removal. medical 23. PART t. Enier the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, filled in by shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final npletely filler cremation, the disease or condition MA Iqueai BRAM 1 musicus resulting in death) event, DIVISION OF VITAL RECORDS, P.O. BOX 68760. **OUE TO (OR AS A CONSEQUENCE OF)** and com traumatic CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): 2 if any, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to CAUSE (Disease or Injury other OUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL signed by the any 1 TYES 2 NO Shows has been Dept. of AL OR ATTENDING PHYSICIAN: The law red AL DIRECTOR: After this certificate has been 2 hours after death with the State Dept. of if item 28 is marked, or item 23 sh PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 [] Inpetient 2 [] ER/Outpetient 3 [] ODA OTHER: 1 YES 2 NO 4 Nursing Home 5 Realdence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 28c. INJURY AT WORK? 1 Netural
2 Accident 5 Pending Investigation 1 - YES 2 10HO BY 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER
(Chack note)

1 CERTIFYING PHYSICIAN: To like best of my knowledge, death occurred at like time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL
TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If it HOSPITAL 2 MEDICAL-EXAMINER: On the basia of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER 8 ZNU D 13687 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Joselito D. Magday, M.D. 11701 Roby Avenue Beltsville, Maryland 20705 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

1995

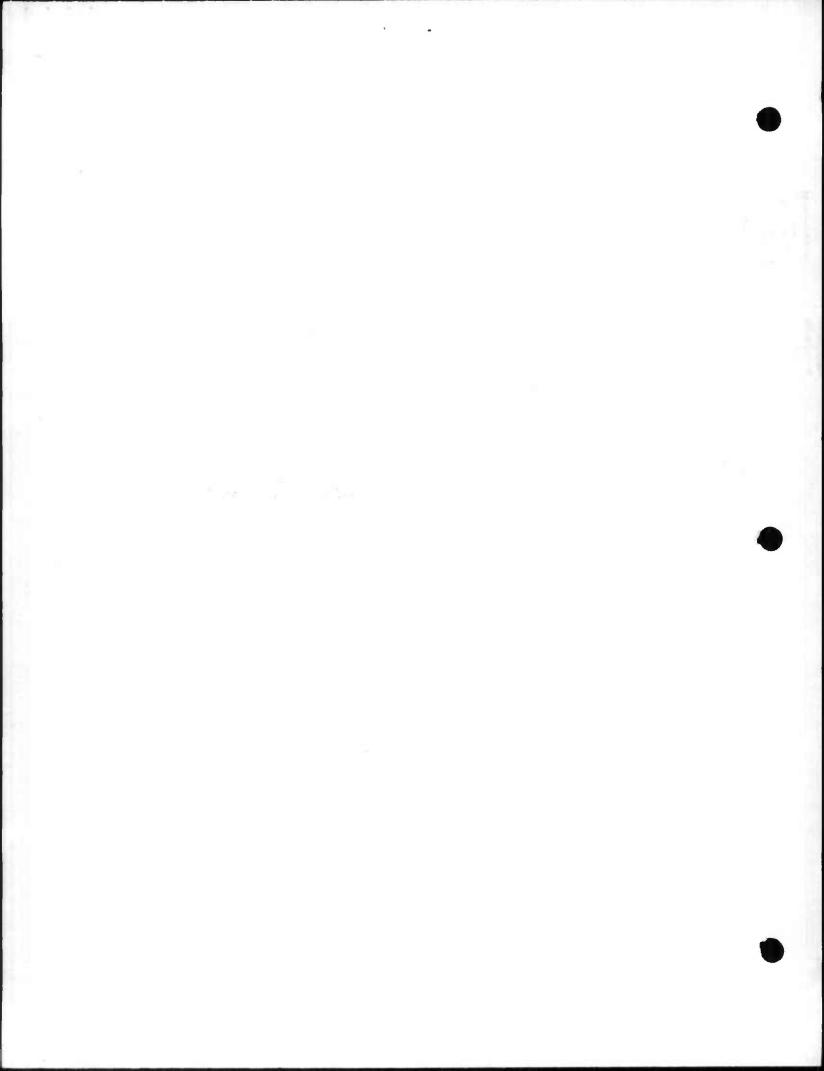
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

OHMH-16 Rev 1/89



		REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)			CE	RTIF	CATE	OF	DEA	TH		REG. NO).			_
		Merle Vel									MON		AY	YEAR	3. TIME OF DEATN	
	╟	4. SOCIAL SECURITY NUMBER	5. SEX	6 AGE	(In yrs. last i	hirthrim:	IF UNDER	1 VEAR	IL THIDE	R 24 HRS.	-	15-9.	5		6:10A	
	1	171-24-7375	1 - M 2 X	1 1 1 1 1 1	64		MONTHS	DAYS	HOURS	MIN.	Apr	th, Day, Year)	stry Search or Foreign (State or Foreign Country) 1930 Wirginia			
00		9a. FACILITY NAME (If not institution, give					9b. CITY	TOWN	OR LOCATI	ION OF DE	ATH		9c. COU	INTY OF D	EATH	
2		Frances Scott Ke	y Hospi	tal			E	Balt	imor	e			No	ne		
DIRECTOR		10a. STATE 10b. COUNT	Υ			10c. CITY	, TOWN C	R LOCA	TION						10d. INSIDE CITY	-
2	1	Maryland Non	e			Ba	ltin	ore							LIMITS? 1 X YES 2 NO	
Z		10e. STREET AND NUMBER					101. ZIP CODE					_	10g. CIT	IZEN OF W	HAT COUNTRY?	_
FUNERAL		3810 Claremont S	treet						212	13			Un	ited	State	
12		11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECED FORCES?	ENT EVER IN	U.S. ARM	ED	13. 1	MAS DEC	CENDENT (OF HISPAN	IC ORIGI	N? (Specify Yes	s or No-	14. RACE	- American Indian, White, etc.	
B		3 🔀 Widowed 4 🗌 Divorced	IF YES, GIV	E WAR OR D					2 NO			rinoani, wio.j		Speci	1000	
		15. DECEDENT'S EDI (Specify only highest grad	CATION completed)		16a. DECI (Give	kind of w	ork done o	CUPATE	ON ost of worldi	ing	16b. KIND OF BUSINESS/INDUSTRY					
1 2		Elementary/Secondary (0-12)	College (1-4 or	5+)		o vor usi mema						Or my II				
COMPLETED	ŀ	17. FATNER'S NAME (First, Middle, Last)			no	IIIEIIIa	rer				Own Home IAME (First, Middle, Maiden Surname)					
1 444		Walker J. Reynol	ds			Fannie Mae Brown										
TO BE	ŀ	19a. INFORMANT'S NAME (Type/Print)			19b.	19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								4/	_	
2		Kathy L. Powell			3.73	8630 Cobblefield Drive Apt 1F Columbia MD 2									a MD 210	5
	I	20a. METHOD OF DISPOSITION 1 Derial 2 Cremation 3 Ren			PLACE AN	D DATE O	F DISPOS				DAT	7	CATION -			_
		4 Donation 5 Other (Specify)	IOVII IIOM STATE	E	Balti	more more	rer place) Was	hin	gton	Cren	n Ja	n17 La	urel	l, Ma	ryland	
	ı	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE				22.1	NAME A	ND ADDRE	SS OF FAC	YEITY					
		Harry &	7.71/17	16								uneral			: : City 210	Α.
	1	23. PART I. Enter the diseases, or	complications t	hat caused	the deet	th. Do no	ot enter	the mo	ode of dy	Ing, such	#8 CBF	diec or respi	Iratory an	rest,	Approximate	4.
	1	shock, or heart fellure.	List only Die	fause on e	ech line.										Onset and Das	
		disease or condition resulting in death)	a. Coro	diac	arre	est										
															Mine le	-
NO		Sequentially list conditions, Due to (or as a consequence or): Due to (or as a consequence or):											0,70%	76.		
CERTIFICATION		If any, leading to immediate cause. Enter UNDERLYING														
문		CAUSE (Disease or Injury that initiated events	c	TO (OR AS A	CONSEQU	ENCE OF);									
E		resulting in death) LAST	d													
3		DADT II Other significant condition														
MEDICAL CE		PART II. Other aignificent condition	is contributing	to death p	ut not res	suiting ir	the Un	denyin	g cause (given in i	Part i.	PERFOR	AUTOPSY RMEO?	24b.	WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	
M															1 TYES 2 NO	
		DID TOBACCO USE CONT	RIBUTE TO C	AUSE O	F DEATH	H YES	1 🗆 2	10 E	JUNC	ERTAIN						
PHYSICIAN:		25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE											
YSI		1 YES 2Y NO	1 Inpetient 2		atient 3 🗆		4 Nurs		10 5 Re	esidence	6 🗆 Othe	er (Specify)				
	ľ	7. MANNER OF DEATN 1 Netural 5 Pending	28a. DATE (Month	OF INJURY , Day, Year)	1	28b, TIME INJU	ÓF IRY		PHK?		28d. DE	SCRIBE NOW I	NJURY OC	CURED		
BY P		Z Accident Investigation	200 DI ACS	OF IN HIRV	Athen	4.7	M .		YES 2	NO						
TED		3 Suicide 6 Could not be determined	bulldin	OF INJURY ig, etc. (Spec	— At nome	o, rainti, st	reet, tecto	ery, offic			City	CATION (Street a or Town, State)	and Number	or Rural A	oute Number,	
COMPLET		Pa. CERTIFIER Check only	CIAN: To the best	of my knowl	edge, death	n occurred	at the ti	me, data	and place,	, and due t	to the car	use(a) and mar	mer as stat	led.		_
D BE COM															and menner as stated.	
0	1	196. SIGNATURE AND TITLE OF CERTIFIE					-			c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dwy, Year)				_		
BE	10					D43854					1-20-95					

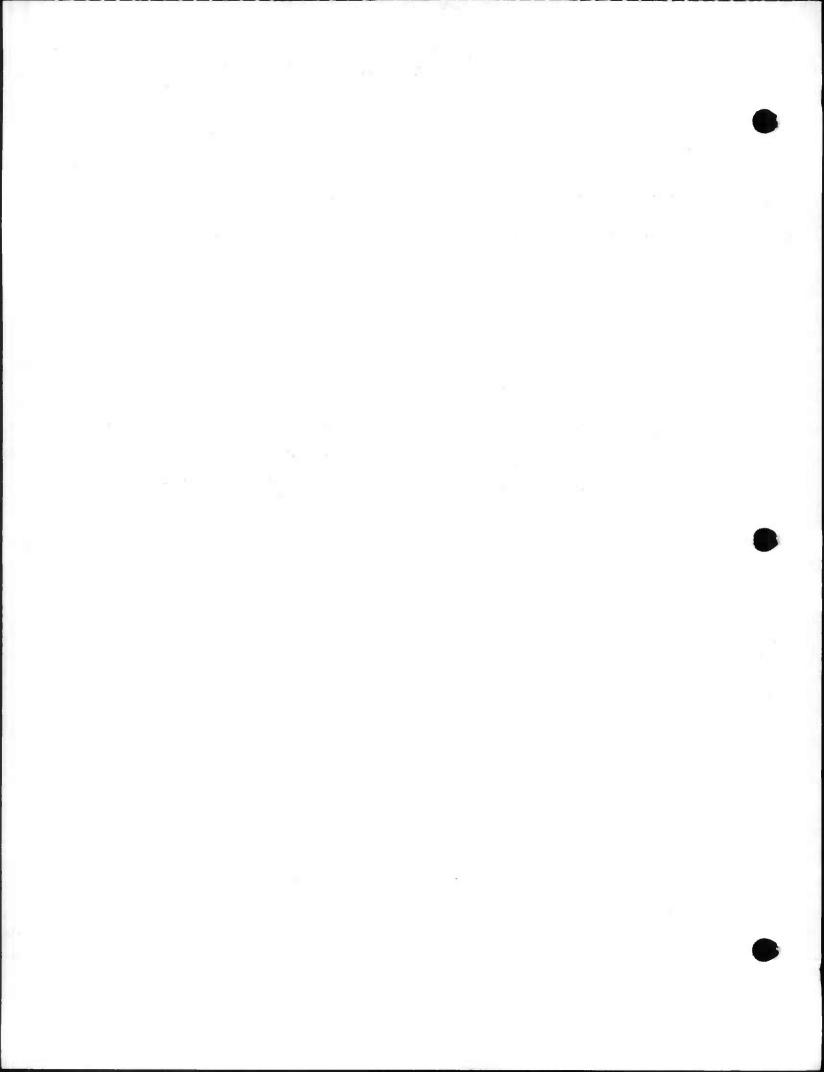
32. REGISTRAR'S SIGNATURE



,		nended#11 FOR 1-REGISTRAR	STATE OF 1	MANTLAND	/ UEPAI	M R RTMENT (Ur H	IEALIN	ANU I	On .	TON AL HYGIEN REG. NO	IL /	02	1980 ount	
		1. DECEDENT'S NAME (First, Middle, Last)									E OF DEATN		3.	TIME OF DEATN	
		DOMINGOS (NMN) V	IEIRA-DE	LUZ						Ja	an. 11.	1995	YEAR 1	1:35 PM	
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	est birthday)	IF UNDER 1 1		IF UNDER		7. DAT	E OF BIRTH			ACE (State or Foreign	
B		219-27-4616	1 M 2 F	66	YRS.	MONTHS C	DAYS	HOURS	MIN.		11, 19	28	Portu	igal	
phous	-	9a. FACILITY NAME (If not institution, give :	street and number)			9b. CITY, TO	OWN C	R LOCATIO	ON OF DE	ATN			TY OF DEAT		
	10	Montgomery Gener	al Hospi	tal		01ne	ey					Mont	'V		
III E	DIRECTOR	10a. STATE 10b. COUNT			10c. CI1	TY, TOWN OR	LOCAT	TON			i		10	d. INSIDE CITY	
NH)		Maryland Mont	gomery		Ro	ckv11e	e	Ro	cK	vil	10		1	LIMITS?	
1	ERAL	10e. STREET AND NUMBER			7.5	Campion C	10f.	. ZIP CODE				10g. CITIZ	EN OF WHA	T COUNTRY?	
an.	W	4512 Minuteman D						2085					tugal		
physician. burial-tran	FUNI	11, MARITAL STATUS 1 Never Married 2 Merried		YES 2		If y	/08, Spi	ecify Cubar	n, Mexica	n, Puerto	IN? (Specify Ye Rican, etc.)	e or No-	14. RACE — Black, W	Americen Indian, hite, etc.	
	B	3 Widowed 4 Divorced	IF YES, GIVE Y	MAR OR DATES		1 [YES	2 NO	Specify	/:		1	Specify:	White	
r attending	ETED	15. DECEDENT'S EDU (Specify only highest grade	CATION	USUAL OCC	UPATIO	ON		16	b. KIND OF BU	SINESS/INDU	ISTRY				
al or for u		Etamentary/Secondary (0-12)	College (1-4 or 5	+)	le. Do NOT u		nng mo:	st or worran	g						
the hospital detached to once.	MP	12			Farmi	ng					Agricu	ulture			
1 g 8 5	COMPL	17. FATHER'S NAME (First, Middle, Last)	Middle Last) Vieira-Deluz					18. MOTHER'S NAME (First, Middle, Malden Surname)							
	BE	19a. INFORMANT'S NAME (Type/Print)	-Deluz		Ob MARINO	ADDRESS /	Ctmat a				belle		eirea State, Zip Code)		
retained 5 should notified	유	Dominique Vieira	-Deluz	- 1							ville,				
may be		200, METHOD OF DISPOSITION		20b. PLACE	ANDDATE	OF DISPOSITI	CAN IANO	ove of		DA	TE 200 LC	CATION C	in as Town	Ctata	
must		1 X Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	_ Gate	of H	eaven	Cer	neter	y 1-	-16-	95 Sil	ver S	pring	,Maryland	
death. Page tuneral direct.		21. SIGNATURE OF FUNERAL SERVICE LT	DENSEE	/		22. NA	AME AN	ID ADDRES	S OF FA	CILITY	eral H				
r death.		Moris To	Fran A		_								var C	pring, MD.	
Nours after death. Page 6 m ed in by the funeral director, or removal.		23. PART I. Enter the diseases, or shock, or heart failura. IMMEDIATE CAUSE (Finel	complications the List only one car	et caused the duse on each lin	eath. Do la.	not enter th	ne mo	de of dyle	ng, sucl	h ss ce	rdiec or resp	Iratory erre	at,	Approximata Interval Between Onset and Death	
within the spletely fille cremation, rent, the		disease or condition resulting in desth) s. Intracramal blead												3 days	
rted with completely filled ial, cremation, or		DUE TO (OR AS A CONSEQUENCE OF):													
2 P 2 2	S S	Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF):													
or to	CATIO	If any, leeding to immediate cause. Enter UNDERLYING													
phy phy	[윤]	CAUSE (Disease or Injury thet initiated events DUE TO (OR AS A CONSEQUENCE OF):													
ending Hygin	CERT	resulting in deeth) LAST	d												
the death certily the attending of Mental Hygiel Injury, or other		PART II. Other significant condition	s contributing to	deeth but not	regulting	In the unde	vivine		them In	Dort I	24a. WAS AN	ALFRONOV	Laurine		
y i	MEDICAL					THE COLUMN	or y reig	, cause g	11011		PERFO	RMED?	AW	RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE	
signed Health a										_	1 TYES	NO	OF	DEATH?	
> 0 -:		DID TOBACCO USE CONT	RIBUTE TO CA	USE OF DE	ATH Y	ES 🗆 NO	οП	LUNC	ERTAIN	172				YES 210 NO	
N: The law icate has be State Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				TN (Check only				7	J				
SICIAN: The certificate the State	YSIC	1 TES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER:	g Home	e 5 🗆 Rei	sidence	8 🗆 Oth	er (Specify)				
PHYSIC this ce with th	РНУ	27. MANNER OF DEATN 1 Natural 5 Pending	28e. DATE OF (Month, D	INJURY Pay, Year)	28b. TIN	JURY	Bc. INJU			28d. DE	SCRIBE NOW	NJURY OCCL	JRED		
DING PHYS After this death with	B	2 Accident Investigation	20. 81 405 0	AF IN HIEW ALL				E\$ 2	NO						
TTEN TOR: after	TED	3 Suicide 8 Could not be 4 Nomicide datermined	building,	OF INJURY — At h atc. (Specify)	oma, larm,	street, fectory	, office				CATION (Street y or Town, Stelle)		r Rurel Route	Number,	
DIRE	COMPLE	29a. CERTIFIER (Check only	CIAN: To the beat of	my knowledge, d	eath occurr	ed at the time	o, data	end place.	end due	10 the ca	tuse(s) and me	nner ee stete	1		
国际	JWC		R: On the basis of e											d menner ee stated.	
E HOS 1 with		296. SIGNATURE AND TITLE OF CERTIFIE						29c. LICE						onth, Day, Year)	
TO THE HOSPI TO THE FUNER be filed within) BE	Tankay Co		N.M			D 39671 ► JANUARY 12,1								
	2	30. WAME AND ADDRESS OF PERSON WN								, ,					
		TANKAT LA		1120 1	JEW	HAN	429	1128		A	Je 1	F100	12	Luga Spa	
		31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE										POS Q14	

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

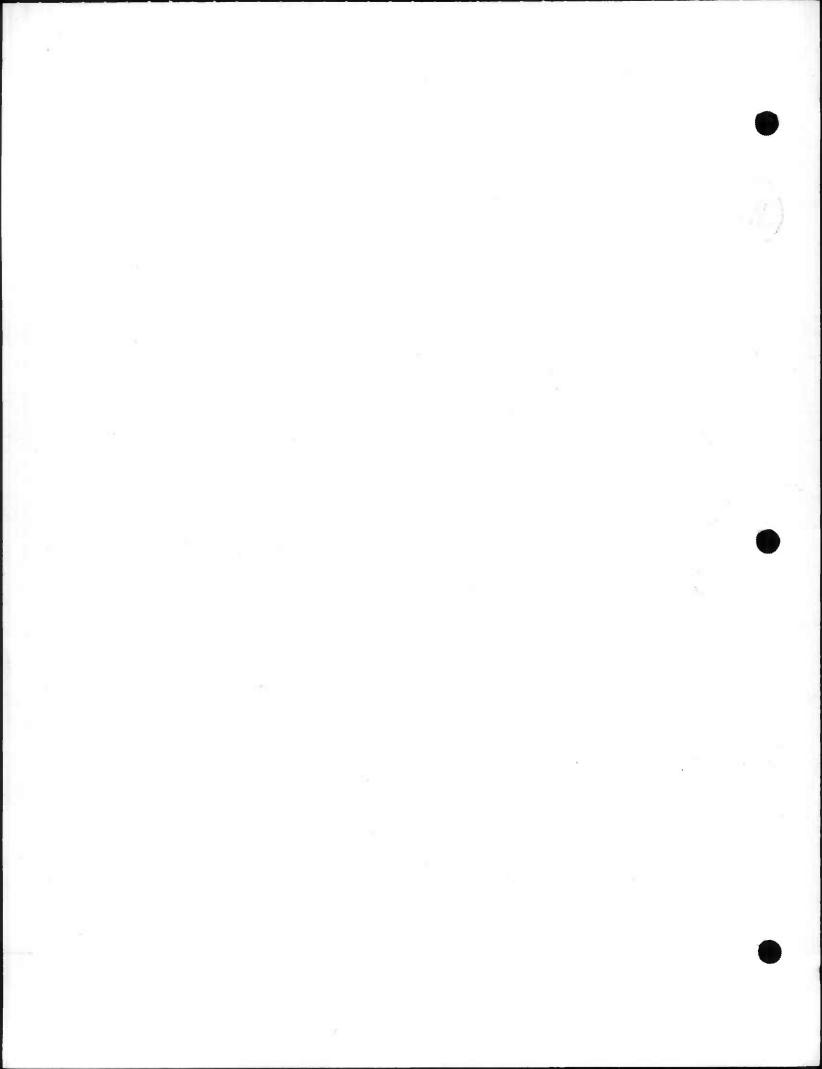
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 17 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit is be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

	FOR	
1	STATE	
	REGISTRAR	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	CATE	OF D	EATH		REG. NO.					
	1. OECEDENT'S NAME (First, Middle, Last)	Betty Lee	Vaden					2. DATE OF MONTH	OEATH DA	W 10	YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX						Janua	ry 14	, 19	95	11:30A M		
7	480-26-6274	1 □ M 2 🂢 F	6. AGE (In yrs. les	YRS.	IF UNDER 1	-	OURS MIN.	7. DATE OF (Month, D	lay, Year)	27	Counti	HPLACE (State or Foreign ny) OWA		
	9e. FACILITY NAME (If not institution, give s	tniet and number)			9b. CITY, T	OWN OR I	OCATION OF DI		20/12		NTY OF D			
E I	2608 Urbana Drive	.					pring			Mon	tgom	erv		
K	RESIDENCE OF DECEDENT	,			0114	CI D	PIIII			11011	eg om	CLY		
Ä	10a. STATE 10b. COUNT	7		10c. CITY	, TOWN OR	LOCATION	(10d, INSIDE CITY		
5	Maryland Mc	ntgomery			Silv	er S	pring					LIMITS?		
크	10e. STREET AND NUMBER					-	P CODE			to- CIT	17511 05 1	WHAT COUNTRY?		
FUNERAL DIRECTOR	2608 Urbana Drive					1,00	0906					States		
Z	11. MARITAL STATUS	12. WAS DECEDENT			1									
립	1 Never Married 2 X Married	FORCES? 1	YES 2 X	MED	13. WA	es, specif	PENT OF HISPAN y Cuban, Maxica	NIC ORIGIN? (In, Puerto Rici	Specify Yea in, atc.)	or No-	14. RACE Bleck	E American Indian, k, White, atc.		
ВУ	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1[YES 2	NO Specifi	y:			Speci	White		
	15. OECEDENT'S EDU	CATION	16a DE	CEDENTIC	USUAL OCC	IDATION						WILLE		
E I	(Specify only highest grade	completed)	(Gi	ve kind of w	ork done dur e retired.)	ing most o	f working	16b. Ki	ND OF BUS	INESS/INC	DUSTRY			
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	' I	Iomem	_				Otan	Hom				
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)		1	omem	aver						ie			
	Lee Tho	nncon				11	. MOTHER'S NA		dle, Maiden : e.l Sm					
8		mpson												
9	19a. INFORMANT'S NAME (Type/Print)						Number or Rural I					1 00006		
	Harold E. Vaden										_	nd 20906		
	20a. METHOD OF DISPOSITION 1 Duriel 2 □ Cremetion 3 □ Remo	oval from State	20b. PLACE A	ND DATE O	F DISPOSITI	ON (Nama	of 1/18/9	5 DATE	20c. LO	CATION	City or To	wn, Stata		
	4 Donation 6 Other (Specify)		Parkla	arklawn Memorial Park						Rockville, Maryland				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NA	ME AND	ADDRESS OF FA	auty Ro	bert	A. P	umph	rey Funeral		
_	M MIAROR (=)	Kull	5 MOC	240	Hom	e/Ro	ckville	Inc	., 30	00 W.	Mon	tgomery Ave.		
	23. PART I. Enter tha diseases, or o	complications that		348			le, Mar							
	shock, or heart failure.	List only ona ceus	e on each lina		or email ti	e moua	or dying, suc	n as cardia	or respi	atory an	rest,	Approximata interval Between		
	IMMEDIATE CAUSE (Final disease or condition	115	_ ^			~						Onset and Death		
	disease or condition													
		DUE TO (OR AS A CONSEC	DUENCE OF):									
CERTIFICATION	Sequantially list conditions,	b	OR AS A CONSEC	NIENCE OF										
¥	If any, laading to immediata cause. Enter UNDERLYING	002 10 (on As A CONSEC	DENCE OF	, .									
윤	CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A CONSEC	UENCE OF	١٠									
E	resulting in death) LAST				,.									
8		1												
	PART II. Other significent condition	a contributing to	leath but not re	esuiting in	tha unda	rlying c	uaa givan in	Part i. 24	a. WAS AN		24b.	WERE AUTOPSY FINDINGS		
EDICAL									PERFORI			AVAILABLE PRIOR TO COMPLETION OF CAUSE		
								_ 1	YES 2	X NO		OF DEATH?		
Σ	DID TOBACCO USE CONTE	DIRITE TO CAL	ISE OF DEAT	TU VE		M	LINICEDTAIN					1 TYES 2 XNO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	CIBUTE TO CAL			H (Check only	-	UNCERTAIN	<u>и П</u>						
ᅙ	EXAMINER?	HOSPITAL:			OTHER.		v							
₹	27. MANNER OF DEATH	1 Inpatient 2					Realdence							
	1 Natural 6 Pending	28a. DATE OF I (Month, Day		28b. TIME INJU	IRY	work?		28d. DEŞCR	BE HOW IN	JURY OCC	CURED			
B	2 Accident Investigation						2 NO							
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, e	INJURY — At hor tc. (Specify)	na, farm, st	reet, tectory	, office	- 1	28t. LOCATIO	ON (Street ar own, State)	nd Number	or Rural A	loute Number,		
<u>L</u>														
릴	(Check only t K CERTIFYING PHYSIC													
COMPLET	one) 2 MEDICAL EXAMINE	R: On the basis of axe	mination and/or is	rveatigation	, in my opin	ion, death	occured at the	time, date and	pleca, and	due to th	a cause(a)	and manner as stated.		
шШ	29b. CORNEUPIE AND TITLE OF CERTIFIER					29	c. LICENSE NUM	IBER		29d, DATE	E SIGNED	(Month, Day, Year)		
œ	701400 (1.)	= acer	(M)			_ ['	107-	DI				ry 17,1995		
		6	- 10				200	FOV		. 00	anual	- X - 1 1 1 2 2 2 2		
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM	27) (Type	Print)									
2	30. NAME AND ADDRESS OF PERSON WHO					#30	00. Kan	sinata	n M	arul.	and '	20895		
2	30. NAME AND ADDRESS OF PERSON WHO James A. Brown, M 31. DATE FILED (Month, Day, Year)	.D., 1060	5 Conco			#30	00, Ken	singto	on, M	aryla	and 2	20895		
TO.	James A. Brown, M	.D., 1060	5 Conco	rd St		#30	00, Ken	singto	on, M	aryla	and 2	20895		



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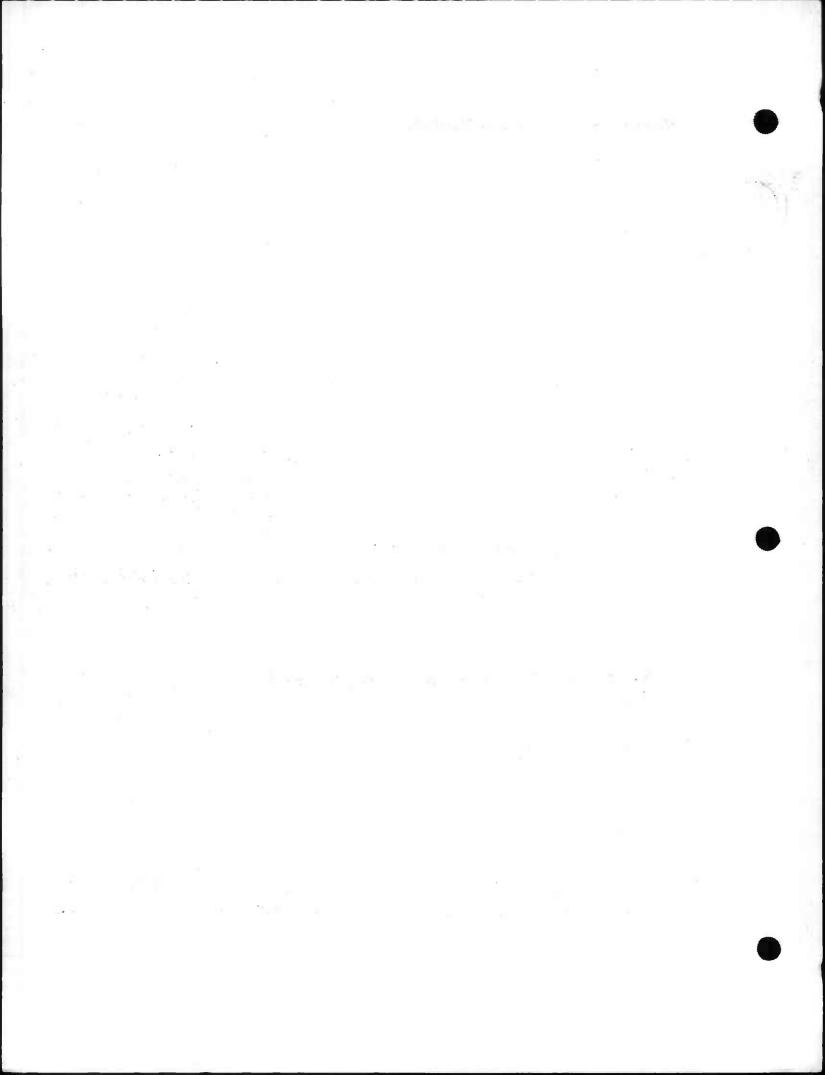
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the Hospital of attending physician and completely filled in by the funeral director, page 5 should be detached for use as the funeral transit per filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CE	RITT	AILU	- DEATH	RE	G. NO.		/			
	1. DECEDENT'S NAME (First, Middle, Lest)	Ingebor VIE H	MAN	Jehn	ann		2. DATE OF DE	12	1995	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest		UNDER 1 YEAR		7. DATE OF BIF (Month, Day,	TH.		RTHPLACE (State or Foreign			
	214-82-9826	1 🗆 M 2 🖵 F	74	YRS.	ONTHS DAYS	HOURS MIN.	March 3		920Ger				
1	9a. FACILITY NAME (If not institution, give st	ireel and number)		91	b. CITY, TOWN	OR LOCATION OF D			c. COUNTY O				
S S	Holy Cross Hospi	tal			Silver	Spring			Mont	gomery			
DIRECTOR	RESIDENCE OF DECEDENT								HOHE				
E					OWN OR LOC					10d. INSIDE CITY LIMITS?			
	Maryland Mo:	ntgomery		L Ro	ockvil				1 YES 2 NO				
RA	-					Of. ZIP CODE		10	og. CITIZEN O	OF WHAT COUNTRY?			
FUNERAL	2 Lorraine Court					2085				many			
5	1 Never Married 2 Married	12. WAS DECEDENT E FORCES? 1	YES 2 N		13. WAS DI	ECENDENT OF HISPAI specify Cuban, Maxica	NIC ORIGIN? (Spe on, Puerto Ricen,	cify Yes or stc.)	No- 14. R	ACE — American Indian, llack, White, etc.			
BY	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR	OR DATES		1 🗆 YE	S 2 X NO Specif	ly:			pecHy: Vhite			
	15. DECEDENT'S EDUC		16a, DE0	CEDENT'S US	UAL OCCUPAT	ION	16h KIND	OF BUSINE	ESS/INDUSTR				
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gr	ve kind of work Do NOT use re	c done during r	nasl of working	1001 (1110	o. Boome		•			
립	Elementary/Secondary (U-12)	1	Но	usewif	-		05:	n Hor	m.o.				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		110	docwii		18. MOTHER'S NA	ME (First, Middle,						
	Johann Heinrich B	rauer				Elisa			,	efer			
B	19a. INFORMANT'S NAME (Type/Print)	Ludel	196	. MAILING AD	DRESS (Street	end Number or Rural		y or Town, S					
임	Bettina Grambo		1	3214 9	Sernen	tine Way	Silver	Sprin	ac Mar	yland 20904			
	20a. METHOD OF DISPOSITION		20b. PLACE A	ND DATE OF	DISPOSITION				ION - City or				
	1 Burial 2x Cremation 3 Remo	oval from State	Metro	natory or other	place)	matory 1/	16/95	levar	ndria	Virginia			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NAME	AND ADDRESS OF FA	CILITY						
8	* h	()-0	Le			is J. Col							
- 4	23. PART I. Enter the diseesea, or o	1 COO	7	ath Daniel	D00 U	niversity	Blvd.,	W. S:	il.Spr	.,MD 20901			
	shock, or heart fallure.	List only one cause	on aach iina.	ath. Do not	antar tha n	loda of dying, suc	h as cardiac o	r respireto	ory arrest,	Approximata Interval Between			
	iMMEDIATE CAUSE (Final disease or condition	0	1001	CA		_				Onset and Death			
	resulting in death)	. KESHRI	MORY	141	LUKE								
		AATCC	AS A CONSEC		005	70.	-01/440	A / 4 Ox	1 XION	No- 1100			
CERTIFICATION	Sequentisity list conditions,	DUE TO (OF	AS A CONSEC		S CAN	RUCTIVE	FULLYO	(VAL)	DISE	MG 9165			
ξĮ	if any, leading to immediate cause. Entar UNDERLYING	002.10 (01		oenoe or j.									
	CAUSE (Disease or Injury that initiated avants	DUE TO (OF	R AS A CONSEC	UENCE OF):									
	resulting in death) LAST	4											
뜅													
DICAL	PART II. Other significant condition	a contributing to de	ath but not re	esuiting in 1	tha underlyl	ng cause givan in	Part I. 24s. 1	WAS AN AUT		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
음	DIABELES MELL	1105,48	PIRII	N, π	TEKEL	MENUT	1 🗆	YES 2 (1)	NO	COMPLETION OF CAUSE OF DEATH?			
ME	5/17/15			2572		5.22			1	1 TYES 2 THO			
z										^			
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			28. THER:	PLACE OF DEATH (Ch	neck only one)						
<u> X</u>	1 TES 2 NO	1 [Ainpatient 2 🗆 Ef	R/Outpatient 3			me 5 🗆 Residence	8 - Other (Spec	cify)					
Ω.	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJ (Month, Day,	JURY Year)	28b. TIME O	F 28c, H	JURY AT ORK?	28d. DESCRIBE	HOW INJU	RY OCCURED)			
B	1 Natural 5 Pending 2 Accident Investigation					YES 2 NO							
9	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF IN- building, atc.	NJURY — At hor . (Specify)	me, lerm, stre	et, lectory, of	Ice	281. LOCATION City or Town	(Street and n, State)	Number or Rui	ral Route Number,			
	1 Homicide datamined												
COMPLET	(Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my	knowledge, de	ath occurred a	it the time, de	te and place, and due	end menner	ee stated.					
S	one) 2 MEDICAL EXAMINE	R: On the besis of exam	ination and/or i	nvestigation, i	in my opinion,	death occured at the	time, data and p	lace, and de	us to the cau	se(a) and manner ea stated.			
	296 SIGNATURE AND TITLE OF CERTIFIER	1				29c, LICENSE NU	MBER	29	d. DATE SIGN	NED (Month, Day, Year)			
O BE	Stell (Gens	UI			D3625	72		1/12/	95				
ř	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE	OF DEATH (ITEM	1 27) (Type, Pri	DEGIA AVE, #515, WHOMON MD 20902								
	SEVEN TO KARI	Y,4,MD 1		TEURE	TIA A	16 43	515, Wt	HOTE	NH	D 20902			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE										
	JAN 17 100	- /1. 6											

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DHMH-16 Rev 1/89



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

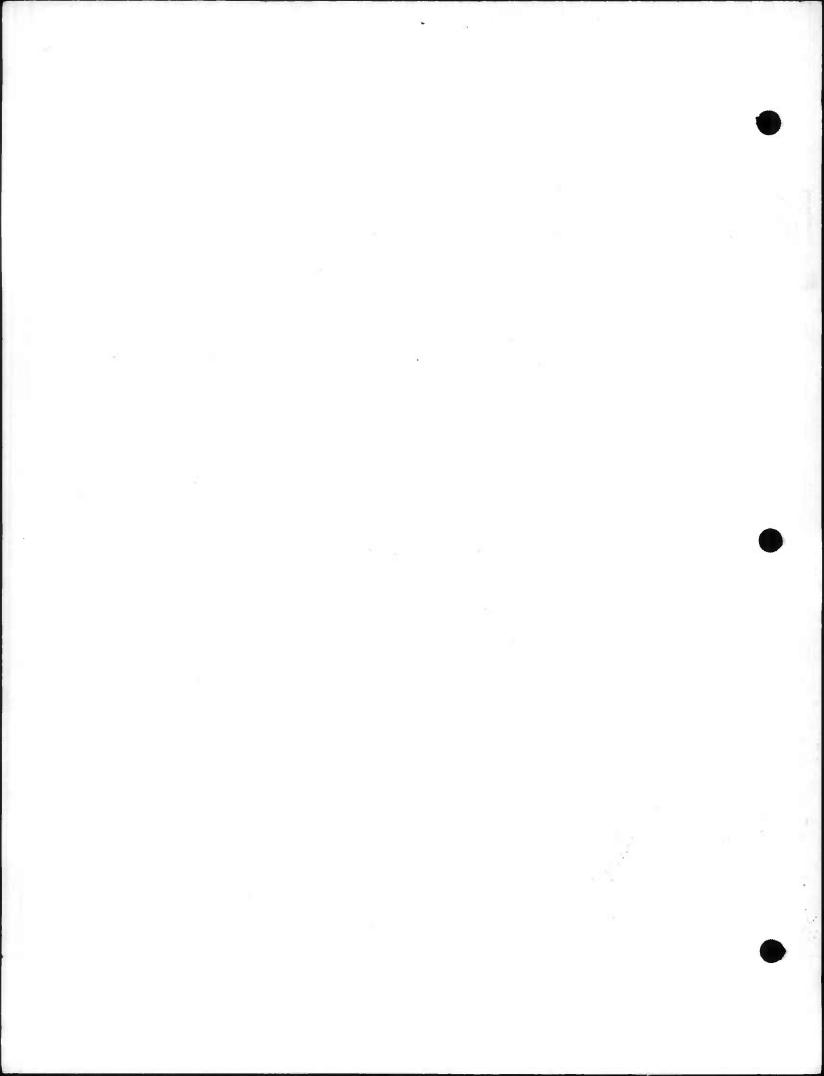
	1 - STATE REGISTRAR	CE	RTIF	ICATE (F DEATH		REG. NO.	_						
	1. DECEDENT'S NAME (First, Middle, Last)		_				E OF DEATH			3. TIME OF DEATH				
	JOSEPHINE WILLS					MOI	an. 18		995	2:50 P. M				
		AGE (In yrs. last	birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DAT	E OF BIRTH		8. BIRTH	IPLACE (State or Foreign				
	296-16-7670 1□ № 2 🔭	69	YRS.	MONTHS DA	YS HOURS MIN.	Mar	rith, Day, Year) 7 23, 1	025	Countr	bucky				
	9a. FACILITY NAME (If not institution, give street and number)	0.7		9h CITY TO	VN OR LOCATION OF		y 23, 1		NTY OF D					
œ						DEATH								
6	St. Agnes Hospital		Baltimore Balti							ore				
	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION	-				10d. INSIDE CITY				
DIRECTOR	Maryland Baltimore	i	Car	tonsvi	110					LIMITS?				
	10e. STREET AND NUMBER		Ca	COMSVI.	-		100 01	FIZEN OF Y	1 YES 2 XNO					
2	719 Maiden Choice Lane Apt	DD107			10f. ZIP CODE									
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT B		IED.	40 400	21228				v -	States				
	1 Never Married 2X Married FORCES? 1	YES 2 WHO)	If yes	DECENDENT OF HISP , specify Cuban, Mexi-	can, Puerl	ilN? (Specify Yea o Rican, etc.)	or No-	14. RACE Black	E — American Indian, c, White, atc.				
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR	OR DATES		1 🗆	YES 2 NO Spec	offy:			Speci	White				
0	15. DECEDENT'S EDUCATION	18e. DEC	EDENT'S	USUAL OCCUI	PATION	16b. KIND OF BUSINESS/IND				WILLCE				
	(Specify only highest grade completed)	(Glv	e kind of v	work done during	most of working	- 1	ou. KIND OF BU	SINE SS/IN	DOSTRY					
7	Elementary/Secondary (0-12) College (1-4 or 5 +)			ate Of:	Ficer	,	Photom	anhi	alvr	ay Products				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	C/ALC	ay Floudets											
ŭ	William P. Rhinehimer						, Middle, Maiden	Surname)						
H	19a. INFORMANT'S NAME (Type/Print)				Naomi				27 200					
2	Robert D. Wills				eet and Number or Run					21228				
		T		_	Choice La									
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremellon 3 Removal from State	20b. PLACE AI	ND DATE	OF DISPOSITION	N(Name of	1 -		wn, State						
	1 Burlai 2 Cremation 3 Removal from State Competent cremations or other place Jan 23 Baltimore, Ma													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	- 1		Harri	E AND ADDRESS OF I	FACILITY SE FI	meral	Home	Inc					
	21. SIGNATURE OF FUNERAL SERVICE LICENISEE Harry H Witzke Funeral Home Inc 4112 Old Columbia Pike Ellicott													
	23. PART I. Enter the diseases, or complications that c	aused the dea	ih. Do r	not enter the	mode of dying, su	ich aa ci	rdiac or reapi	ratory a	rreat,	Approximate				
	ehock, or heart fellure. List only one cause	on each ilne.					V-1			Interval Between Onset and Death				
ı	disease or condition													
H	e. PULMONARY EMPHYSEMA AND FIBROSIS DUE TO (OR AS A CONSEQUENCE OF): Years													
-														
<u>o</u>	Sequentially list conditione, If any leading to immediate DUE TO (OR AS A CONSEQUENCE OF):													
Ä	if any, leading to immediate cause. Enter UNDERLYING													
윤	CAUSE (Disease or Injury C.													
E	resulting in death) LAST	riat intrated evalue												
CERTIFICATION	0.									+				
	PART II. Other aignificant conditions contributing to de	ath but not re	aulting	in the under	ying ceuse given i	n Part I.	24s. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS				
DICAL	ASCVD						X YES 2			AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?				
ME										Y□ YES 2 □ NO				
	DID TOBACCO USE CONTRIBUTE	TO CAUS	E OF	DEATH	YES VI NO	ОП				A				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				B. PLACE OF DEATH (C	Check only	one)		-1					
S	EXAMINER? 1 YES 2 YNO 1 I I I I I I I I I I I I I I I I I I	R/Outpatient 3	DOA.	OTHER:	Home 5 Residence		han (Danasha)							
높	27. MANNER OF DEATH 28e. DATE OF IN.		28b. TIM		INJURY AT	_	ESCRIBE HOW I	NJURY O	CURED					
	1 Netural 5 Pending (Month, Day,	Year)	INJ	URY	WORK? YES 2 NO									
B	2 Accident Investigation 3 Suicide & Could not be 28e. PLACE OF II	NJURY — At hom	e, ferm, i			281.10	CATION (Street o	and Numbe	or or Burni F	Inute Number				
	4 Homicide determined building, atc	(Specify)		,,			ly or Town, State)	III HUMBE	or rigidir.	iosia rumos.				
COMPLET	29a. CERTIFIER	/				1								
린	(Check only CENTIFTING PHYSICIAN: To the best of my													
ō l	one) 2 MEDICAL EXAMINER: (In the beals of exem	nination and/or in	vestigatio	n, in my opinio	n, death occured at th	ne time, di	ta and place, an	d dua lo t	he cause(a) and manner as stated.				
BE	296. SIGNATURE AND TITLE OF CERTIFIER	^			29c. LICENSE N	UMBER		29d. DA	TE SIGNED	(Month, Day, Year)				
	Felliam Y. Nick	en, 9	n. 8	D .	DO4	061								
일	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM	27) (Type,	Print)		Y04			Jan.	19, 1995				
	Dr. William J. Hicken St.	Acnes II	00==	to1 00	0.0-4					1				
	31. DATE FILED]((NP)((7), L(B)(, Ye)(r) (↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ 32/ REGISTRAR'S	SIGNATURE		121 90	u Laton A	Vonu	e Balti	more	, Md	· 21229				
	JAN 2 4 1995 Julia d'au	and roman	lath											

British Labor of the

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours alter death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transpection within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

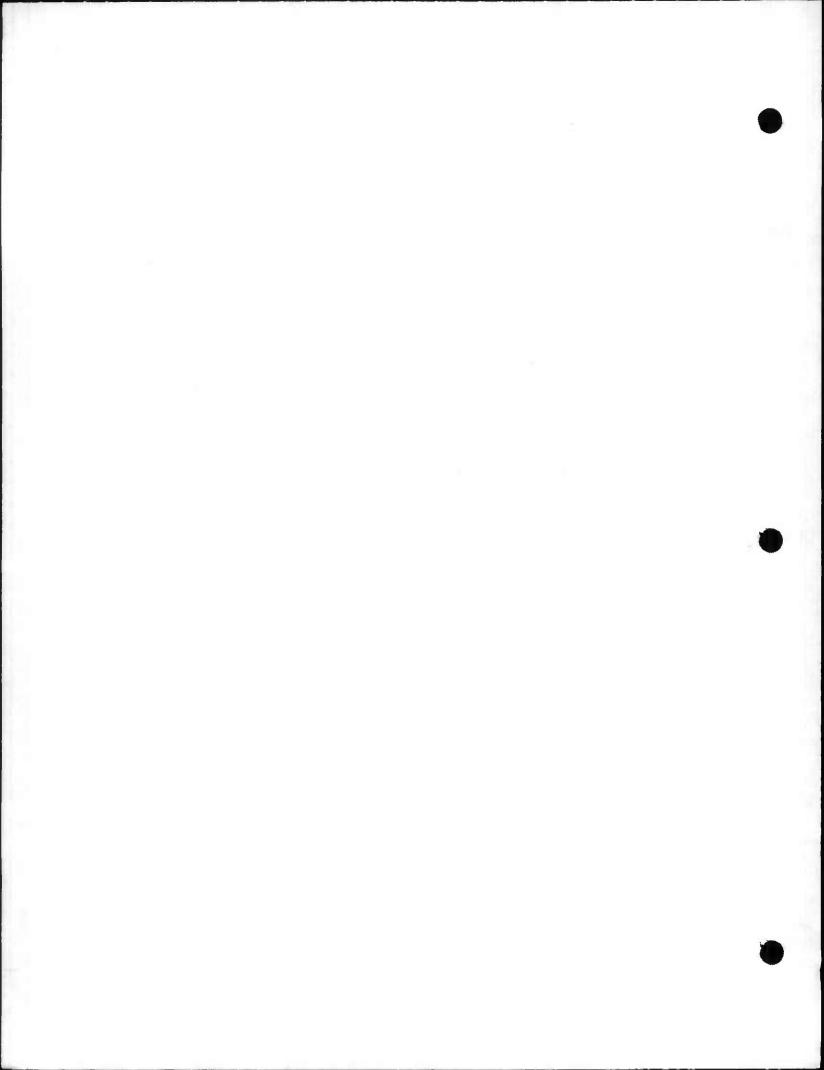
DHMH-16 Rev 1/89



1, 2, 3 should TO BE COMPLETED BY FINERAL DIRECTOR BALTIMORE, MARYLAND 21215-0026 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within as hours after death. Page 6 may be retained by the hospita or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burbe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760 TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

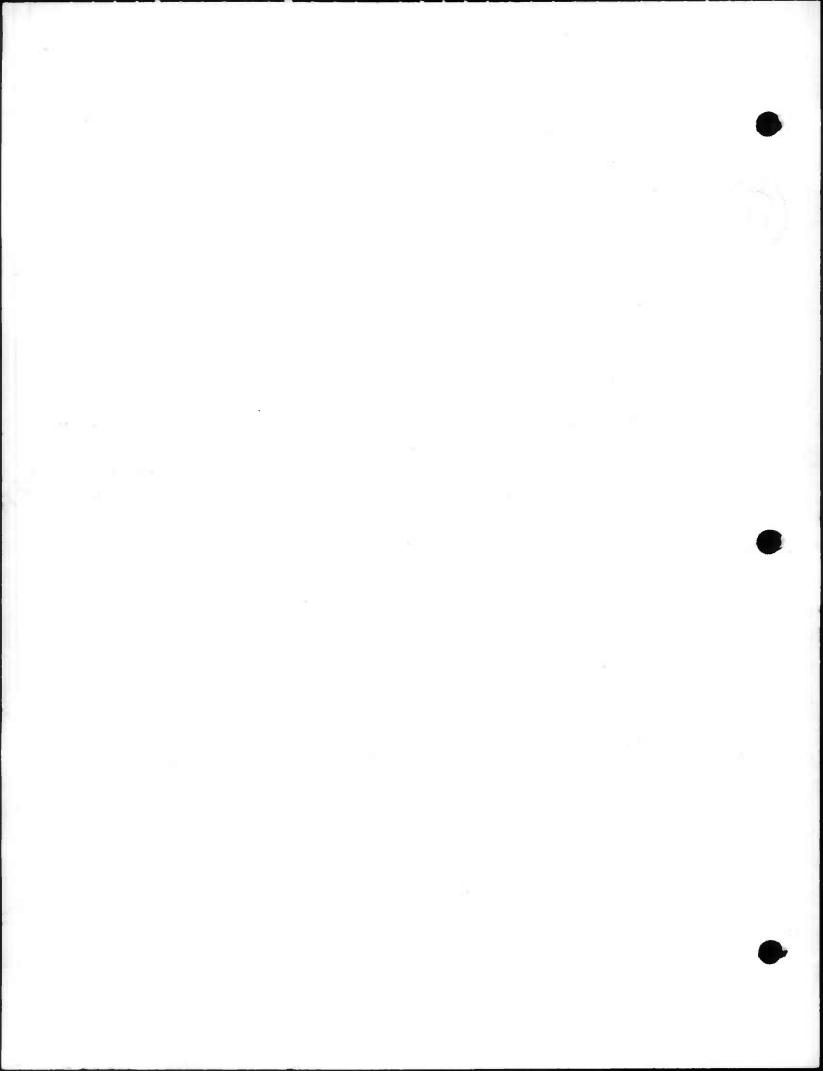
STATE	0F	/ DEPARTMENT			MENTAL	HYGIENE
		 EDTIEICATE	\circ	E DEAT		

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF I		MENTA	L HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)	4				2. DATE	OF DEATH		3. TI	ME OF DEAT	н	
	FO JIN WONG					0.1	14	1995		:30	15M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	8. B	HRTHPLACI	(State or For	reign	
	219-90-6253	1 🗆 M 2 📉 F	92 YRS.	MONTHS DAYS	HOURS MIN.		th, Day, Year)		China	1		
	9e. FACILITY NAME (If not institution, give st	reet end number)		9b. CITY, TOWN	OR LOCATION DE D		,	9c. CDUNTY				
	MONTGOMERY GENERA	L HOSPITAL		OLN	EY			MONTGO	MERY			
	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	,	10- 017	, TOWN OR LOCA								
	Maryland Montg			kville	IION					NSIDE CITY LIMITS?		
	10e. STREET AND NUMBER	Chicly	Roc		f. ZIP CODE					YES 2 X	NO	
	16520 Calvary Dri	T'A		2.5	20853			Unite Perm.				
	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED		CENDENT OF HISPA	NIC OBIGI	M2 (Casally Mas				_	
	1 Never Married 2 Married	FORCES? 1 YES	2 X NO	It yes, sp	ecify Cuban, Mexic	an, Puerto	Rican, etc.)			nericen India e, etc.	n,	
37 A Widowed 4 Dispress										nese		
	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	16a. DECEDENT'S	USUAL OCCUPATION done during me	ON	168	. KIND OF BUS	SINESS/INDUST				
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT us	e retired.)	at or working							
	12		Homemak	er			Home					
	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA							
	Wong Lunking	100			Unobta							
	190. INFORMANT'S NAME (Type/Print)				and Number or Rural					0.50		
	George Lunking				Drive,	Rockv	ille,	Maryla	nd 20	1853		
	20e. METHOD OF DISPOSITION 1XXBuriel 2 Cremation 3 Ramo		netery, crematory or of			DAT		CATION — City				
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		rklawn M			1/2	21 Roc	kville	, Mar	yland		
١	The state of Foreign Service Do	1-11			ND ADDRESS OF FA -Rinaldi		eral Ho	me. In	С.			
	gracer	funh	ue		New Ham					ring,	MD	
	23. PART i. Enter the diseeses, or c ehock, or heart failure. I	omplications that cause	d the deeth. Do n	ot enter the mo	de of dying, aud	ch as cen	diac or reapi	ratory arreat,		Approxima		
	IMMEDIATE CAUSE (Final	only one cause on e	acii iiie.	-0 4			4			Interval Be Onset and		
	disease or condition resulting in deeth)	Hero	eto cel	Rula	r Co	271	MA	ma			- 1	
		DUE TO OR AS	CONSEQUENCE OF):								
	Sequentially list conditions,		Anes.	nia								
	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	- 7	ritu	1						
	CAUSE (Disease or Injury	DUE TO (DR AS (CONSEQUENCE OF	nu	nu	177						
	that initiated events resulting in death) LAST	550 10 (511 110)	SOME SOLITOR OF						ì			
		<u></u>										
	PART II. Other aignificant conditions	contributing to death b	out not resulting in	the underlying	g ceuse given in	Part I.	24a. WAS AN			AUTOPSY FIN		
						1	1 TES 2		COMP	BLE PRIOR TO	WSE	
									OF DE	res 2 □ N	.	
1	DID TOBACCO USE CONTR	BUTE TO CAUSE O	F DEATH YE	S NO	UNCERTAI	N 🔲						
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE DF DEAT									
	1 TES 2 NO	1 Inputient 2 KER/Outp	patient 3 🗆 DOA	OTHER: 4 Nursing Hom	e 5 🗆 Rasidence	6 Othe	er (Specify)					
	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME		URY AT	28d. DES	CRIBE HOW IN	JURY OCCURE	D			
	1 X Natural 5 Pending 2 Accident Investigation			M 1 🗆 1	YES 2 ND							
	3 Suicide 8 Could not be determined	28e. PLACE DF INJURY building, atc. (Spec	— At home, tarm, at	reet, factory, office	•	281. LOC City	ATION (Street a or Town, State)	nd Number or Ru	iral Route N	ımber,		
1	290. CERTIFIER 1 CERTIFYING PHYSIC	ZIJN: To the best of my know	ledge, death occurred	d at the time, date	end place, end dua	to the cau	use(a) end man	ner ee atated.				
	one) 2 MEDICAL EXAMINER	t: On the basis of examination	n end/or investigation	, in my opinion, d	eath occured at the	time, date	and place, end	d due to the ceu	se(s) and m	ienner as ata	ted.	
1	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER		29d. DATE SIG	NED (Month	Day, Year)	\neg	
	KX	Hems			D-18	266	3	1/1	619	5		
I	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE		Print)	1	-	```	2 1	AD	4		
	KWANG S.	KIM MD	50	W. Ea	mons	lon	DR.	Kochur	lle.	mD20	28352	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN									-	
1	JAN 18 199!	Julia Davids	De Rand-11									



32. REGISTRAR'S STONATURE
JULY DRIVEN RANGELL

							95	0	2985	
F	Amended # 17, 1/17/9	S-	MR	T	Mon	tar	m	P	n Ctu	
	1 - STATE OF MARYLAND /	DEPARTM ERTIFICA	ENT OF H ATE OF	EALTH AND I	MENTAL H	YGIENE EG. NO.	, , ,		7	
	1. DECEDENT'S NAME (First, Middle, Last) Ramsey	1.5	na Fi	cll	2. DATE OF E	DAY		XEAR 3.	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (III yrs. Inc		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E	HRTH	<u> </u>	13 BIRTHPLA	ACE (State or Foreign	
	213-44-6397 1\\ M 2 □ F \ 78	YRS.	ITHS DAYS	HOURS, MIN.	(Month, De		916	Mary	land	
п	9a. FACILITY NAME (If not institution, give street and number) Suburban Hospital			R LOCATION OF DE	ATH	9		Y OF DEAT		
CTO	RESIDENCE OF DECEDENT 10s. STATE 10s. COUNTY		Bethes				Mon	tgome		
DIRE	Maryland Montgomery		www.on.locat						d, INSIDE CITY LIMITS? YES 2 NO	
FUNERAL DIRECTOR	10e. STREET AND NUMBER	Circ		ZIP CODE		10	Og. CITIZE		T COUNTRY?	
NER	9010 Brierly Road 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARE			20815				ed St		
	1 Never Married 2 Merried FORCES? 1 YES 24-1	NO .	If yes, spe	ENDENT OF HISPAN ocity Cuben, Mexican 24 NO Specify	n, Puerto Rican	pecify Yes or i, etc.)	No- 1	4. RACE — Black, W Specify:	American Indian, hite, etc.	
D BY	3 🖾 Widowed 4 Divorced 15. DECEDENT'S EDUIATION 16s. DE							Whit	e	
COMPLETED	(Specify only highest grade completed) (G	CEDENT'S USU live kind of work Do NOT use ret	done during mos	IN It of working	16b. KIN	D OF BUSINE	ESS/INDU	STRY		
MPL	12 Sy	stems i	Analys		_	S. Got		ment		
	John Ramsay Warfield			18. MOTHER'S NAI	ME (First, Middle or Duke			1		
TO BE		b. MAILINO ADD	PRESS (Street or	DIEGIIC						
Ĕ	Phyllis W. Watkins 1			Lane, Ro	ockvil				20852	
	20b, METHOD OF DISPOSITION 1	AND DATE OF DI	sposition (Nai Naca) n Cemed	me of tery 1/14	1/95				sume ryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AN	O ADDRESS OF FAC	Ch Robe	ert A.	Pur	nphre	y Funeral 7557	
		00803	Wiscon	nsin Aver	nue, Be	ethesc	la. N	4D 2	/55/ 0814 - 3501	
	23. PART I. Enter the diseases, or complications that ceused the de shock, or heart fellure. List only one ceuse on each line	ath. Do not e	enter the mod	de of dying, such	aa cardisc	or reapirate	ory arre	nt,	Approximate interval Between	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)									
	DUE TO (OR AS A CONSE	DUE TO (OR AS A CONSEQUENCE OF): (N/M) L ON FULLIVE RIMON PRY DUE TO (OR AS A CONSEQUENCE OF):								
NO.	Sequentially list conditions, if any, leading to immediate	OUENCE OF:	ructi	12 July	ond r	7 0/	1/12	u	Years	
FICATION	CAUSE (Disease or Injury									
	that initiated events OUE TO (OR AS A CONSECUTION OF AS A CONSECUT	QUENCE OF):								
CER	PART II. Other significent conditions contributing to death but not r									
PHYSICIAN: MEDICAL	Irhamias Portis	An	lvv 4	ceuee given in i		PERFORME	D?	AWA	RE AUTOPSY FINDINGS VILABLE PRIOR TO MPLETION OF CAUSE	
					_ ''	1 TES 2 2	THU .		DEATH? YES 2 - NO	
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEA	TH YES	NO 🗆	UNCERTAIN						
SICI	EXAMINER? 1 YES 2 NO 1 Ingestient 2 ER/Outpatient 3	ОТ	HER:	5 🗆 Rasidence	6 1 Other /Sou	noth/l				
PH	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	28c. INJU	IRY AT	28d. DESCRIB		RY OCCU	RED		
BY	2 Accident Investigation 28e PLACE OF INJURY At ho	me form street		ES 2 NO	984 1 0017101					
	S Suicide G Could not be determined Solution		, rectory, office		281. LOCATION City or Tox	vn, State)	Number of	riural Houte	Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, de									
	2 MEDICAL EXAMINER: On the basis of examination and/or i	investigation, in	my opinion, de			place, and du	us to the	CSUSe(e) en	d menner ee stated.	
B	296. SIGNATURE AND TITLE OF CONTIFIER No. In M	. 0		DO CI				1	nth, Day, Year)	
٩	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITER	M 27) (Type, Print)	DO51	<u>, , , , , , , , , , , , , , , , , , , </u>	,	/	110	/ 73	
	31. DATE FILED (Morith, Day, Year) 32. REGISTRAR'S SAGNATURE	O WISC	mlin	Muc., Cl	very C	hose,	14	9.		
	LAN 17 1005 de Amiliante	1.11			•	,				



Page 6 may be retained by the hospital or attending physician. burial-tra BALTIMORE, MARYLAND 21215-0020 in by the funeral director, page 5 should be detached for use as the removal. hours after death. and completely filled in by burial, cremation, or remo executed within RECORDS, P.O. BOX 68760 prior to the attending physician Mental Hygiene prior to certificate be requires that the death signed by the

should

DIRECTOR

FUNEBAL

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Item certificate h

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L DR ATTENDING PHYSICIAN: TI L DIRECTOR: After this certificate 2 hours after death with the State f Item 28 is marked, or Iten

FUNERAL Within 72 h HOSPITAL TO THE HOSPITE
TO THE FUNERA
De flied within 7
IMPORTANT: 1

AR Dept.

The

DIVISION OF VITAL

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

31. DATE FILEO (Month, Day, Year)

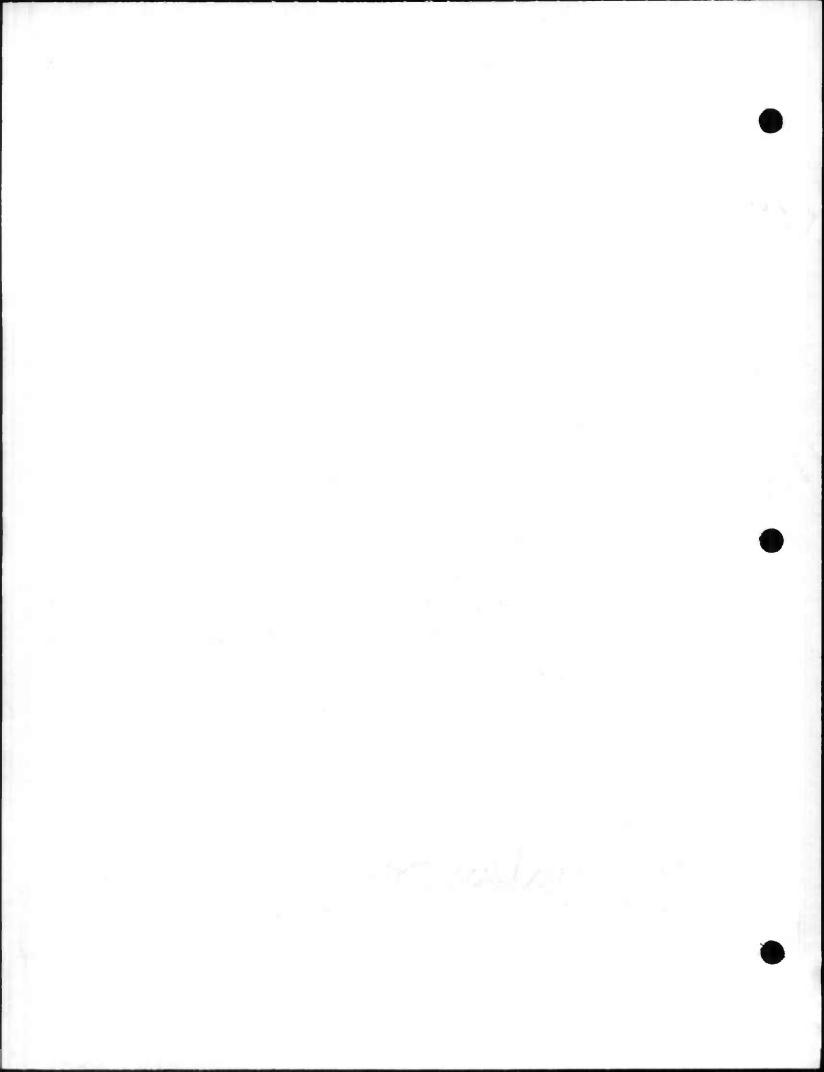
JAN 18 1995

CERTIFICATE OF DEATH REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Jānuary 12, 1995° F. George Westerman, Jr. 8:46 P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH BIRTHPLACE (State or Foreign Country) 198-24-5221 63 1 M 2 - F HOURS July 2. Pennsylvania 1931 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Suburban Hospital Bethesda Montgomery RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Potomac 1 YES 2 X NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8142 Inverness Ridge Road 20854 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—if yea, specify Cuban, Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. ☐ Never Married 2 🎦 Married 3 Widowed 4 Divorced Korean White 16e. DECEDENT'S USUAL OCCUPATION
"The kind of work done during most of working 15. DECEDENT'S EDUCATION 166. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 5+ Administrator Veterans Administration 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George F. Westerman. Marie E. Maloney 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Delores Westerman Same as 10 20a. METHOD OF DISPOSITION
1 ☐ Burial 2 🔼 Cremation 3 ☐ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State Pittsburgh Cremetion Service 4 Donation 5 Other (Specify) 1-16 Pittsburgh, Pennsylvania 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rapp Funeral Services, P. A. Cellen TO 933 Gist Avenue, Silver Spring, MD 20910 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failura. List only one cause on each line. Onset and Death **IMMEDIATE CAUSE (Final** disease or condition_ Pulmonary Arrest 1 Day resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Pulmonary Hemmorrhage 1 Day Sequentially ilst conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING Pulomnary Ilfiltrate 6 Weeks CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Diffuse Large Cell Lymphocytic Lymphoma 6 Years PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS Anemia, Diabetis Mellitus AMILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 1 NO 1 YES 2X NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO XXUNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 | Inpetient 24 XER/Outpetient 3 | DOA OTHER: 4 - Nursing Home 8 - Rasidence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCURED 12X Natural 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide datarmined 29ar CERTIFIER TEX CERTIFYING PHYSICIAN: To the best of my know wiedge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On Ite on and/or investigation, in my opinion, desth occured at the time, data and place, and due to the cause(a) and manner as stated. THE OR CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

M D01499 01 - 13 - 9530. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Lewis Hilliard Dennis. 6201 Greenbelt Road College Park, MD 32. REGISTRAR'S SIGNATURE Jalia Davolson Rowlall

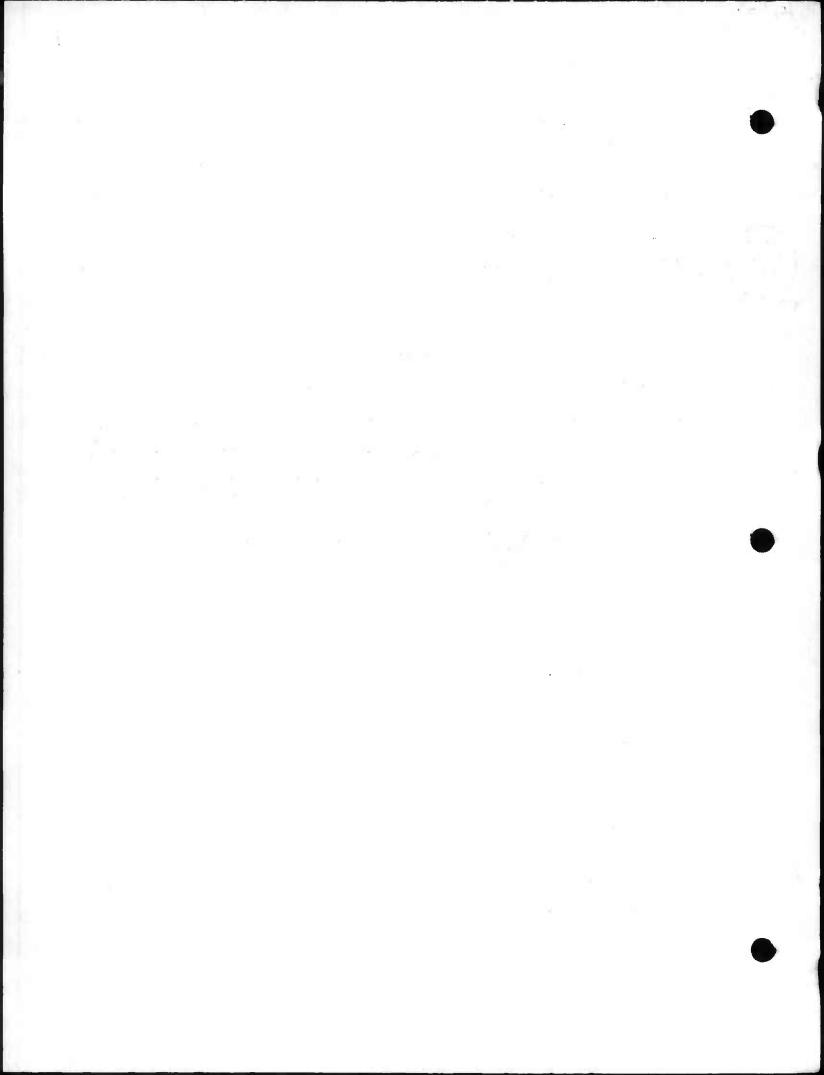
DHMH-18 Rev 1/89



		1. DECEDENT'S NAME (Firs	t, Middle, Last))0)fe		
		4. SOCIAL SECURITY NUM	-	5 SEX	6. AGE (In yrs. id	not hirthring
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3 should		9a. FACILITY NAME (If not it	nstitution, give s	tree" and number)	-	
3.8	OR	Hebrew Home	of Gr	eater Wa	shingto	n
₩	DIRECTOR	RESIDENCE OF DE	10b. COUNT			10c. CIT
No.	JIRIC	Maryland	Montgo			Roc
		10e. STREET AND NUMBER		мску		1 NOC
WHI	ERAL	1801 East J	effers	son St. A	408	
	FUN	11. MARITAL STATUS		12. WAS DECEDEN		
BALTIMORE, MARYLAND 21215-0020 er death. Page 6 may be retained by the hospital or attending the funeral director, page 5 should be detached for use as the under wal.	BY F	1 Never Married 2 2 3 Widowed 4 Div	Merried orced		VAR OR DATES	INO
; MARYLAND 21215-0 be retained by the hospital or attending ge 5 should be detached for use as the notified at once.	ED	15. DEC	CEDENT'S EDU	CAT ON COntrolleted)		ECEDENT'S
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ND hospit ached	COMPL			4	Mer	chant
YLAN by the hor be detach at once.		17. FATHER'S NAME (First, A				
A part pould by	BE	Nathan Wolf			1,	9b. MAILING
MAR retained 5 should notified	5	Karl Wolfe				O Dog
AE, nay be page		200. METHOD OF DISPOSIT	TION		-	E AND DATE
TIMORE Page 6 may al director, pa		1 Surial 2 Cremati		oval from State	Elimwo	rematory or co
FIN Page		21. SIGNATURE OF THER	AL SERVICE LIC	CENTIEE		
BALTIMORE, after death. Page 6 may be the funeral director, page moval. cal examiner must be		- flea	14	A		
B, fours after or removal		23. PART I. Enter the c		complications the		
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3760. rted with completely nal, cremation				DUE TO	(OR AS A CONS	EOUENCE C
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DS, P.O. BOX 68 he death certificate be exect the attending physician and Mental Hygiene prior to bur nijury, or other traumatil	CERTIFICATION	CAUSE (Disease or inj that initiated events		DUE TO	(OR AS A CONS	EOUENCE C
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ECORD ulres that the signed by the Health and I have any Injury.	DICAL	Hyper	ten	SION		
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N requirements of short	. M	DID TOBACC	O USE (CONTRIBUTI		JSE OF
AL he law he law e has but e Dept.	IAP	25. WAS CASE REFERRED				
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OF VITAL R PHYSICIAN: The law re this certificate has bee with the State Dept. or rited, or item 23 st	PHYSICIAN	27. MANNER OF DEATH	55200	28a. DATE Of (Month, I	F INJURY Day, Year)	28b. TII
ON OF DING PHYSIS After this of death with 1	ВУ	1 Netural 5 2 Accident	Pending Investigation			
ISIC ITTENDI STOR: A after da	۵	3 Suicide 6 4 Homicide	Could not be determined	28a, PLACE (OF INJURY — At I , atc. (Specify)	iome, farm,
DIVISION OF VITAL R OR ATTENDING PHYSICIAN: The law re DIRECTOR: After this certificate has be- hours after death with the State Dept. o item 28 is marked, or item 23 sh	COMPLETE	29a, CERTIFIER				
₹ 4 2 ±	MP	one) —		ICIAN: To the best of a		
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If		29b. SIGNATURE AND TITL				
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P P ≥ ₹	5	30, NAME AND ADDRESS C	F PERSON WE	O COMPLETED CAL	ISE OF DEATH (IT	EM 27) (Typ)
		Burt I.	Fer-	Iman	, MD	6
0		31. DATE FILED (Month, Day	Year)	32. REGISTR	AR'S SIGNATURE	
<i>A</i>		JAN	1 g 133	5 Julia	Sandyor 1	ardalle

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH MONTH 3. TIME OF DEATH DAY 3:40 Pm 1 birthday 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign HOURS YRS June 6, New York 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Rockville Montgomery 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Rockville 1 X YES 2 | NO 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20852 United States 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, atc. Specify: White 1 YES 2 NO Specify: EDENT'S USUAL OCCUPATION
be kind of work done during most of working
Do NOT use retired.) 186. KIND OF BUSINESS/INDUSTRY hant Retail 18. MOTHER'S NAME (First, Middle, Maiden Surname) Sophie Green MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Dogwood Circle, Pine Brook, New Jersey 07078 20c. LOCATION — City or Town, State ND DATE OF DISPOSITION (Name of DATE d Cemetery 1/8 New Brunswick, N.J. 22. NAME AND ADDRESS OF FACILITY Danzansky-Goldberg Memorial Chapels 1170 Rockville Pike Rockville, MD. ith. Do not enter the mode of dying, such ae cardiec or reepiratory arrest, Approximete Interval Between **Onset and Death** UENCE OF: UENCE OF UENCE OF): suiting in the underlying couse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? wen a 1 YES 2 NO E OF DEATH YES | NO | 26. PLACE OF DEATH (Check only one) DOA Nursing Home 5 Realdence 6 Other (Specify) 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED 1 YES 2 NO ne, farm, street, factory, offica 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ith occurred at the time, data and place, and due to the cause(s) and manner as stated. rvestigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated 29c. LICENSE NUMBER D 23958 612) Montrose Rel

DHMH-18 Rev 1/89



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1 - STATE REGISTRAR		OIRIE OI MIRI	CI	ERTIFI	CATE C	F DEA		MENIAL	REG. NO.	E		
1. DECEDENT'S NAME (First	t, Middle, Last)							2. DATE O	F DEATH			3. TIME OF DEATH
Doroth	4 W	est			er'			Janu	1054	18	1995	720 A M
4. SOCIAL SECURITY NUM	BER	5. SEX 6. /	AGE (In yrs. les	t birthday)	IF UNDER 1 YEA		R 24 HRS.	7. DATE OF	BIRTH	10	6. BIRTHP	LACE (State or Foreign
164-26-7405		1 □ M 2 🔀 F	61	YRS.	MONTHS DAY	/S HOURS	MIN.	Aug.	3 1 (933	Country)	nois
9a. FACILITY NAME (If not I	nstitution, give st	reet and number)			9b. CITY, TOV	VN OR LOCAT	ION OF D		J, 1.	· · · · · · · · · · · · · · · · · · ·	INTY OF DE	
Suburban Ho	spital				Beth	esda				Mon	tgome	ry
10a. STATE	10b. COUNTY			10c. CITY	TOWN OR LO	CATION					T	10d. INSIDE CITY
MD	Mon	tgomery			Beth	esda					- 1	LIMITS?
10e. STREET AND NUMBER		0		4	Been	101. ZIP COD	E			10g. CIT		IAT COUNTRY?
	ck Dri	ve	_			208	316			υ	. s.	Α.
11. MARITAL STATUS	Mandad	12. WAS DECEDENT EV FORCES? 1				DECENDENT				or No-	14. RACE -	- American Indian, White, stc.
1 Never Married 2 X 3 Widowed 4 Divo		IF YES, GIVE WAR				YES 2 NO			en, etc.)		Specify	
	EDENT'S EDUC		18a. DE	CEDENT'S U	JSUAL OCCUP	ATION		16b. K	IND OF BUS	SINESS/IN	DUSTRY	WILLCE
Elementary/Secondary (I	ly highest grade (9-12)	College (1-4 or 5+)	(Gi	ive kind of w Do NOT use	ork done during retired.)	most of world	ng	-0.00				
		4	I	Homema	aker				Own	Home	2	
17. FATHER'S NAME (First, N						18. MOT	HER'S NA	ME (First, Mic	idle, Maiden	Sumame)		
Walter 0.	Heinze					Can	colir	ne Lo	uise			
19a. INFORMANT'S NAME (Type/Print)		190	b. MAILING	ADDRESS (Stre					n, State, Zij	p Code)	
Donald G. W	est		51	109 Ca	ammack	Drive	e Be	thesd	a. MT	20	1816	
20a. METHOD OF DISPOSIT 1 ☐ Buriel 2 ☑ Cremetic		rai from State	20b. PLACE A	AND DATE OF	FDISPOSITION	(Name of		DATE			City or Tow	n, State
4 Donation 5 Donat	(Specify)		Mount	Comf	ort Cr	emato	ry	1/23	Alex	andr	cia	VA
21. SIGNATURE OF FUNERA	IL BERVICE LICE	ENSEE			22. NAMI	E AND ADDRE	SS OF FA	ситујоѕ	eph (Gawle	er's S	Sons
1 1	10	11/2 -				WI Av						20016
23. PART I Enter the d	iseases, or co	omplications that ca	used the de	ath. Do no	ot enter the	mode of dy	ina, suc	h aa cardia	c or reapi	ratory ar	rest	Approximate
anouk, or n	gart famure. L	ist only one cause o	on each line			,				,	,	interval Between
IMMEDIATE CAPSE (Fir disease or condition	nei		10010	alsta	· 0 ·		2					Onset and Death
reaulting in death)	· .	DUE TO (OR	AS A CONSEC	DUENCE OF	U Bu	Dive	1/17					1 DBA
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Sequentially list condit if any, leading to imme		DUE TO (OR	AS A CONSEC	DUENCE OF	:		011	7000	P	/	/	1 Utry > rigo
cause. Enter UNDERLY CAUSE (Disease or Inju	ING											
that initiated events	~ 1	DUE TO (OR	AS A CONSEC	DUENCE OF):						-	
resulting in death) LAS	d											
PART II. Other aignifice	ent conditions	Contributing to dea	th but not a	esuiting in	the underly	vina cause	niven in	Part I 2	4a. WAS AN	AUTOBEV	1 045 1	VERE AUTOPSY FINDINGS
			dtin			yang cause	giveii iii		PERFOR	MED?	1	WAILABLE PRIOR TO COMPLETION OF CAUSE
		031101	WHIL	CO HIVE	HI			- 1	YES 2	NO		OF DEATH?
DID TOBACCO U	ISE CONTR	IDITE TO CALIS	E OE DEA	TU VE	NA NO		COTAIN				1	☐ YES 2 🙀 NO
25. WAS CASE REFERRED T		IBUTE TO CAUS			(Check only o		ERTAI	и Ц				
EXAMINER?	-	HOSPITAL:			OTHER:							
27. MANNER OF DEATH		28a. DATE OF INJU		28b. TIME	4 Nursing I	INJURY AT	sidenca		Specify)	1 HIPV 00	OUDED	
	Pending	(Month, Day, Ye		INJU	RY	WORK?	¬ NO	286. DEŞÇI	WE HOW IF	IJUNT OC	COMED	ĺ
2 0 0-1414-	Investigation	28s. PLACE OF IN.	JURY — At ho	me farm at				287 LOCAT	ION (Stead o	and Alumba	or Proof Pr	
4 Homicide	Could not be determined	building, stc.	(Specify)	,,				City or	Town, State)	no Number	r or Rural Roo	ne number,
29a, CERTIFIER	TIEVING DUVEL	IAN: To the best of my i	moudodes	oth co	4 =4 45 = ==							
		: On the basis of axamir										and manner as stated.
29b. SIGNATURE AND TITLE						_	ENSE NUM		1			
1	0-	0,0					1144			ZVG. DAT		North, Day, Year) 18, 1995
30. NAME AND ADDRESS OF	F PERSON WHO	COMPLETED CAUSE OF	F DEATH (ITEN	4 27) (Type. I	Print)						1201000	/ 10/1/15
I GO B	erger	W.D. 80	9 Vei	us u	1111 80	Ad. A	ocki	ille, m	10mg/	and	3085	51
JAN 20 1	995 A	32. REGISTRAR'S										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 73 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

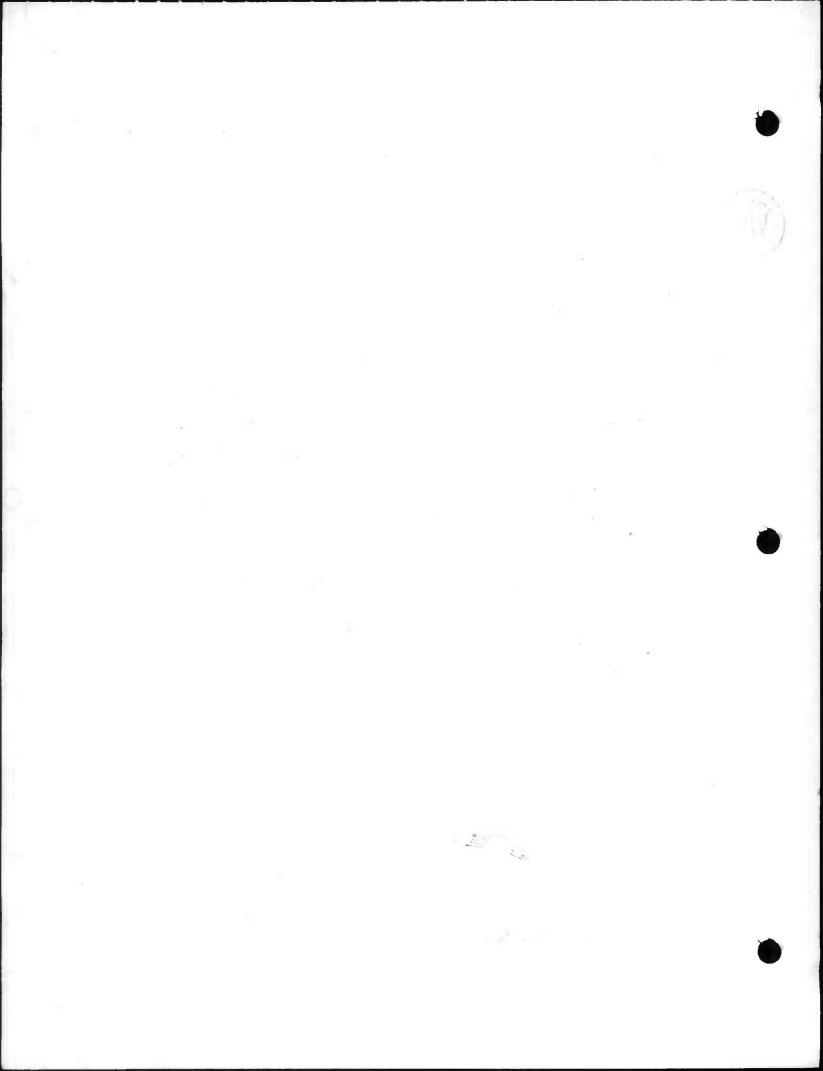
BALTIMORE, MARYLAND 21215-0020

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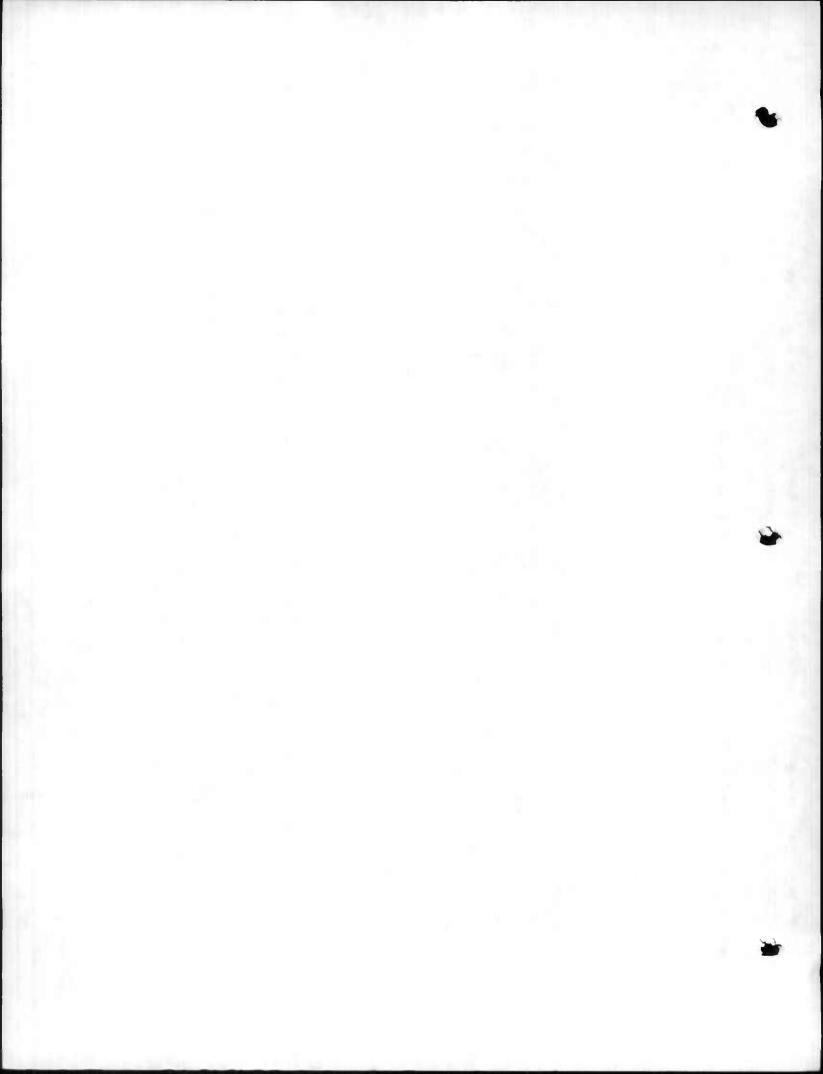
TO BE COMPLETED BY FUNERAL DIRECTOR

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DHMH-18 Rev 1/89



CERTIFICATE # 25-03989
SEE
CERTIFICATE #



DHMH-18 Rev 1/89

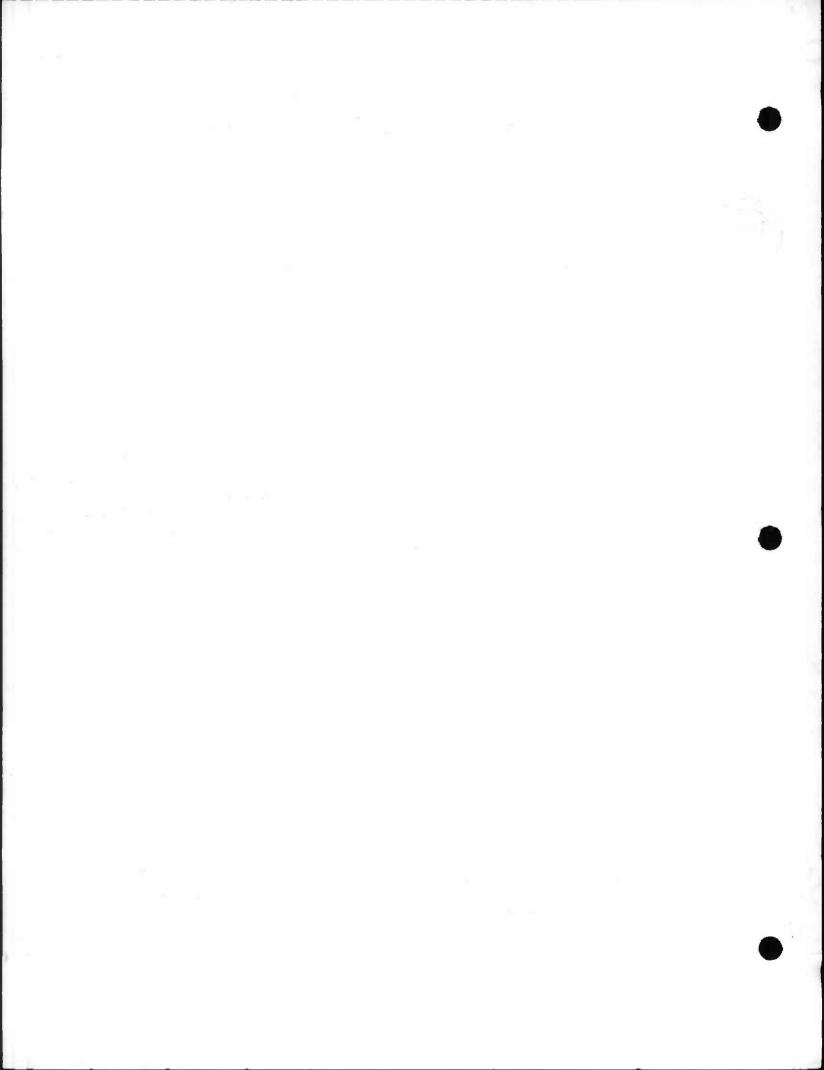
REG. NO.

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DIVISION OF VITAL RECORDS, P.O. BOX 68/60	DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page
2	DR A

1 - FOR STATE REGISTRAR

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			n yrs. last birthday) IF U			OF BIRTH	B. BIRTHDI A	CE (State or Foreign
		215-46-0897 1 M 2 🔭 82	MON		MIN. (Mon	h, Day, Year)	Country)	
3 should		9e. FACILITY NAME (If not institution, give street and number)		CITY, TOWN OR LOCAT		st 15,191	ZIMATYLA	
38	DIRECTOR	Holy Cross Hospital		Silver Sp	ring	0.1	Montgome	
	E E	10a. STATE 10b. COUNTY	10c. CITY, TO	WN OR LOCATION			10d	I. INSIDE CITY
WH I		Maryland Montgomery	Ke	nsington				YES 2 NO
· · · · /	FUNERAL	10e, STREET AND NUMBER		10f. ZIP COL	DE	t0g. (CITIZEN OF WHAT	COUNTRY?
1	N N	11316 Woodson Avertue 11. MARITAL STATUS 12. WAS DECEDENT EVER IN	II.C. ABWED.		20895		U.S.A.	
physicia burial-tr		1 Never Married 2 Married IF YES, GIVE WAR OR DATE	2X NO	If yes, specify Cub	an, Mexican, Puarto	N? (Specify Yes or No- Rican, etc.)	Black, Wh	American Indian, ille, atc.
a a a	ВУ	3 🖾 Widowed 4 🗌 Divorced	123	1 TYES 2 NO	эрөспу:		White	
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the hospital detached for once.	N N	12 17. FATHER'S NAME (First, Middle, Last)	Homemaker			Own Home Middle, Maiden Surnami		
9 % F	U U	Norman F. Alsop			lena			
retained 15 should notified	00	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADD	RESS (Street and Number			berlich Zip Code)	
2 C D	일	Norma M. Smith	11316 Wo	odson Ave	nue Ken	sington.M	arvland	20895
may be			PLACE AND DATE OF DIS	POSITION (Name of	DAT		— City or Town, S	
Page 6 ma Il director, p		4 Donation 5 Other (Specify) Fo	rt Lincolr	Cemetery		5 Brentwe	ood, Mar	ryland
death. Pag tuneral di I. examiner		21. SIGNATURE OF FUNERAL SERVICE LICIMSEE	/	Francis J		Funeral	Home 1	[nc
		Mark - Willelle		500 Unive	rsity Bl	vd. W. Si	1.SprN	
E > E 3		23. PART i. Enter the diseases, or complications that caused shock, or heart failure. List only one cause on as	tha death. Do not a	ntar tha moda of dy	lng, such as csn	diac or respiratory	arrest,	Approximata
8 E C 9		IMMEDIATE CAUSE (Final		*			İ	Interval Between Onset and Death
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B 5 - 6		DUE TO (OR AS A (CONSEQUENCE OF):					
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certificate nding phys Hygiene p	RTIE	that initiated events resulting in death) LAST	CONSEQUENCE OF):					
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를 본 등		PART II. Other significant conditions contributing to death but	t not resulting in the	underlying cause	givan in Part i.	24a. WAS AN AUTOPS		RE AUTOPSY FINDINGS
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requires een sign of Heali	ME							YES 2 NO
- 2 . **	Z.	DID TOBACCO USE CONTRIBUTE TO CAUSE OF			CERTAIN 🗆			
DR ATTENDING PHYSICIAN: The law IDIRECTOR. After this certificate has be rouns after death with the State Dept. Item 28 is marked, or Item 23 s	PHYSICIAN	EXAMINER? HOSPITAL:		HER:				
certific the S	ΤΥS	YES 2 NO 1 Inpatient 2 ER/Outpat 27. MANNER OF DEATH 288. DATE OF INJURY	tlant 3 DOA 4 D	Nursing Home 5 R			220125	
문 발 제 원		Natural 5 Pending (Month, Oay, Year)	INJURY	WORK?		SCRIBE HOW INJURY	OCCORED	
After death	D BY	2 Accident Investigation 3 Suicide 8 Could not be building, etc. (Specific	- At home, ferm, street,		28f. LOC	ATION (Street and Num	ber or Rural Route	Number,
DR ATTENDING DIRECTOR: After hours after death item 28 is ma	ш	4 Homicide datarmined building, etc. (Specify	y)		City	or Town, State)		
DIRE Hours Item	2	29a. CERTIFIER (Check only 1 CERTIFYINO PHYSICIAN: To the best of my knowle-	dge, death occurred at t	he time, data and place	e, end due to the car	use(a) and manner ea	atated.	
TO THE HOSPITAL DE TO THE FUNERAL DE filed within 72 he IMPORTANT. If its	COMPLET	one) 2 MEDICAL EXAMINER: On the beals of examination						manner as stated.
HE FU HE FU BD Wit	ш	29b. SIONATURE AND TITLE OF CERTIFIER.		29c. LIC	ENSE NUMBER	29d. D	DATE SIGNED (Mon	ith, Day, Year)
55 54 54 54 54 54 54 54 54 54 54 54 54 5	0 B	Oth Saule	_ 055	D	0854	6	Dan	14, 95
	-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT	-			Bet	حاطما	nol-
		31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNAT	BD(%	60,3	consi	X V	ve	
		JAN 17 1995 Julia Sauchard						
L		01114 - 1 1000 June 10 months 10	24 MANA					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



AND 2	ne hospital o	letached for		mce.
BALTIMORE, MARYLAND 21	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Actiours after death. Page 6 may be retained by the hospital o	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for		Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
MORE, 1	e 6 may be	rector, page 5		must be n
BALTIN	er death. Pag	the funeral di	wal.	il examiner
	2 Chours aft	/ filled in by	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the medica
8760,	uted within	completely	rial, cremat	c event, 1
BOX 6	ate be exec	hysician and	prior to bu	r traumat
P.O.	eath certific	attending p	ntal Hygiene	y, or othe
ORDS	s that the d	ned by the	afth and Mei	any Injur
AL REC	law require	as been sig	Dept. of He	23 shows
F VITA	SICIAN: The	certificate !	th the State	d, or item
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ENDING PHY	R: After this	er death wit	is marke
	L DR ATTE	DIRECTO.	hours aft	Item 28
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215-0020

attending physic se as the burial

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HOSPITAL DR ATTENDING

TO THE HOSPITAL D TO THE FUNERAL D be filed within 72 ho

BY

COMPLETED

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 5:50 Conway 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH (Month, Day, Year) DAYS HOURS 214-22-7395 'XXM 2 □ F 70 YRS. X1abama Jan. 1925 9a. FACILITY NAME (If not institution, give atreet and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Calvert Manor Nursing Home Rising Sun Cecil RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Carroll Sykesville XX YES 2 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 7309 Second Avenue 21784 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1/ YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto R

1 YES 2 NO Specify: 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced White 1948 1949 COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Seven Years Unknown Carpenter 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Unknown Unknown BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Dianne F. Fox, MSW Social Work Service, V.A.Medical Center, Perry Point, MD 21902 20s. METHOD OF DISPOSITION
1) Puriel 2 Cremetion 3 Removel from State
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Garrison Forest Cemetery 1/24/95 Owings Mills, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY honow M. tatterson Lee A. Patterson & Son Funeral Home Perryville, Maryland 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximata shock, or heert fellure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disesse or condition A.S. C. Y.O resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): ceretovosala CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA ng Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Yeer) 26b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural

5 Pending 1 YES 2 NO 2 Accident 26f. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be determined 4 Homicide

1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner as stated.

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month Day, Year)

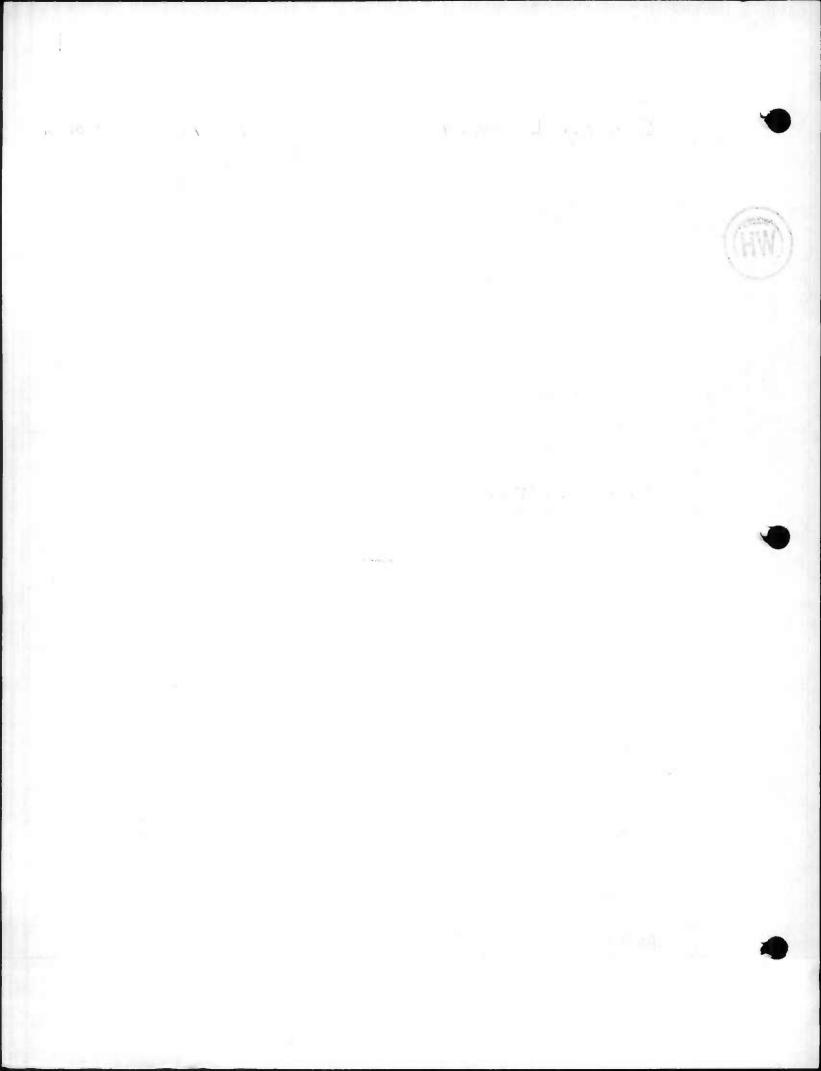
0-11115

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Vel aylor 21911

JAN 2 3 32. REGISTRIAR'S SIGNATURE 1995

DHMH-16 Rev 1/80

► 19-95



hos	tache	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	9
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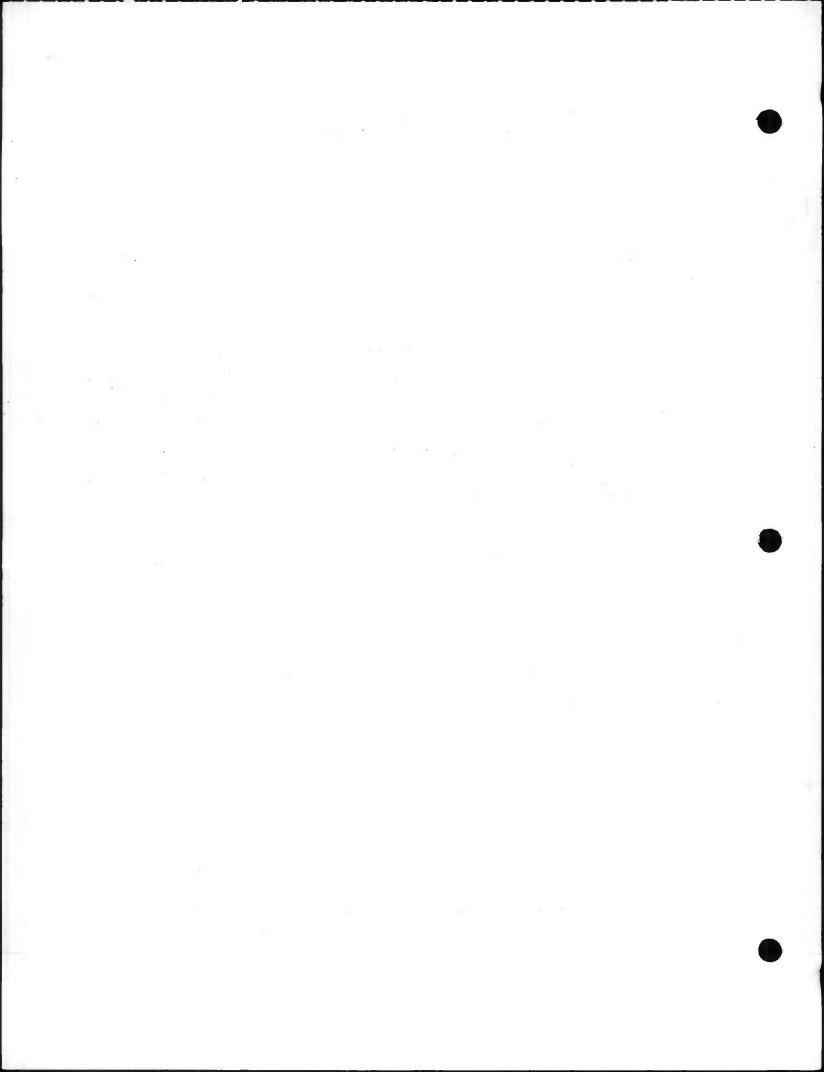
IMMEDIATE CAUSE (Final disease or condition resulting in death)		FOR 1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPAR				MENTA	L HYGIEN	E		
TOP-18-4723 II M XXI F 70 THE MANUAL DOCUMENT OF DEATH Secretary Part and common Incompanies		Evelyn			als	6			H D		YEAR ,	TIME OF DEATH
Trederick Memorial Hospital Frederick Frederick		179-18-4723	1 □ M 2X F 7(MONTHS	DAYS	HOURS MIN.	Augus	of BIRTH	924	Country) Penns	ce (Stote or Foreign ylvania
STATET AND NAMERINE The STATET AND NAMERINE THE STATET AND NAMER	TOR	Frederick Memoria						DEATN				
The December's Education (Since From Founda		10e. STATE 10b. COUNTY	rick				ION					LIMITS?
Secundary Secundary (0-12) Codes of 1-4 Secundary 1 16. ACCOMPAND (0-12) 16. ACCO	VERAL	1	rive, Suite	23		101.						COUNTRY?
The Manufacture of Paper Service Contributing to deeth but not resulting in death) LST Sequentially list conditions, lister, leading to immediate deaths and constraints of page 1 page		1 Never Married 2 X Merried	FORCES? 1 YES	U.S. ARMED 2 NO TES	- 11	t yes, spe	cify Cuban, Mexic	can, Puerto		or No—		
The Manufacture of Paper Service Contributing to deeth but not resulting in death) LST Sequentially list conditions, lister, leading to immediate deaths and constraints of page 1 page	APLETEC	(Specify only highest grade co	ompleted)	(Give kind of life. Do NOT us	work done d se retired.)	during mos	st of working					S
William L. Walsh, Sr. Specific continuence of the five fluence of the five fluence of the five fluence of the five fluence of the five fluence of the fl		George	S	SECUNDA					Middle, Maiden		USHNE	R
Saint Johns Cemetery January 19, 1995 Frederick, Maryland 21, SINATURE OF FUNENAL SERVICE LICENSEE M00255 22, SINATURE OF FUNENAL SERVICE LICENSEE M00255 22, SINATURE OF FUNENAL SERVICE LICENSEE M00255 23, PART I. Enfort the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on asch line. M00256 M0275			Sr.									Md. 21702
MO0255 Keeney and Basford P.A. Funeral Home		4 Donetion 6 Donetion Checkly)	Sa	PLACE AND DATE	of disposi	mete	ery Janu	ary 19	, 1995	Freder	ick, M	state aryland
INMEDIATE CAUSE (Final disease or condition resulting in death)		→ Richard E	Graf		10	eene	y and Ba ast Chu	asfor rch S	t., Fr	ederi	ck, M	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS		shock, Dr haart failurs. Li IMMEDIATE CAUSE (Final disease or condition	st Drily one caluss on as	ch line.		the mod	de ot dying, su	ch as cen	diac or respi	retory srres	it,	Approximate Interval Between Onset and Death
PART II. Other eigniticant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH 1	ERTIFICATION	It any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	C4 F):							
Accident solution of the determined solution of the determined solution of the determined solution and/or investigation, or solution and/or investigation, in my opinion, death occurred at the time, date and place, and dua to the cause(a) and manner as stated. 29b. Signature And Title OF Certifier 29c. License Number 29d. Date Signed (Month, Dey, Yeer)	MEDICAL	Renal fai	hunt fail	whisis	Li	ucy		<u> </u>	PERFOR	MED?	CON OF	ILABLE PRIOR TO IPLETION OF CAUSE DEATH?
M t VES 2 NO Nomicide Section	SICIA	EXAMINER?	10SPITAL:	6. PLACE OF DEA	OTHER	only one)			er (Specific)			
3 Sulcida s Could not be detarmined 29e. PLACE OF INJURY — At home, farm, streat, fectory, office 29e. PLACE OF INJURY — At		27. MANNER OF DEATN 1 Netural 5 Pending	26e. DATE OF INJURY	28b. TIM	E OF	28c. INJU WOF	IRY AT			NJURY OCCU	RED	
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER	G	3 Suicida s Could not be	28e. PLACE OF INJURY building, etc. (Special	— At home, tarm, a	streat, fecto	ory, office				nd Number or	Aural Route	Number,
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER	OMPL	(Check only										manner as stated.
30. NAME AND ADDRESS OF PERSON WIND LOND EFED CAUSE OF DEATH (YEAR	BE	29b. SIGNATURE AND TITLE OF CERTIFIER	herman				29c. LICENSE NU	IMBER		29d. DATE \$	IGNED (Mor	oth, Day, Year)

32. REGISTRAR'S SIGNAJURE
Julia Davidson Rarball

31. DATE FILED (MOND, Day, Year)

JAN 18

1995



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - REGISTRAR				CERT	IFIC	ATE O	F DEATH		REG. NO.				
1. DECEDENT'S NAME (First,	Middle, Last)							2. DAT	E OF OEATH		VEAR	3. TIME OF DEAT	ТН
	De	nnis	Lee	WIV	VEL	L		Jani	Jary 16	, 19	95	8:13 a	i m
4. SOCIAL SECURITY NUMBER	R	5. SEX		yrs. last birthd		UNGER 1 YEA		7. DAT	E OF BIRTH		6. BIRTH	IPLACE (State or Fo	xelgn
220-76-3582		1 🔀 M 2 🗌 F		41 YRS	3.	THS DAY			12, 19	953	Penr	nsylvani	a
90. FACILITY NAME (If not ins 1331 Hillore RESIDENCE OF DEC	est Dr				96		n or Location of D ederick	EATH		1	reder		
10a. STATE	10b. COUNTY	r		10c.	CITY, TO	OWN OR LO	CATION					10d. INSIDE CITY	
Maryland 100. STREET AND NUMBER	Fred	lerick			Fre	ederi						LIMITS?	
1331 Hillore	est Dr	ive					21702			-	J.S.A	WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 1 3 Widowed 4 Divon		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YE\$	2 XNO		If yes,	PECENDENT OF HISPA specify Cuben, Maxic (ES 2 X NO Speci	en, Puerte	ilN? (Specity Yes o Ricen, etc.)	or No—	Black	E — American India k, White, atc. iiy: White	in,
15. DECE (Specify only	DENT'S EDU	CATION completed)	-10	6a. DECEDEN			ATION most of working	16	b. KIND OF BUS	SINESS/IN	DUSTRY		
Elementary/Secondary (0-		College (1-4 or 5		life. Do NO	T use rei	lired.)	tenance		Handi	cappe	ed Ce	enter	
17. FATHER'S NAME (First, Mic	idle, Last)				0		18. MOTHER'S N.	AME (First					
Clarence		rris	WIVE				Ruth		annette		SHE	MAN	
Mr. Paul Bro		ccl					et and Number or Rural on Drive,					nd 21701	
20a. METHOD OF DISPOSITION 1X Burial 2 Cremation	3 🗆 Rem	oval from State	20b. Pl	LACE AND DA	TE OF D	SPOSITION	(Name of	DA	TE 20c. LO	CATION —	City or To	wn, Stata	-
4 Donation 5 Other (EHSEE A	_ IMou	nt OI:	ıveı	22. NAME	etery Jan	ACILITY					nd
*teth h	mon	Kobers	ien	MOO70	6		ey & Basf <u>East Chur</u>						
23. PART I. Enter the dis	easea, or c	complications the	t caused the	ha daath, D	o not a	nntar tha	mode of dyling, suc	ch as ca	rdiac or raspi	ratory ar	rest,	Approxima	
IMMEDIATE CAUSE (Final disease or condition					_	1						Onset and	
resulting in death)	>	DUE TO	(OR AS A C	ONSEQUENCE	E OF):	u	re	,					
Sequantially list condition		b. CO	CON AS A CO	ONSEQUENCE	He	pal	re the B	4	refer	liv	-	104	ne
if any, leading to immed cause. Entar UNDERLYIN CAUSE (Disesse or Injur	IG	с							0			/	
that initiated eventa resulting in death) LAST		DUE TO	(OR AS A C	ONSEOUENCE	OF):								
PART II. Other significan	t condition	s contributing to	daath but	not resultin	ng In th	ne underly	ring cause given in	Part I.	24s. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FII	NDINGS
									PERFOR			AVAILABLE PRIOR 1 COMPLETION OF CO OF DEATH?	
DID TOBACCO US	F CONTI	RIBUTE TO CA	LISE OF	DEATH	YES I		UNCERTAI			•		1 YES 2 N	10
25. WAS CASE REFERRED TO		CILIO CA		PLACE OF D			-	14 []					
EXAMINER?		HOSPITAL:	ER/Outpatie	ent 3 🗆 DO/		HER:	ome 5 X Residence	0 00	on (Passibil				
27. MANNER OF OEATH Natural 5 P	endina	26a. DATE OF (Month, D	INJURY	26b.	TIME OF	28c.	INJURY AT WORK?		ESCRIBE HOW II	NJURY OC	CURED		
2 Accident In	veatigation ould not be	28e. PLACE O	F INJURY — etc. (Specify)	At home, fare	m, stree		YES 2 NO		CATION (Street a	nd Numbe	r or Rural F	Toute Number,	
	termined								y or Town, State)				
							ata and place, and due i, death occured at the					and manner as at	tated
29b. SIGNATURE AND SITURE	/ /				_		29c. LICENSE NU		,,				
A/II	a	ene	2/	IN	1/	<i>D</i> .	D09518					(Month, Day, Year) 16, 1995	
Dr. Jean R.							on Drive,	Sui	te 102	, Fre	ederi	ick MD 2	1702
31. DATE FILED (Month, Day, Ye	ear)	32. REGISTRA											
JAN 2	0 199	3			-								

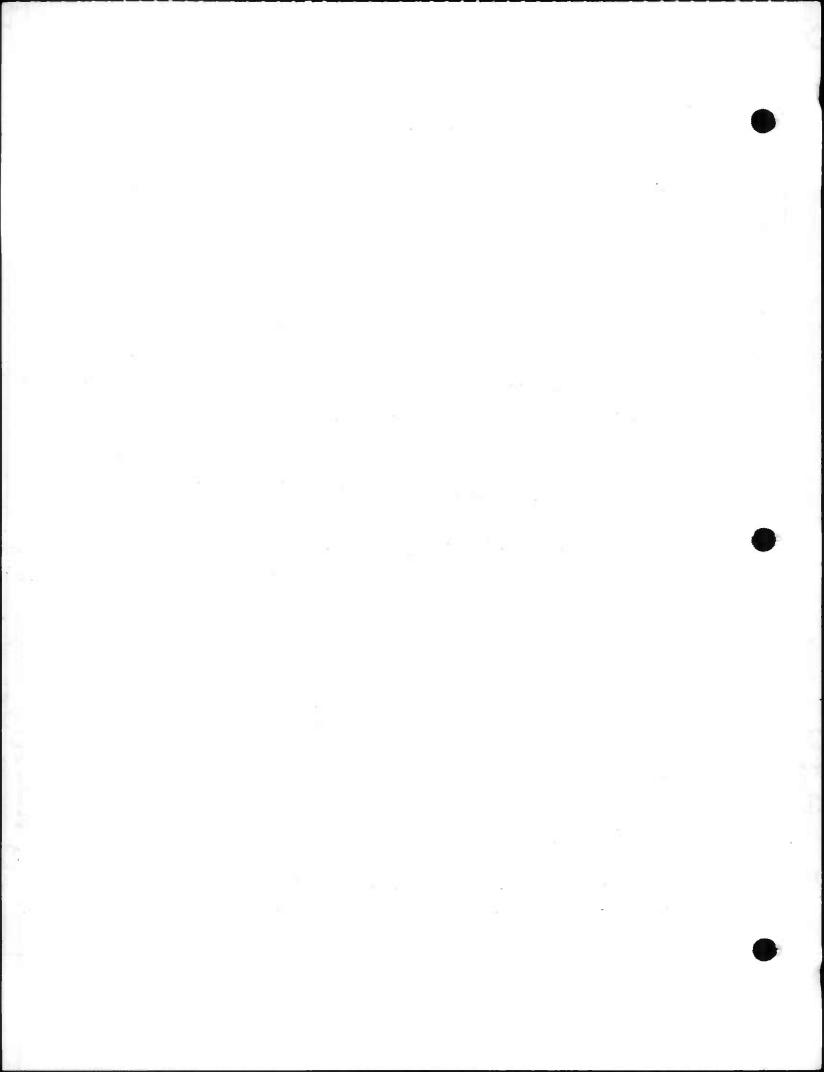
ALEX iours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within clours after death. Page 6 may be retained by the hospital or attending physician.	shours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Heaith and Mental Hygiene prior to burial, cremation, or removal.	filled in by the funeral director, page 5 should be detached for use as the burial-transit in, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	e medical examiner must be notified at once.

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Ot	ulta Oleta	West			January 1	7.1995	3:00 A M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	10	BIRTHPLACE (State or Foreign
	234-80-0725	1 □ M 2 1 □ F	90 YRS. M	ONTHS DAYS	HOURS MIN.	(Month, Day, Year)	001- 17	Country)
	9e. FACILITY NAME (If not institution, give s			h CITY TOWN	OR LOCATION OF DE			Vest Virginia
Œ							Se. COUNT	T OF DEATH
6	Sykesville Ele	<u>lercare Cent</u>	er	S	ykesville	9	Car	roll
DIRECTOR	10e. STATE 10b. COUNTY	1	10c. CITY, 1	TOWN OR LOCA	TION			10d. INSIDE CITY
뜽	Maryland Fre	derick		Ljams	willo			LIMITS?
	10e. STREET AND NUMBER	MOLION			V J.J.L.E		441	1 TYES 2 X NO
FUNERAL	27.07 Phonont	Descri] "			-	N OF WHAT COUNTRY?
2	3107 Pheasant				21754			ted States
5	1 Never Merried 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. WAS DE	CENDENT OF HISPAN pocify Cuben, Mexico	IIC ORIGIN? (Specify Yee n, Puerto Rican, atc.)	or No- 14	I. RACE — American Indian, Black, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR I	DATES		NO Specify			Specify:
	15. DECEDENT'S EDUC	CATION						White
	(Specify only highest grade		(Give kind of word life. Do NOT use n	k done during m	ost of working	16b. KIND OF BUS	SINESS/INDUS	STRY
7	Elementary/Secondery (0-12)	College (1-4 or 5+)	100			0.00	hama	
COMPLETED	0		поп	emaker			home	
	17. FATHER'S NAME (First, Middle, Last)	77				ME (First, Middle, Maiden	Surneme)	
BE		Hartley			<u></u>	Lsy Alman		
2	19e. INFORMANT'S NAME (Type/Print)					Boute Number, City or Town		
- 1	Rex C. West		3107	Pheasa	nt Run,	Ijamsville	e, Md.	21754
	20s. METHOD OF DISPOSITION Disposition 3 Remove Re	oval from State	b. PLACE AND DATE OF	DISPOSITION (N	ame of	DATE 20c. LO	CATION — CIT	y or Town, State
i	4 Donetion 5 Other (Specify)		forest Law	n Mem.	Gardens]	/21/9\$	Jane	Lew, W. Va.
	21. SIGNATURE OF FUNERAL SERVICE LIC	EHSEE	V.	22. NAME A	ND ADDRESS OF FA	CILITY		
	► ()//: I	Mal	+1	4.5		sworth, P.		
-	as part I follow the discourse	· Journa	un	264	Ol Ridge	Rd., Damas	scus,	Md. 20872
- 1	23. PART I. Enter the diseases, or c ehock, or heert feilure.	List only one ceuee on	ech line.	enter the me	ode of dying, suc	h as cardlec or respi	ratory erree	t, Approximate Interval Between
	IMMEDIATE CAUSE (Final	Λ	,	11.		0	1	Onset and Death
	diseese or condition resulting in death)	HC	ufe	10	land	eal me	per	items Few
		DUE TO (OR AS	A CONSEQUENCE OF):	0	1 .			Hours,
Z	Sequentielly list conditions,			wifee	Hos	rt DL	Sear	
Ĕ	If any, leeding to immediate	DUE TO (OR AS	A CONSEQUENCE OF):					
2	CAUSE (Disease or Injury	D.						
비닄	that initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE OF):					
CERTIFICATION	resulting in deetily Exist	1						
	PART II. Other eignificent condition	s contributing to deeth	but not resulting in t	he underlyle	a ceuea aluen In	Part I. 24s. WAS AN	ALITTORNA	A 41
EDICAL	(en out	TIMPOUL			leus	PERFOR		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
ă	Dea	20 4 0 3202	al			1 _ YES 2,	NO	COMPLETION DF CAUSE OF DEATH?
×	Dearent	19				_		1 TYES 2 NO
ž	DID TOBACCO USE CONTR	RIBUTE TO CAUSE O	OF DEATH YES	□ NO [] UNCERTAIN	142		
8	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH					
PHYSICIAN:	1 TES 2 AO	FIOSPITAL: 1 Inpatient 2 ER/Out		THER: United Horizont	ne 5 🗆 Residence	8 Other (Specify)		
ξI	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c. IN.	JURY AT	28d. DESCRIBE HOW IN	JURY OCCUP	RED
BY F	Natural 5 Pending	(month, Day, rear)	INJUR		PRK? YES 2 NO			
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUR	Y — At home, ferm, stre	et, fectory, offic	•	281. LOCATION (Street e	nd Number or	Rural Route Number.
百二	4 Homicide determined	building, atc. (Spe	icity)			City or Town, State)		
ių								
	29e. CERTIFIER			and the later				
MPI	(Check only	CIAN: To the best of my know						Anna anna anna anna anna
COMPI	(Check only one) 2 MEDICAL EXAMINE	R: On the basis of examination						euse(e) end manner ee stated.
BE COMPLETED	(Check only	R: On the basis of examination	on end/or investigation, i	n my opinion, o	leath occured at the	time, date end place, end	d due to the o	ceuse(e) end menner ee stated.
H	(Check only 2	ATTEMDIA	on end/or investigation, i	SICIA	leath occured at the	time, date end place, end	29d, DATE S	IGNED (Month, Day, Year)
	(Check only one) 2 MEDICAL EXAMINE	ATTEMDIA	on end/or investigation, i	SICIA	leath occured at the	time, date end place, end	29d, DATE S	
H	(Check only 2	ATTEMD / AD COMPLETED CAUSE OF DI	en end/or investigation, i	SICA	29c. LICENSE NUM	time, date end place, end	29d, DATE S	igned (Month, Day, Year) an. 17, 1995
8	(Check only 2 MEDICAL EXAMINE) 29b. SIGNATURE AND THE CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	ATTEMD / AD COMPLETED CAUSE OF DI	en end/or investigation, in end/or investigation, in the second of the s	SICA	29c. LICENSE NUM	time, date end place, end	29d, DATE S	igned (Month, Day, Year) an. 17, 1995

3. TIME OF DEATH 530 A m

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?

interval Between Onaet and Death

FOR STATE REGISTRAR

296. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Year)
JAN 2 3 1995

Bathleen

BE

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	ſ		4 DECEMBER WATER TO THE TOTAL PROPERTY OF THE PARTY OF TH					A				-	
			1. DECEDENT'S NAME (First, Middle, L	en brode	4).	10.				2. DATE OF DEATH	DAY	YEAR	TIME OF DEATH
			4. SOCIAL SECURITY NUMBER		8 AGE (In vi	rs. last birthday)	IF UNDER 1 Y	EAD DE	INDER 24 HRS.	7. DATE OF BIRTH		25	ACE (State or Foreign
			214-10-2613	1 M 2 F	8:			AYS HOL	7	(Month, Day Year)		Country) Mary	
	3 should	İ	9a. FACILITY NAME (If not institution, g	give street and number)			9b. CITY, TO	OWN OR LO	CATION OF DE		9c. COUNT		
	2, 3 s	e e	Frederick Memo	rial Hospit	al		Fı	reder	ick		Fre	deri	ck
_	1, 2	5	RESIDENCE OF DECEDENT			Lan au							
ASSE	1	DIRECTOR		rederick			r, town on i Mount						0d. INSIDE CITY LIMITS?
ML	È\		10e. STREET AND NUMBER					101. ZIP			10a CITIZ		X YES 2 NO
AAL		ER/	211 Lookout Av	enue				3322	21771			J.S.A	
-	8	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT			13. WAS	S DECENDE	NT OF HISPAN	IIC ORIGIN? (Specify Ye		4. RACE -	- American Indian
302 phy	2	BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 [IF YES, GIVE WA					NO Specify	n, Puarlo Rican, etc.)		Specify:	White White
5 5	10	ED B	15. DECEDENT'S	50104704				270.00					WILLCE
112 or att	L use	E	(Specify only highest (grade completed)		a. DECEDENT'S (Give kind of v life. Do NOT us	vork done duri	IPATION ing most of a	working	16b. KIND OF BU	JSINESS/INDU	STRY	
10	od for	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+))	Beauti	,			Beau	ty Sho	n	
AN The hos	be detached at once.	ŏ.	17. FATNER'S NAME (First, Middle, Last)		Deddel	CIGII	18.	MOTNER'S NAI	ME (First, Middle, Maider		Р	
		m l	Howard Mar	shall E	EIGENE	RODE		E	dna	Roxie		EYLE	R
MAR	5 should notified	OB	19a. INFORMANT'S NAME (Type/Print)							Route Number, City or Tox			
	S E	ř	Mr. Eddy M. Wi	les		26511	Clark	csbur	g Road	, Damascu	s Mary	land	20872
ORE 6 may	must be		20a. METNOD OF DISPOSITION 1 X Burlal 2 Cremation 3	Ramoval from State	20b.PL cemeter	ACE AND DATE O	Proprieta Propri	ON (Name of		DATE 20c. LO	OCATION — C	ty or Town	, Stata
Bage 6	direct		4 Donation 5 Other (Specify)	FLICENSEE	ISt.	Luke'	s Ceme	etery	Jan 2	5,1995 Fe	agavil	le,	Maryland
BALTIMOR er death. Page 6 ma	e funeral director, page I. examiner must be		Null	11						ord P.A. F	unera.	l Hon	ne
e m	0 = 0		Dett MINN	w Krberzo		100706	106	East	Churc	ch St. Fre	deric	c. MT	
5	d in by th or remove medical		23. PART I. Enter the diseases, ahock, or heart falls	or complications that ure. List only ona caus	caused the	e death. Do r Ilna.	ot enter th	e mode p	f dying, sucl	h aa cardiac or resp	piretory arre	at,	Approximate Interval Between
	E 8 E		IMMEDIATE CAUSE (Final disease or condition	Dagun									Onaet and De
0	completely fillers, cremation, event, the		reaulting in death)	a. Preun		ONSEQUENCE OF	D.						days
68760 executed with	S = 8	-											month
	sician and c irior to buria traumatic	ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DOE TO	OR AS A CO	MSEQUENCE OF	T):						THOTHA
BOX	prior trat	CA	cause. Enter UNDERLYING CAUSE (Disease pr injury	. amy	1010	osis							years
O. I	Hygiene p	E	that initiated events resulting in death) LAST	DUE TO (OR AS A CO	INSEQUENCE OF	7):						
م الله	B T B	CER	toaciting in deathy Exci	d									-
DS the d	y the attend Mental		PART II. Other significant cond	itiona contributing to o	death but	not reaulting	n the unde	rlying cau	ıse given in	Part i. 24s. WAS AI	N AUTOPSY		ERE AUTOPSY FINDIN
0 5	any	MEDICAL								1 _ YES		0	VAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
	n signed of Health	ME											YES 2 NO
	has been Dept. of 1	AN:	DID TOBACCO USI		TO CA	AUSE OF	DEATH	YES	☐ NO				
TA	State D	O	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:			OTHER:	26. PLACE	OF DEATN (Che	eck only one)			
F VI	certificate that the State	HYS	1 YES 2 MO	1 Inpetient 2			4 - Nursing	_		6 Other (Specify)			
O ₹	this with	۵.	1 Natural 5 Pending	28e. DATE OF I (Month, Day		28b. TIM INJ	URY	WORK?		26d. DESCRIBE NOW	INJURY OCCU	IRED	
ONIG	4 Fi	B	2 Accident Investigat 3 Suicide & Could por	28e PLACE OF	INJURY -	At home, term, a		1 YES	2 NO	281. LOCATION (Street	and Number of	e Breed Bou	etn. Mesembase
/ISION ATTENDING	after d		4 Homicide 6 Could not detarmine	bullding, a	ntc. (Specify)	. 57				City or Town, State		- riunati ITIOU	to Hulliam,
5 6	DIREC	LET	290. CERTIFIER 1 CERTIFYING P	NYSICIAN: To the best of n	my knowleda	a death occurr	d at the time	data and	alana and dur	In the newsola) and a			
HOSPITAL	로인도	OMPL		MINER: On the basis of ex									nd manner ee stated
HOS	within /	8	COL CIONATURE AND TITLE OF COM									-(-, -	

WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

MD

32. REGISTRAR'S SIGNATURE

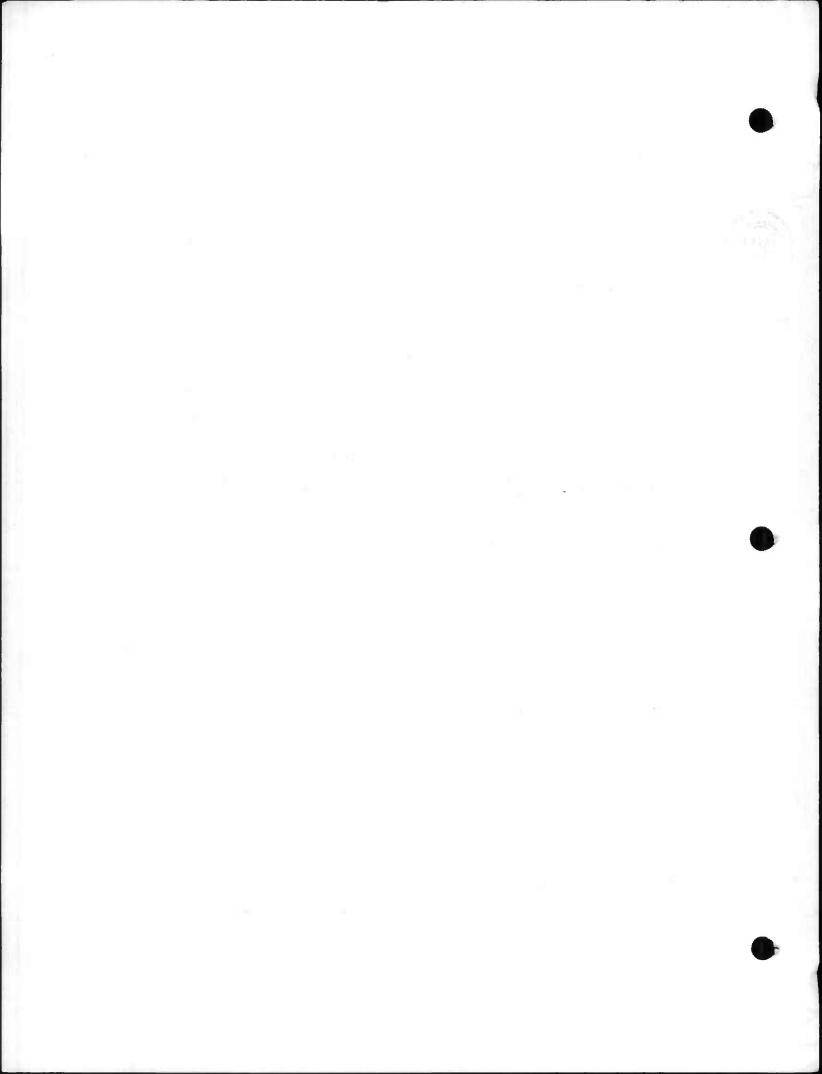
Ninth

29c. LICENSE NUMBER

D32073

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Brunswick Md



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he hosp	detached		once.
8	pe		te de
retained	5 should		otified
y be	page		be 1
e 6 ma	rector,		must
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to		tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ours after	In by the	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	nedical e
24 hc	filled	ion, o	the n
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8	DIRE	DOUR	tem

notified at

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examiner

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31. DATE FILED (Month, Day, Year)

JAN 2 3 1995

TO THE HOSPITAL C TO THE FUNERAL D be filed within 72 ho

BALTIMORE, MARYLAND 21

DIVISION OF VITAL RECORDS, P.O. BOX 68760

Pages 1, 2, 3 should

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1995 January 18, Willie 9:25 P Mae Zackarias 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) S SEY IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign t 🗌 M 2 🏹 F 223-32-3509 88 January 16,1907 North Carolina 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Meridian Nursing Home La Plata Charles 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Charles Indian Head 1 YES 2 X NO 10s. STREET AND NUMBER FUNERAL 10f. ZIP CODE tog, CITIZEN OF WHAT COUNTRY? 3755 Laurel Drive 20640 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried If yes, specify Cuben, Mexican, Puerto Ricen, etc.) 1 TYES 2 NO Specify: White Specify BY 3 🔯 Widowed 4 🗌 Divorced ETED t6a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) ts. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementery/Secondary (0-t2) College (1-4 or 5+) COMPL 10 Homemaker Her Home t7. FATHER'S NAME (First, Middle, Last) ts. MOTHER'S NAME (First, Middle, Maiden Surname, Edmond BE Jones Emma Lou Jones 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 Pegav E. Same as #10 Groves 20s. METHOD OF DISPOSITION
103 Burlel 2 Cremeflon 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 4 ☐ Donetion 5 ☐ Other (Specify) Springs January 21, 1995 Forest City, N.C. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Wisk Williams Funeral Home, P.A. M00668 MUU008 Rt. 225 & Glymont Rd., Indian Head, Md.

as, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate. Approximata ahock, of heart failura. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE IFINAL **Onset and Death** End Stage Congestive Heart Failure >10 415 diseese or condition DUE TO (OR AS A CONSEQUENCE OF): Long Standing Atheroscurotic Heart Disease CERTIFICATION Sequentially liet conditions. DUE TO (OR AS A CONSEQUENCE OF if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 TYES 2 NAME 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL 1 YES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA rsing Home 5 Residence 8 Other (Specify) 4 046 27. MANNED OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 26d. DEŞCRIBE HOW INJURY OCCURED t YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. flon end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) end menner ee stated. CERTIF 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

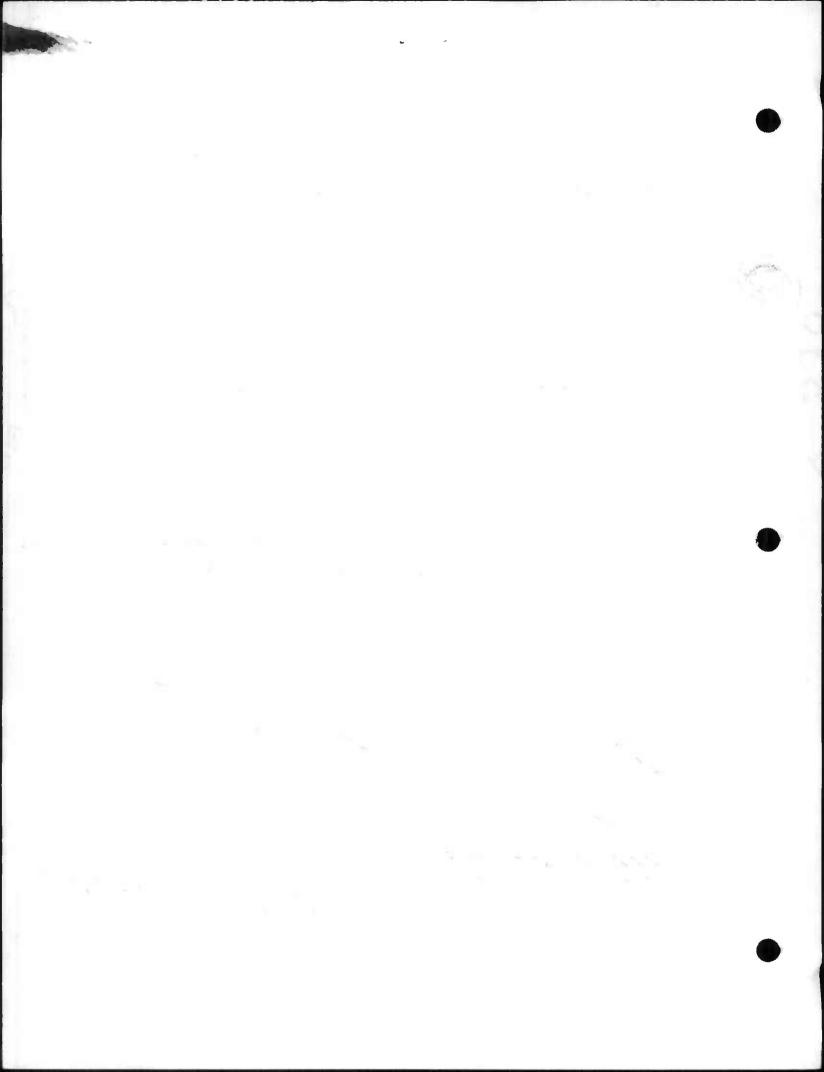
D-46419

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 700 Old Line Center, Su Waldorf, Maryland 20602

Jalia Muchan Reveall

32 REGISTRAR'S SIGNATURE

Suite 100



BY

COMPLETED

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1 Netural 2 Accident

3 Suicide

4 🗌 Homicide

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	Amended # 10	b # 11	De A	- 19	h	1/19	1/95	1	NOT	m	4	anous Ci
	FOR 1 . STATE	STATE OF M	ARYLAND /	DEPAR	TMENT	r'of h	ÉALTH AN	ID ME	NTAL HYGIEN	E ///	onigo	merger
_	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CE	RTIF	ICATE	E OF	DEATH		REG. NO.		U	0 0
DIRECTOR	Ju Zhen Zhen								DATE OF DEATH		YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YE.					IF UNDER 24 HRS. 7, DATE OF BIRTH			1995	995 10:15 p M	
	UNKNOWN	4 / J w a 57 c			85 YRS. MONTHS DAYS HOURS MIN.				(Month, Day, Year) eb. 17, 1	909	Country)	
	9e. FACILITY NAME (if not institution, give struct and number)					9b. CITY, TOWN OR LOCATION OF DEATH				9c. COUNTY OF OEATH		
	Shady Grove Adventist Hospital Rockville Montgomery							У				
EC	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN C	OR LOCAT	ION				10	d. INSIDE CITY
FUNERAL DIR	Maryland m Mo	ontgomery		Ga:	itheı	rsbu	rg				1	LIMITS?
						ZIP CODE				T COUNTRY?		
Ä	25 Conty Court						20878 China					
	11. MARITAL STATUS 1 Never Merried 2 Merried		YES 2 X N			If yes, spe	S DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — American Ind Black, White, etc.			American Indien, hite, etc.		
В	The state of the s						Specify:	Chinese				
	15. DECEDENT'S EDUCATION (Specify only highest grade cumpleted) 18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working							3.112.110.50				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +) Homemaker Own Home										
S	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)											
BE	UNKNOWN											
2	196. INFORMANT'S NAME (TyperPrint) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Yuet Ngo Wong 25 Gonty Court, Gaithersburg, Maryland 20878											
	206. METHOD OF DISPOSITION 206. PLACE AND DATE OF DISPOSITION / Name of 20c. LOCATION — City of Town State											
	1 St Burlet 2 Cremetton 3 Ramoval from State 4 Donatton 5 Other (Specify) Washington National Cemetery 1/14 Suitland, Maryland											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DeVol Funeral Home 10. Fact Dear Park Drive											
	Wichael W. Wibbons 10 East Deer Park Drive Gaithersburg, MD 20877											
	23. PART . Enter the diseees, or can shock, or heart failure.	complications that List only one caus	caussd the de	ath. Do i	not enter	the mo	de ot dying,	auch as	cardisc or respi	ratory sr	rest,	Approximats interval Between
	IMMEDIATE CAUSE (Finsi									Onset and Death		
	disease or condition								12 hrs			
_	OUE TO (ON AS A CONSEQUENCE OF):											
ATION	Sequentisity list conditions, it any, leading to immediate our to (or as a consequence of):											
	CAUSE (Disease or Injury											
CERTIFIC	thet initiated eventa DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST											
E	d											
Y.	PART ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PREFORMED? 24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO								AILABLE PRIOR TO			
ğ	1 U YES 2 NO COMPLETION OF CAUSE OF DEATH?											
PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN								TES 2 NO			
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 7 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)											
Sic	EXAMINER? 1 YES 2 YNO											
PHY	27. MANNER OF DEATH	26e. DATE OF I (Month, Day		28b. TIM	_	28c. INJ	JRY AT	7	d. DESCRIBE HOW IP	NJURY OC	CURED	

4 - Nursing Home 5 - Residence 6 - Other (Specify) 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED 1 YES 2 NO 26e. PLACE OF INJURY — At home, farm, atrest, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.

2 _ MEDICAL EXAMINER: On the bests of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

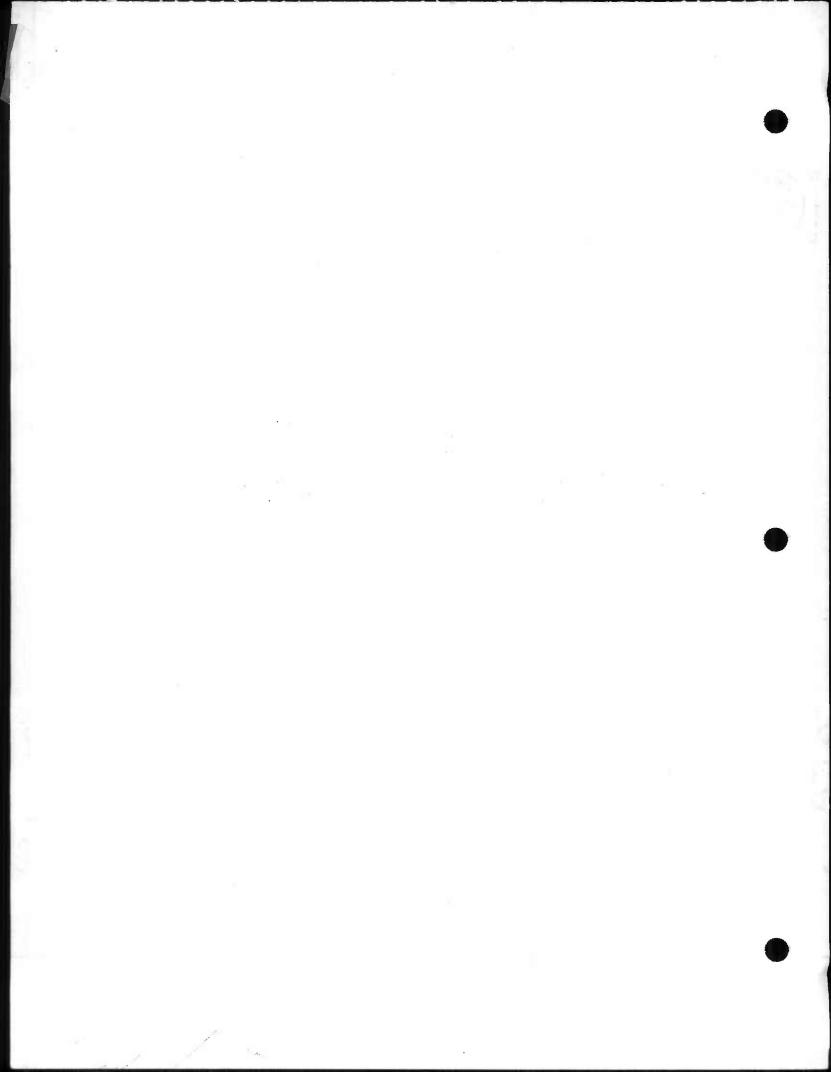
7020

Pending Investigation

6 Could not be detarmined

32. REGISTRAR'S SIGNATURE Studen Rarda

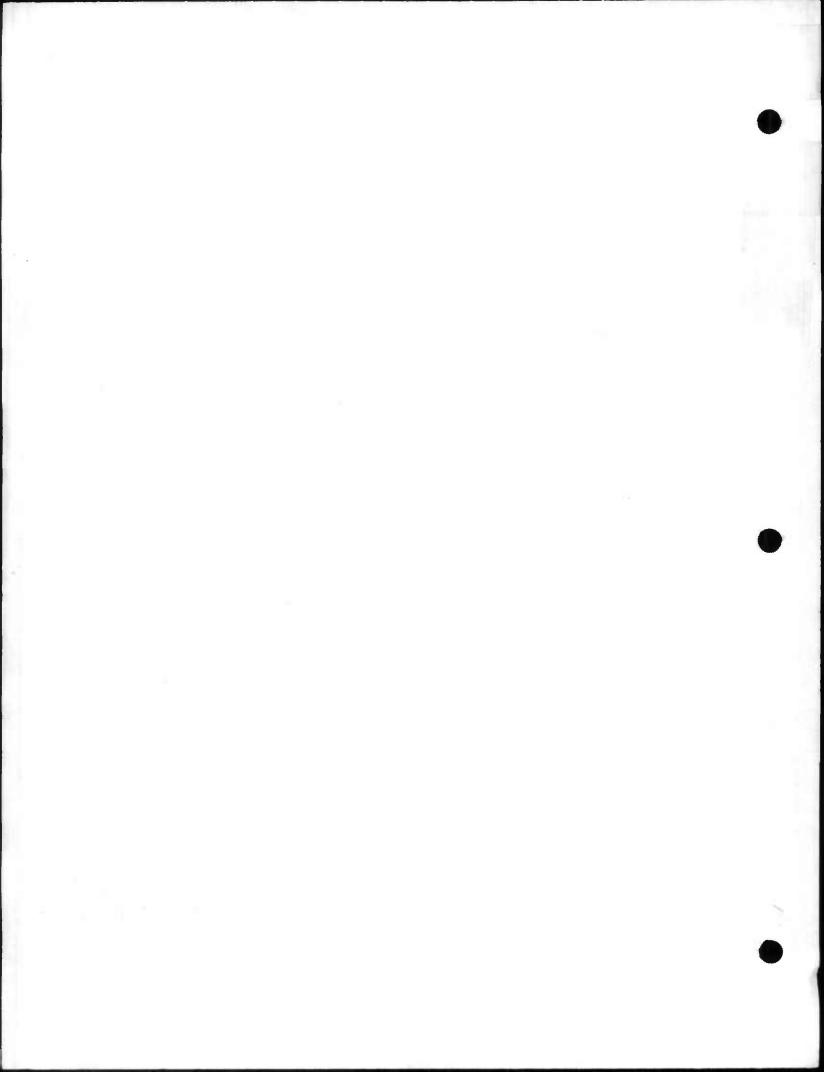
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

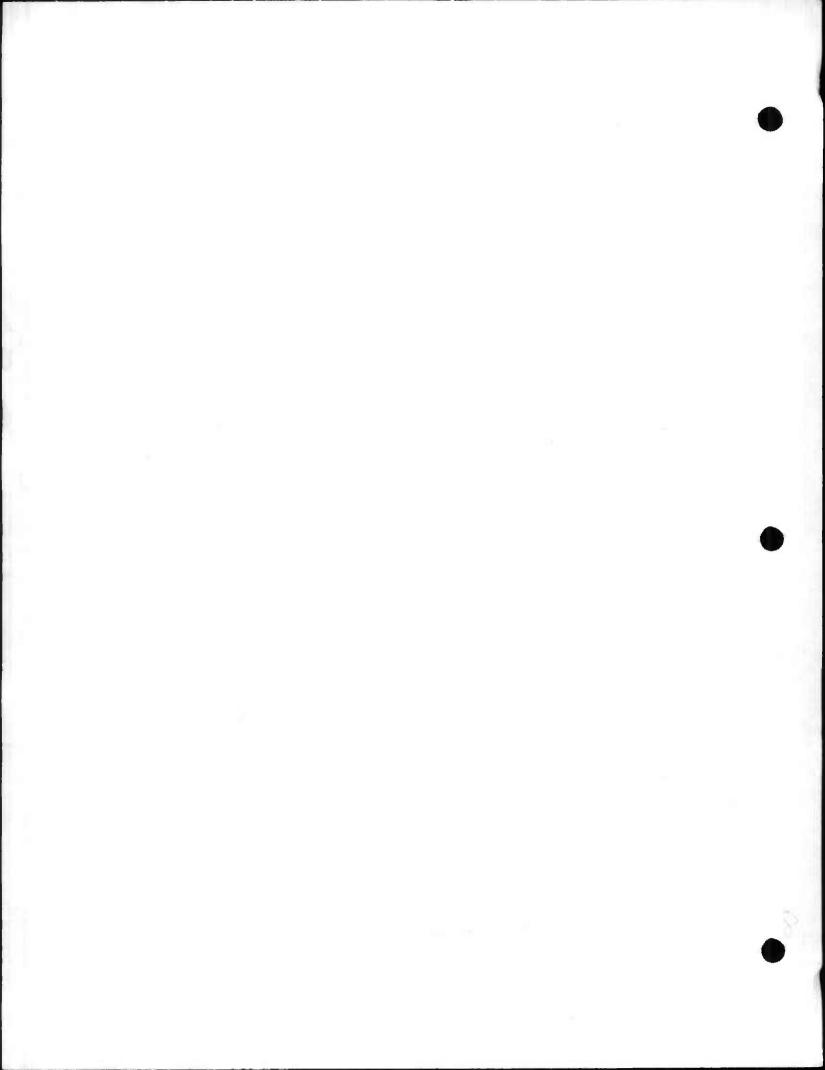
	REGISTRAR		CERTIF	ICATE C	F DEATH	REG. NO.			
- 4	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
- 2	ADMILLID MITTE	334 353340	0.7			MONTH DA	**	YEAR	
	ARTHUR WILLI	AM ADAMS,				JANUARY	26,1	995	M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign	n
ŀ	214-12-1722	12 M 2 □ F	77 YRS.	MONTHS DAY	B HOURS MIN.	(Month, Day, Year) 8-23-18		Country)	
		-	//			00-23-10		MD	
	9a. FACILITY NAME (If not institution, give s	strest and number)		9b. CITY, TOW	N OR LOCATION OF DEA	ГН	9c. COU	TY OF DEATH	
E	1624 E. PRESTO	N ACT		DAT	ETMORR				
2	RESIDENCE OF DECEDENT	W WOI		BAL	TIMORE				
DIRECTOR	10a. STATE 10b. COUNT	v							
2		Y		Y, TOWN OR LO				10d. INSIDE CITY LIMITS?	
ā	MD		BAL	TIMOR	E			1 X YES 2 NO	
	10e, STREET AND NUMBER								_
2					101. ZIP CODE		10g. CITI	ZEN OF WHAT COUNTRY?	
i iii	1624 E. PRESTO	N ST.		- 1	21213			U.S.A.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE	THE ADMES	J 42 110 0					
E	1 Never Married 2 Married	FORCES? 1 TYE	S 2 TNO	Is. vers i	DECENDENT OF HISPANIC specify Cuban, Mexican,	Puerto Blean, etc.)	or No-	14. RACE — American Indian, Black, White, etc.	
A	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES TE	101	TES 2 NO Specify:	· actio thousing etc.)		Specify:	
	3 Wildowed 4 Divorced							BLACK	
	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S	HSUAL OCCUP	ATION	16b. KIND OF BUS	101500 (010	10 Tmr	-
E	(Specify only highest grade	completed)	(Give kind of v	vork done during	most of working	100. KIND OF BUS	MESS/MU	OSTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us						
<u>a</u>			LABORE	R		PEPSI	\mathtt{BOTT}	LING CO.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		-						_
	SAMUEL	ADAMS			FLORENC	E (First, Middle, Meiden		ANTES	
ш	DAMOEL	ADAMS			FLORENC	E	D	ANIELS	
0	19a. INFORMANT'S NAME (Type/Print)		19h MAILING	ADDRESS (Stan	et and Number or Rural Ro	- H	Ac 90	2.00	-
2									
- 1	DOROTHY ADAMS		1624	E. PR	ESTON ST.	BALTIMO	DRE.	MD. 21213	
- 1	20a. METHOD OF DISPOSITION	,	Ob. PLACE AND DATE O					City or Town, State	
- 1	100 Burial 2 Cremetton 3 Rem	oval from State	emetery, cremetory or of	ther place)		1			
- 1	4 Donation 5 Other (Specify)		BALTIMOR	E CEM	ETERY	1/31 BA	LTIM	ORE, MD	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	1	22. NAME	AND ADDRESS OF FACIL				
	7	11/	-					ERAL HOME	
	TVIIINON	W/ h may	11/10	1112	9 N. CARO	LINE ST	BA	LTO, MD21213	
_	23 DAGY I Court the discourse (1)	79/10	mun				- 2	E10/HDE1213	
- 1	23. PART I Enter the diseases, of chock, or heart faiture.	Liel only one cause on	ed the death. Do n	ot enter the	mode of dying, such	as cerdisc or respi	retory sm		
l		Lioi only one couse on	docii iiile.					Interval Betwee	
IMMEDIATE CAUSE (Final disease or condition peuting in death) Paliamonua								Oliset and De	eun,
	resulting in death)	a. I www	will					1 mone	U
- 1		DUE TO (OR AS	A CONSEQUENCE OF	7:					
- 1	_							1	- 1
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):								
61	if any, leading to immediate	DUE TO (OH AS	A CONSEQUENCE OF	·):				1	- 1
3 1	cause. Enter UNDERLYING	c						ļ.	- 1
Ē	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF	n:					
E	resulting in death) LAST		A 23 12 P. W.	,				i	- 1
6 1		d							
EDICAL	PART II. Other significent condition	6 contributing to deeth	but not resulting i	n the underly	ing ceuse given in Pa	ert I. 24a, WAS AN		24b. WERE AUTOPSY FINDIN	IGS
3	Dominitur	111 Coors				PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
5 1	7000000	UNCO OF					de la		- 6
						1 YES 2	NO	OF DEATH?	E
						_ 1 U YES 2	NO	OF DEATH?	E
Σ	DID TORACCO LISE CONTE	DIRITE TO CAUSE	OE DEATH VE	C D NO	ET HALCEDYAN		(C)NO	OF DEATH?	E
Σ	DID TOBACCO USE CONTI	RIBIJTE TO CAUSE			•		IL NO	OF DEATH?	E
Σ	25. WAS CASE REFERRED TO MEDICAL		OF DEATH YE		•		II/NO	OF DEATH?	E
Σ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEAT	H (Check only o	ne)			OF DEATH?	E
Σ	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	26. PLACE OF DEAT	H (Check only of OTHER: 4 Nursing H	ne) Iome 5 Reeldence 6			OF DEATH?	E
Σ	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/O	26. PLACE OF DEAT	OTHER: 4 Nursing H	lome 5 Reeldence 6			DF DEATH? 1 □ YES 2 □ NO	E
PHYSICIAN: MI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL:	26. PLACE OF DEAT	OTHER: 4 Nursing H E OF 28c.	ne) lome 5 Reeldence 6 INJURY AT 2	Other (Specify)		DF DEATH? 1 □ YES 2 □ NO	E
BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	HOSPITAL: 1 Inpatient 2 ER/Or 28s. DATE OF INJUR (Month, Day, Year	26. PLACE OF DEAT	H (Check only of OTHER: 4 Nursing H E OF 28c, URY M 1	ne) Nome 5 Reeldence 6 NJURY AT 2 YES 2 NO	Other (Specify)	JURY OCC	OF DEATH? 1 □ YES 2 □ NO	E
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ED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HC)SPITAL: 1 Inpatient 2 ER/Or 28s. DATE OF INJUR (Month, Day, Year 28s. PLACE OF INJU building, etc. (S)	28. PLACE OF DEAT streetlent 3 DOA Y 28b. TiMi INJI RY — At home, ferm, s owledge, daeth occurre	H (Check only o. OTHER: 4 Nursing H E OF 28c. MY 1 treet, factory, or d at the time, d	ne) iome 5 Reeldence 6 iNJURY AT WORK? YES 2 NO Hica 2	Other (Specify) 8d. DESCRIBE HOW IN 81. LOCATION (Street a City or Town, State)	JURY OCC	OF DEATH? 1 VES 2 NO URED Or Rural Route Number,	
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	RTIFICATE OF DEATH REG. NO.
FOR STATE OF MARYLAND	DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) ALPHONZE	BLI	INT	2. DATE OF DEATH	95 9 5 A M				
	223-58-3382 ¹⅓™2□₣		F UNDER 1 YEAR IF UNDER 24 HRS. ONTHE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Sept 24, 1946	8. BIRTHPLACE (State or Foreign Country) Virginia				
OR	90. FACILITY NAME (if not institution, give street and number) St. Agnes Hospital.	9	96. CITY, TOWN OR LOCATION OF DEATH Baltimore						
ᇤᅵ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	ine CITY	TOWN OR LOCATION						
DIRECTOR	Maryland		ltimore		10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
RAL	3017 Harlem Avenue		101, ZIP CODE	10g. C	ITIZEN OF WHAT COUNTRY?				
BY FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT E	VER IN U.S. ARMED	21216	NIC ORIGIN? (Specify Yes or No-	USA				
	1 Never Merried 2 Merried FORCES? 1 IF YES, GIVE WAR		NO If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: Black Specify: Black						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of wor	n. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) 16b. KIND OF BUSINESS/INDUSTRY						
APLE	Elementary/Secondary (0-12) College (1-4 or 5+) 11th Grade		Laundry Worker Motel 6						
Š	17. FATNER'S NAME (First, Middle, Last)			AME (First, Middle, Melden Surneme))				
BE (Ed Blunt		Willie	Grant					
2	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING AI	DRESS (Street and Number or Rural	Route Number, City or Town, State, 2	Zip Code)				
-11	Carol Blunt		arlem Avenue	Baltimore, N	Maryland 21216				
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal from State 4 Donation 6 Other (Specify)	20b. PLACE AND DATE OF cometery, cremetory or othe Loudon Parl	DISPOSITION (Name of place)		City or Town, State				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Loudon rais	22. NAME AND ADDRESS OF FA	Feb 4 Baltimo	eral Homes, Inc				
	· servi finkle		Baltimore N	FALLS Parkway Warvland 21216	5				
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate								
11	IMMEDIATE CAUSE (Final								
	resulting in death) . Keptratory Failure 6hrs.								
_z	Tages								
0	Sequentially list conditions, If any, leading to immediate								
<u>S</u>	BUSE. Enter UNDERLYING AUSE (Disease or Injury Statistical exercise DUE TO (OH AS A CONSEQUENCE OF):								
CERTIFICATION	that initiated events resulting in death) LAST								
	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS								
EDICAL	Esophageal ca	rci NOM	Ann.	PERFORMED?	Y 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
Σ	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN								
SICIAN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)								
2	- 1 ngariiat:		THER: Nursing Nome 6 Residence	6 Other (Specify)					
Y PHY	27. MANNER OF DEATH 1 Netural 5 Pending Investigation Accident Investigation		F 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE NOW INJURY O	CCURED				
e Per	The state of the s	JURY — At home, ferm, atre (Specify)	et, fectory, office						
	29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the head of my knowledge death account of the first control of the head of my knowledge death account of the first control of the first								
COM	CERTIFIEN 1 CERTIFYING PNYSICIAIN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. CERTIFYING PNYSICIAIN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated.								
BE C	296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Mar)								
0	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE O	F DEATH (ITEM 27): (Type, Pri	1,0556	7	WIII W				
	BARBARA SOCKA 516 N. KOLLING Rd, BALTIMORO, MD 21329								
	31. OAF EB MONTO 1995 Jul 32 Jul 32	THE STATE OF THE S	2						



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MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. HEGISTRAR'S CANATURE

Scott Friedenberg,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1995 William G. Barrett, January 30 Sr. 7:14P. 4 SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birtnday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year)
April 7. DAYS HOURS (X) M 2 | F 216-24-3020 66 YAS 1928 Pennsylvania 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR VA Medical Center BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md. Baltimore 1) YES 2 NO after death. Page 6 may be retained by the hospital or attending physician. by the funeral director, page 5 should be detached for use as the burial-transit permit. 10a. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 205 S. Bentalou St. 21223 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 XYES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Maxican, Puerto Rican, stc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 X Married 1 - YES 2 X NO Specify BY Specify 3 Widowed 4 Divorced WWII & Korean white 15. DECEDENT'S EDUCATION ED 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) 12 Truck Driver Truckina once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname Ħ Roy Barrett Julia Massey BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Ruth E. Barrett 205 S. Bentalou St., Balto., Md. pe 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must The Green Mount Cemetery 2/1 Baltimore, Md. 4 Denution A Other (Specify) examiner 22. NAME AND ADDRESS OF FACILITY Gary L. Kaufman Funeral Home of Elk., Inc. 0 5695 Main St., Elkridge, Md. 21227 filled in by the fion, or removal. medical 23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hear failure. List only one cause on each line. hours interval Batween IMMEDIATE CAUSE (Final Onset and Dasth the cremation, disease or condition _____ Myocardial Infarction completely event, DUE TO (OR AS A CONSEQUENCE OF): executed burial, traumatic Chronic Obstructive Pulmonary Disease CERTIFICATION and Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate physician death certificate be cause. Enter UNDERLYING CAUSE (Disease or Injury / the attending physical displaying the property of Mental Hygiene p or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury, PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS Health and AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? shows any 1 TYES 2 NO 1 YES 2 NO certificate has been DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) State HOSPITAL:
1 Minpatient 2 - ER/Outpetient 3 - DOA OTHER: 1 TYES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) e ig 27. MANNER OF DEATH 28e. DATE OF INJURY this c 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28 is marked, 1 X Natural 1 YES 2 NO After death BY 2 Accident Investigation 28a. PLACE OF INJURY — At home, larm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ED 8 Could not be ETOR: / after 4 Homicide 29a CERTIFIER 1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and menner as stated. 290. SIGNATURE AND JUPLE OF CERTIFIED 29c. LICENSE NUMBER DE THE STATE OF TH BE 29d. DATE SIGNED (Month, Day, Year)

M.D., 10 North Greene Street, Baltimore, MD

1-70-85

